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REPLY TO ALTAMONTE SPRINGS

CENTRAL FLORIDA OFFICE
600 S. NORTH LAKE BLVD., SUITE 160
ALTAMONTE SPRINGS, FLORIDA 32701
(407) 830-6331
FAX (407) 830-8522

MARTIN S. FRIEDMAN, P.A.
VALERIE L. LORD, OF COUNSEL
(LICENSED IN TEXAS ONLY)

June 28, 2003

BY FEDERAL EXPRESS

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

RECEIVED - FPSC
JUN 30 AM 10:17
COMMISSION
CLERK

Re: Docket No. 020071-WS; Application of Utilities, Inc. of Florida for a rate increase
Our File No.: 30057.40

Dear Ms. Bayo:

Enclosed please find for filing in the above-referenced docket an original and fifteen (15) copies of the Rebuttal Testimony of the following witnesses:

1. Rebuttal Testimony of Steven M. Lubertozzi 05764-03
2. Rebuttal Testimony of Patrick C. Flynn 05765-03
3. Rebuttal Testimony of David L. Orr 05766-03
4. Rebuttal Testimony of Frank Seidman 05767-03
5. Rebuttal Testimony of Hugh A. Gower 05768-03
6. Rebuttal Testimony of Pauline M. Ahern 05769-03

AUS _____
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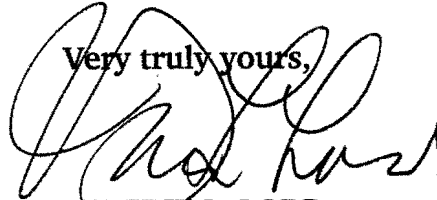
05764 JUN 30 8

FPSC-COMMISSION CLERK

Ms. Blanca Bayo
June 27, 2003
Page 2

Please contact me if you have any questions.

Very truly yours,



VALERIE L. LORD
Of Counsel

VLL/dlv
Enclosures

cc: Stephen Burgess, Esquire (w/enclosure)(by Federal Express)
Rosanne Gervasi, Esquire (w/enclosure) (by Federal Express)
Mr. Steven M. Lubertozi (w/enclosure) (by Federal Express)
Mr. Patrick Flynn (w/enclosure) (by hand delivery)
Mr. David L. Orr (w/enclosure) (by hand delivery)
Mr. Hugh A. Gower (w/enclosure) (by U.S. Mail)
Mr. Frank Seidman (w/enclosure) (by Federal Express)
Ms. Pauline M. Aherne (w/enclosure) (by U.S. Mail)

utilities, inc.\2002 rate case\psc clerk (bayo) 083 (Rebuttal testimony) ltr.wpd

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

DOCKET NO. 020071-WS

UTILITIES, INC. OF FLORIDA

REBUTTAL TESTIMONY OF

DAVID L. ORR, PE

REGARDING THE APPLICATION FOR

INCREASE IN WATER AND WASTEWATER

RATES AND CHARGES

IN

MARION, ORANGE, PASCO, PINELLAS AND SEMINOLE COUNTIES

DOCUMENT NUMBER DATE
05766 JUN 30 8
FPSC-COMMISSION CLERK

REBUTTAL TESTIMONY OF DAVID L. ORR, PE

Q. Please state your name and business address.

A. My name is David L. Orr and my business address is 200 Weathersfield Avenue, Altamonte Springs, Florida.

Q. By whom are you employed and in what capacity?

A. I am employed by Utilities, Inc., the company which owns 100% of the stock of Utilities, Inc. of Florida (UIF). Presently, I serve as Regional Manager and am responsible for the administration and operation of all water and sewer systems within Lake, Marion, Orange, and Seminole Counties owned by subsidiaries of Utilities, Inc.

Q. Briefly describe your background and the nature of work you do with Utilities, Inc.

A. I hold a Bachelor of Science Degree in Environmental Engineering from the University of Central Florida and a Masters of Business Administration (MBA) from the Roy E. Crummer Graduate School of Business at Rollins College. I am currently certified as Professional Engineer (PE) (License Number 60207) in the State of Florida.

