Docket No. 030444-WS

Bay County

Test Year Ended December 31, 2002

Original MAP to ECR

Docket No. 030444-WS

25.30-440(1)
Detailed Map to be Submitted Separately

Docket No. 030444-WS

25.30-440(2) Chemicals Used N/A

Docket No. 030444-WS

25.30-440(3) Chemical Analyses

694. 3.2

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

THE WATER SPIGOT, INC Environmental Laboratory 5806 Highway 22 NELAP CERTIFICATION E81105 Panama City, Florida 32404 (850) 871-1900...(850) 871-1901....FAX (850) 871-9303 System Name : Bayside Utilities, Inc. System ID# 1034016 System Phone# 850-234-6668 DEP District NW Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay Collector Phone # 407~869-1919 Collector : N. Hamm Sample Site (locality or subdivision) : Distribution Date & Time Collected 01-31-02 0756-0800 Type of Supply : XXX Community water system ____Noncommunity water system Nontransient-noncommunity water system Private well Swimming Pool Bottled water Other public water system Type of Sample : XXX Compliance Repeat Replacement Main Clearance

Well Survey Other (Specify)

Received in Lab : 01/31/02 1345 By EP Analysis Begun 01/31/02 14 By EP Analysis Begun 01/31/02 1430 By SAM METHOD: ___MF XX MTF ___MMO-MUG PA [CL2 | |Sample |Analysis|Confirmed|Confirmed Coll | Sample Point |Res'd | pH | Number | Result | Total | Fecal No. | Specific Address (1.5 | 6.9 | 180686 | A | 11033 Bay Circle |1063 Bay Cir. 1 1.3 | 7.1 | 180687 | A |

P = Presence

A = Absence

Trish Tackson President

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

THE WATER SPIGOT, INC. Environmental Laboratory 5806 Highway 22 Panama City. Florida 32404 NELAP CERTIFICATION ESTICS .850)871-1900. .(850)871-1901., FAX (850)871-9303 System Name : Bayside Utilities, Inc. System ID# 1034016 System Phone# 850-23: : in . Address . 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay DEP District 11 Collector : N. Hamm Collector Phone # 407-869-1919 Sample Site (locality or subdivision) . BAYSIDE Date & Time Collected 02/21/02 0505 Tyre of Supply: XXX Community water system _____Noncommunity water system _____Private well _____Swimming Fool Bottled water Other public water system Type of Sample : XXX Compliance __Repeat __Replacement __Main Clearance Well Survey __Other (Specify) Received in Lab : 02/21/02 1240 By EP Analysis Begun 02/21/02 1330 By SAM MITTHOD: MF XX MTF MMO-MUG ___PA Soil | Sample Point CL2 Sample [Analysis | Confirmed | Confirmed No | Specific Address |Res'd | PH | Number | Result | Total | Fecal 6325 Big Daddy Dr. | 0.8 | 7.9 | 1824E7 | 917 Marina Dr. 0.3 7.6 192458 1

P : Presence

A - Absence

Trish Jackeq

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

THE WA	ATER SPIGOT, INC						
	nmental Laboratory		-			-	-
	Lighway 22			ini in Arber	IFICATION	₽ 81105	
	a City, Florida 32404	01071 07		NELAP CERT	IFICATION	EGIIOO	
(850) 8	371-1900(850)871-1901FAX (85	n) a) t-33	U.J 	rb# 103401	6		
System	Name : Bayside Utilities, Inc.	3	Авсеш .	IDH TORGI	.u Svete	m Phone# 8	350-234- <mark>6</mark> 668
	code Di- Dadda Ba D-atmo Cita	Boach	EI Count	-++ 12 av	Ç <u>7</u> 500	DEP Dist	
	ss : 6325 Big Daddy Dr. Panama City	geach,	FECOUII	opove # 40	7-869-1919		
	ctor : L.Bunch Site (locality or subdivision) :			enone # *c	,, 003 1311		
	Time Collected 03-28-02 0800-082		101011				
Date a	Time Collected 03~28-02 0800-082	v					
Turne (of Supply : XXX Community water sys	tem	Noncom	munity wat	er system		
י פקעי	Nontransient-noncommunity water sys	tem	Priv	ate well	Swir	mming Pool	
i	Bottled waterOther public wa	ter syst	:em		<u> </u>		
Type	of Sample : XXX Compliance Repe	at	Repla	cement	Main Cle	earan¢e	
	Well Survey Ot	her (Spe	cify)				
Recei	ved in Lab : 03/28/02 1400	BA EB	A	nalysis Be	gun 03/28.	/02 1430 1	B y JP
	D:MF XX MTFMMO-MUG			P			
						•	
	Sample Point	CL2	1	Sample	Analysis	Confirmed	Confirmed
No.	Specific Address	Res'd	Hq	Number	Result	Total	Fecal
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1	6527 Sunrise Dr.	1.0	1,5	185224	A	1	1
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	n E P				irion daca Progident	~~11	