I began my employment with Utilities, Inc. in 1997 as Assistant Operations Manager. In that capacity my responsibilities included evaluating the operation of several systems in Florida, assisting in the assimilation of systems after acquisition, and completing special

assignments under the direction of the Vice President, Don Rasmussen. In late 1998, I was promoted to the position of Regional Operations Manager assuming the responsibility of managing the overall operation of four (4) affiliated companies. In March of 2000, I was asked to manage 36 systems within the Lake, Marion, Orange, and Seminole Counties.

In June 2001, I left the employment of Utilities, Inc. and was employed by Public Resources Management Group (PRMG), Inc., a financial, rate, and management consulting company located in Maitland, Florida, as a Senior Financial Analyst. In that capacity I was responsible for providing consulting services to municipal, private, and semi-private clients in the disciplines of financial analysis, rate design (impact fees, miscellaneous charges, user rates, etc.), and utility management within the water and wastewater utility industry.

In August 2002, I returned to Utilities, Inc. as Regional Manager. Currently, I am responsible for the management of six (6) affiliated companies comprised of thirty-five (35) water and wastewater systems within the counties of Lake, Marion, Orange, and Seminole.

Q. What is the purpose of your rebuttal testimony?

A. To adopt the Direct Testimony filed with the Commission in this case by Donald W. Rasmussen, and to address the testimony of James H. Berghorn, witness on behalf of the Florida Public Service Commission.

Q. With respect to the testimony of Donald W. Rasmussen, are you adopting the testimony filed in its entirety?

A. No. I am adopting only that portion of the testimony that pertains to the water and wastewater systems located within Marion, Seminole, and Orange counties.

Q. With regard to the testimony of James H. Berghorn, what issues will you address?

A. In Mr. Berghorn's testimony, he stated that there is no response on record with the Tampa Office of the Florida Department of Environmental Protection from Utilities Inc. of Florida in response to the sanitary survey conducted on June 30, 2000. Our records indicate our response to the sanitary survey was sent to FDEP's Tampa office on July 27, 2000 which included an auxiliary power plan, bacteriological sampling plan, and cross-connection control program. In fact, Mr. Bill Ryland conducted a follow-up investigation on April 17, 2001 and requested a copy of our updated auxiliary power plan. Our office submitted our updated plan to the Department with our response dated May 25, 2001. Subsequently, Mr. W.C. Dunn and Mr. Berghorn have conducted additional inspections

on August 22, 2001, and March 26, 2003 respectively in which both inspection reports noted “no deficiencies”. Attached to my testimony as Exhibits (DLO -1-4) _____ - _____ are copies of the correspondence which evidences UIF’s responses to the 2000 inspection, the follow-up investigation in 2001 and the additional inspection reports from 2001 and 2003.

Q. Does this conclude your rebuttal testimony?

A. Yes it does.

**UTILITIES, INC. OF FLORIDA
DOCKET NO.: 020071-WS**

**EXHIBITS
TO
REBUTTAL TESTIMONY
OF
DAVID L. ORR, P.E.**

- Exhibit (DLO-1): Letter dated July 27, 2000 from Bryan K. Gongre to Bill Ryland at FDEP**
- Exhibit (DLO-2): Letter dated May 2, 2001 from Bill Ryland at FDEP to Utilities, Inc.**
- Exhibit (DLO-3): Letter dated September 13, 2001 from W.C. Dunn at FDEP to Utilities, Inc. of Florida**
- Exhibit (DLO-4): Letter dated March 27, 2003 from James Berghorn at FDEP to James Houston at Utilities, Inc. of Florida**

UTILITIES, INC. OF FLORIDA
DOCKET NO.: 020071-WS

EXHIBIT (DLO-1) ____.

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

FILE

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

July 27, 2000

Mr. Bill Ryland
Drinking Water Section
Florida Department of Environmental Protection
3804 Coconut Palm Drive
Tampa, FL 33619

RE: Golden Hills Sanitary Survey
PWS ID Number: 6424076

Dear Mr. Ryland,

This correspondence is in response to deficiencies noted in the Departments' letter dated June 30, 2000, regarding the recent sanitary survey conducted at the above referenced facility. The three unsatisfactory items noted are in bold print with our response immediately following.

- **Auxiliary Power Plan needs to be updated.**
Please refer to the enclosed updated plan.
- **Bacteriological Sampling Plan needs to be updated.**
Please refer to the enclosed updated plan.
- **Cross Connection Control Program needs to be updated.**
Please refer to the enclosed updated plan.

If there are any questions or if additional information is required, please contact me at 407.869.8588, extension 226.

Sincerely,

Bryan K. Gongre

Bryan K. Gongre
Area Manager

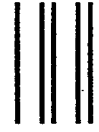
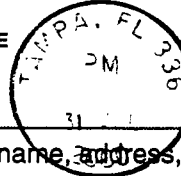
BKG/ct

Enclosures

ec: Donald Rasmussen, Vice President, UIOF
David L. Orr, Regional Manager, UIOF
w/o enclosures

cc: File *19.1/Goldenhills*

UNITED STATES POSTAL SERVICE

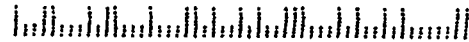


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Mr. David L. Orr, E.I.
Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

32714+4033



SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Mr. Bill Ryland
Drinking Water Section
FDEP
3804 Coconut Palm Drive
Tampa, FL 33619

4a. Article Number
2-186 779 032

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
7/31

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X *Arthur M. Craun*

Thank you for using Return Receipt Service.

Z 186 779 032



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to FDEP-Bill Ryland	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Carried Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 4.52
Postmark or Date	

UTILITIES, INC. OF FLORIDA
DOCKET NO.: 020071-WS

EXHIBIT (DLO-2) ____.



Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

May 2, 2001

Utilities, Inc.
200 Weathersfield Ave.
Altamonte Springs, FL 32714

RE: **Sanitary Survey Report**
Golden Hills Golf & Country Club
PWS ID# 642-4076
Marion County

Dear Owner/Operator:

Enclosed please find a copy of the Sanitary Survey Report for the referenced public water system. On the last page of this report you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended action.

You are hereby requested to correct all listed deficiencies as recommended, and to **notify this office within 10 days**, in writing, of your action and sampling.

Thank you for your cooperation, and if you have any questions, please contact me at (813) 744-6100, ext. 453.

Sincerely,

Bill Ryland
Environmental Specialist II
Drinking Water Section

/hs
Enclosure

"More Protection, Less Process"

Printed on recycled paper.

FILE: 19.1/Goldenhills
WATER

State of Florida
 Department of Environmental Protection
 Southwest District
SANITARY SURVEY REPORT

Plant Name GOLDEN HILLS GOLF & C.C. County MARION PWS ID # 642-4076
 Plant Location 8021 NW 49th St. Rd., Ocala, Fl. 34482 Phone 352-622-7090
 Owner Name Utilities, Inc. Phone 800-272-1919
 Owner Address 200 Weathersfield Ave., Altamonte Springs, Fl. 32714
 Contact Person Daniel Anderson Title lead operator Phone 352-690-4099
 This Survey Date 4/17/01 Last Survey Date 5/18/00 Last C.I. Date 2/17/99

PWS TYPE & CLASS

- Community (5C)
- Non-transient Non-community
- Non-Community

PWS STATUS

- Approved system with approval number & date
WC42-6948 1/81
PATS 165279
- Unapproved system

SERVICE AREA CHARACTERISTICS

S/D, Country club, Apts
restaurant
 Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Daniel Anderson A7141
Lloyd Garner A 618
 O & M Log: Yes No Not required
 Operator Visitation Frequency
 Hrs/day: Required _____ Actual _____
 Days/wk: Required 6 Actual 6
 Non-consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A

Number of Service Connections 460
 Population Served 1610 Basis account
 Average Day (from MORs) 143,000 gpd
 Max. Day (from MORs) 233,000 gpd
 Max-day Design Capacity 600,000 gpd
 Comments _____

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

- GROUND; Number of Wells 2
- SURFACE/UDI; Source _____
- PURCHASED from PWS ID # _____
- Emergency Water Source _____
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

Yes None Not Required
 Source Propane generator Onan Ford 300CID
 Capacity of Standby (kW) 45
 Switchover: Automatic Manual
 Standby Plan: Yes No
 Hrs Operated Under Load 4 hrs/mo.
 What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
 Satisfy 1/2 max-day demand? Yes No Unk
 Comments log in generator room

TREATMENT PROCESSES IN USE

Chlorination
 What additional treatment is needed?
none
 For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
 Meter Size & Type 2- 6" Badger x 10 9
 Backflow Prevention Devices: Yes No
 Cross-connections _____
 Written Cross-connection Control Program: Yes
 Coliform Sampling Plan: Yes No N/A
 Comments _____

GROUND WATER SOURCE

Well Number		1	2		
Year Drilled		1973	1978		
Depth Drilled		260'	262'		
Drilling Method		cable tool			
Type of Grout					
Static Water Level		135'	132'		
Pumping Water Level					
Design Well Yield		475Kgpd	633Kgpd		
Test Yield					
Actual Yield (if different than rated capacity)		252	452		
Strainer		cone	cone		
Length (outside casing)		127'	84'		
Diameter (outside casing)		8"	8"		
Material (outside casing)		BI	BI		
Well Contamination History		ok	ok		
Is inundation of well possible?		No	no		
6' X 6' X 4" Concrete Pad		yes	yes		
SET BACKS	Septic Tank	na	na		
	Reuse Water	na	na		
	WW Plumbing	ok	ok		
	Other Sanitary Hazard	golf course	golf course		
PUMP	Type	turbine	turbine		
	Manufacturer Name	floway	peerless		
	Model Number	JKH-10	8HXB-14		
	Rated Capacity (gpm)	350	450		
	Motor Horsepower	30	40		
Well casing 12" above grade?		no	yes		
Well Casing Sanitary Seal		ok	ok		
Raw Water Sampling Tap		yes	yes		
Above Ground Check Valve		yes	yes		
Fence/Housing		yes	yes		
Well Vent Protection		yes	yes		

COMMENTS Please provide any missing information

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Regal Capacity 100 ppd
 Chlorine Feed Rate 4.5 #/day
 Avg. Amount of Cl₂ gas used 3-4 ppd
 Chlorine Residuals: Plant 2.0 Remote 2.0
 Remote tap location 4497 NW 73rd Terr
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points 1
 Booster Pump Info Goulds 1 1/2 HP
 Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	H	H*	
Capacity (gal)	10,000	10,000	
Material	steel	steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	Yes	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	Yes	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	Both	Both	
On/Off Pressure	50/70	na	
Access Padlocked	Yes	N/A	
Height to Bottom of Elevated Tank	na	na	
Height to Max. Water Level	na	na	

Comments * Crownwood-storage only

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

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 642-4076

Date 4/17/01

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS

CONTAMINANT	PWS Screen	# Samples Required	Sampling Location	C > 3300			C ≤ 3300		
				Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	024	1	Each well	monthly			monthly		
		2	Distribution						
Volatile Organics	028	<i>(Note A)</i>	<i>(Note H)</i>	<i>(Notes A, 1)</i>			<i>(Notes A, 2)</i>		
Pesticides & PCBs	029	<i>(Notes B, E)</i>	<i>(Note H)</i>	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>		
Nitrate & Nitrite (as N)	030	1	POE	annually			annually		
Inorganics	030	1	POE	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>		
Asbestos	030	1 <i>(Note F)</i>	Distribution	9 years <i>(Note 7)</i>			9 years <i>(Note 8)</i>		
Secondaries	031	1	POE	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>		
Radionuclides	033	<i>(Note C)</i>	POE	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>		
Group I UOCs	035	<i>(Notes B, E, G)</i>	POE	<i>(Note 4)</i>			<i>(Note 5)</i>		
Group II UOCs	034	1 <i>(Notes E, G)</i>	POE	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>		
Group III UOCs	036, 037	1 <i>(Note G)</i>	POE	<i>(Note 4)</i>			<i>(Note 5)</i>		
Lead and Copper	047	<i>(Note D)</i>	---	---			---		
TTHM (≥ 10,000 persons)	027	4/plant	Distribution	Quarterly			N/A	N/A	N/A

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.

Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.

Note D Contact the Southwest District's Drinking Water Program at (813) 744-6100 or contact the Florida Rural Water Association.

Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.

Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.

Note H First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

FREQUENCY:

Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)

Note 2 Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)

Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)

Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)

Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)

Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)

Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)

Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

None noted at time of inspection. Operator keeps records and system well maintained.

Please send us a copy of your updated auxiliary power plan.

Inspector Bill Ryland Title Env. Specialist II Date 4/30/01

Approved by Paul B. [Signature] Title Env. Supervisor II Date 4-30-01

UTILITIES, INC. OF FLORIDA
DOCKET NO.: 020071-WS

EXHIBIT (DLO-3) ____.



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

40070
DH
DR
FILE

JW

cc: DShoffstall

September 13, 2001

Utilities of Florida, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

RE: Compliance Inspection
Golden Hills Golf & Country Club
PWS ID# 642-4076
Marion County

Dear Owner:

Enclosed please find a copy of a recent compliance inspection for the referenced Public Drinking Water System.

You are requested to correct all deficiencies, if any, and notify this office within 30 days, in writing, of your action.

If you have any questions, please contact me at (813) 744-6100 ext. 314.

Sincerely,

W. C. Dunn
Environmental Specialist III
Drinking Water Section

/hs
Enclosure

FILE
19.1-630

"More Protection, Less Process"

Printed on recycled paper.

(N)

COMPLIANCE INSPECTION

OWNER/ADDRESS

Utilities of Fla., Inc

200 Weathersfield Ave.

Altamonte Springs, FL., 32714

SYSTEM NAME

Golden Hills Golf & CC

COUNTY Marion

SYSTEM TYPE C

ID# 6424076

DATE OF INSPECTION: 8/22/01

SUPERVISOR: McArthur

INSPECTOR: Dunn

Check List:

- () Well Protection - Housing ___ Security Fencing ___
- () Well Abandonment
- *() Sanitary Seal/Disinfection Port
- *() 6' x 6' x 4" Concrete Apron - Cracked ___ Missing ___ Inadequate size ___
- () Raw Water Tap - Missing ___ Threaded ___ Wrong location ___
- () Check Valve - Inoperable ___ Missing ___ Wrong location ___
- () Time Clock / Flow Meter - Missing ___ Broken ___ Make
- *() Sanitary Hazard
- () Water Pressure Gauge - Missing ___ Broken/Cracked ___
- () Water Pressure Adequate On/Off 55/45 P.S.I.
- *() Disinfection Free Cl₂ Residual Plant 1.0 mg/l Remote 0.6 mg/l
A minimum of 0.2 mg/l chlorine residual must be maintained at all times throughout the distribution system
- *() Gas Chlorination: Need Separate Room ___ Cross-Ventilation ___
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus;
Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
- *() Alarm Requirements Of New/Modified Systems After 1/1/93 _____
- *() Cross-Connection - Location:
- *() Auxiliary Power/Second Well (For 350 persons/150 connections)
Needs Auto Start ___ Operated Monthly - Yes ___ No ___
- *() Certified Operator Name: Anderson Number A7141
- () Maintenance Logs
- () NSF or UL Approved Chlorine Yes ___ No .
- () OTHER TREATMENT - Softeners ___ Filters ___ Aerators ___ Other
- () Miscellaneous
- (+) NO DEFICIENCIES THIS DATE

***(X) REQUIRES REINSPECTION**

COMMENTS

No deficiencies notated at time of inspection. Very well maintained system.

UTILITIES, INC. OF FLORIDA
DOCKET NO.: 020071-WS

EXHIBIT (DLO-4) ____.



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

March 27, 2003

CC. DR DO, SH JH
ORIG. FILE

RECEIVED

MAR 31 2003

David B. Struhs
Secretary

UTILITIES, INC.

James Houston
200 Weathersfield Ave.
Altamont Springs, FL 32714

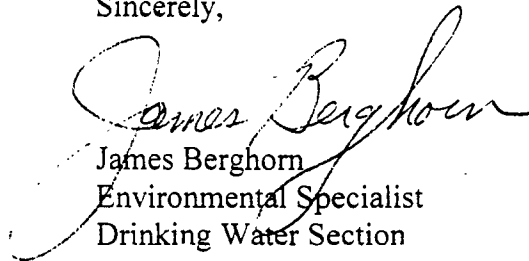
Re: Compliance Inspection
Golden Hills Golf and Turf
PWS-ID No. 6424076
Marion County

Dear Mr. Houston:

A compliance inspection was conducted on March 26, 2003 for the above mentioned system. At the time of this inspection no deficiencies were noted at your water facility.

If you have any questions please feel free to contact the undersigned at (813) 744-6100 Ext. 460. We appreciate your efforts to remain in compliance.

Sincerely,


James Berghorn
Environmental Specialist
Drinking Water Section

JB

Enclosure

cc: Dan Anderson, Operator

19 L

File: 630.1.9

"More Protection, Less Process"

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COMPLIANCE INSPECTION

OWNER/ADDRESS
Dan Anderson
8021 NW 49th Street
Ocala, FL 34482

SYSTEM NAME
Golden Hills Golf and Turf
COUNTY Marion
SYSTEM TYPE C

ID# 6424076

DATE OF INSPECTION: 3/26/03

SUPERVISOR: Bill Dunn

INSPECTOR: Jim Berghorn

Check List:

- () Well Protection - Housing ___ Security Fencing ___
- () Well Abandonment
- *() Sanitary Seal/Disinfection Port
- *() 6' x 6' x 4" Concrete Apron - Cracked ___ Missing ___ Inadequate size ___
- () Raw Water Tap - Missing ___ Threaded ___ Wrong location ___
- *() Check Valve - Inoperable ___ Missing ___ Wrong location ___
- () Time Clock / Flow Meter - Missing ___ Broken ___ Make 2- Badgers
- *() Sanitary Hazard _____
- () Water Pressure Gauge - Missing ___ Broken/Cracked ___
- () Water Pressure Adequate On/Off _____ P.S.I.
- *() Disinfection Free Cl₂ . Residual Plant _____ mg/l Remote 1.37 mg/l
A minimum of 0.2 mg/l chlorine residual must be maintained at all times throughout the distribution system
- *() Gas Chlorination: Need Separate Room ___ Cross-Ventilation ___
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus;
Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
- *() Alarm Requirements Of New/Modified Systems After 1/1/93 _____
- *() Cross-Connection - Location:
- *() Auxiliary Power/Second Well (For 350 persons/150 connections)
Needs Auto Start ___ Operated Monthly - Yes X No ___
- *() Certified Operator Name: Dan Anderson Number _____
- () Maintenance Logs
- () NSF or UL Approved Chlorine Yes ___ No ___
- () OTHER TREATMENT - Softeners ___ Filters ___ Aerators ___ Other _____
- () Miscellaneous
- (X) NO DEFICIENCIES THIS DATE

***(X) REQUIRES REINSPECTION**
COMMENTS