DRINKING WATER - BACTERIOLOGICAL ANALYSIS THE WATER SPIGOT, INC Environmental Laboratory 5806 Highway 22 NELAP CERTIFICATION E01105 Panama City, Florida 32404 (850) 871-1900...(850) 871-1901,.. FAX (850) 871-9303 System ID# 1034016 System Name : Bayside Utilities, Inc. System Phone# 850~234~6568 DEP District NW Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay Collector Phone # 407-869-1919 Collector : L.Bunch Sample Bite (locality or subdivision) : Bayside Date & Time Collected 04-25-02 0800-0815 Type of Supply: XXX Community water system Noncommunity water system Private well Swin Private well Swimming Pool Bottled water Other public water system Type of Sample : XXX Compliance Repeat Replacement Main Clearance Well Survey Other (Specify) Received in Lab : 04/25/02 1420 By EP By EP Analysis Begun 04/25/02 1430 By SAM PA METHOD: MF XX MTF MMO-MUG |Sample |Analysis|Confirmed|Confirmed |CL2 | Coll | Sample Point No. | Specific Address [Res'd | pH | Number | Result | Total |1029 Bay Circle 1 0.75 | 8.0 | 187510 | -1--11063 Bay Cir. 1 0.75 | 8.1 | 187511 | 1 Ţ 1 1 1 P = Presence A - Absence Date 5- 6 Trish Jackson President Post-It* Fax Note 7871

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Phone #

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DRINKING WATER - BACTERIOLOGICAL ANALYSING 1 0 2002

THE WATER SPIGOT, INC
Environmental Laboratory
5806 Highway 22
Panama City, Florida 32404

UTILITIES, INC.

NELAP CERTIFICATION E81105

(850)871-1900...(850)871-1901....FAX (850)871-9303

System Name : Bayside Utilities, Inc.

System ID# 1034016

System Phone# 850-234-6668 DEP District NW

Collector : L.Bunch Collector Phone # 407-869-1919
Sample Site (locality or subdivision) : DISTRIBUTION

Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay

Date & Time Collected 0800-0830 05/23/02

Type	of Supply : XXX Community water sys	tem	Noncom	munity wat	er system		
	Nontransient-noncommunity water sys	tem	Priv	ate well	Swir	mming Pool	
Туре	Bottled waterOther public wa of Sample : XXX ComplianceRepe	at	Repla	cement _	Main Cle	earance	
	Well SurveyOt ved in Lab : 05/23/02 1321 D:MF XX MTFMMO-MUG	ner (Spe By EP	aciry) A	nalysis Be	gun 05/23,	/02 1345 B	By SAM
Coll	Sample Point	CL2	ı	Sample	Analysis	Confirmed	Confirmed
No.	Specific Address	Res'd	рн	Number			Fecal
1	6325 Big Daddy Dr.	1.5	7.6	189725	A		
2	901 Marina Dr.	1.5	7.8	189726	A		***************************************
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Trish Jackson President

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

	NATER SPIGOT, INC Conmental Laboratory						
	Highway 22		-			-	-
	na City, Florida 32404			NELAP CERT	FIFICATION	E81105	
	871-1900(850)871-1901FAX	(850)871-93	303				
	Name : Bayside Utilities, Inc.			ID# 103401	l6 Syste	em Phone# (350-234-6668
Addre	ess : 6325 Big Daddy Dr. Panama	City Beach,	FLCoun	ty Bay	*	DEP Dis	trict NW
	ector : Jackie Porcelli	Co1	lector	Phone # 40	7-869-191	9 [
	le Site (locality or subdivision) : Bayside				•	
Date	& Time Collected 6-13-02 0800	• 4					
-	of Supply : XXX Community water Nontransient-noncommunity water	system	Prav	munity wat rate well	er system Swit	mmıng Pool	
	Bottled waterOther publi of Sample : XXX Compliance	Repeat	Repla	cement _	Main Cl	earance	
_	Well Survey	Other (Sp	ecify)		05/10	400 4470	n . 4n
	ived in Lab: 06/13/02 1415 DD:MF XX MTFMMO-MUG		Ą	malysis Be P		/02 1430 1	ву Ск
	Sample Point	CL2	1	Sample	Analysis	Confirmed	Confirmed
No.	Specific Address	Res'd 		Number	Result	Total	Fecal
1	6527 Sunrise Dr.	0.3	7.9	191527	A		
2	821 Linda Ln.	0,3	8.0	191528	A	1	!
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DRINKING WATER - BACTERIOLOGICAL ANALYSIS THE WATER SPIGOT, INC Environmental Laboratory NELAUCTALITIES, INC. 5806 Highway 22 Panama City, Florida 32404 (850) 871-1900...(850) 871-1901....FAX (850) 871-9303 System Name : Bayside Utilities, Inc. System ID# 1034016 System Phone# 850-234-6668 Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay DEP District NW Collector Phone # 407-869-1919 Collector : George Patterson Sample Site (locality or subdivision) : Distribution Date & Time Collected 07-09-02 1430 Type of Supply: XXX Community water system _____Noncommunity water system _____Private well _____Swim ___Swimming Pool Bottled water Other public water system Type of Sample: __Compliance __Repeat __Replated ____Other (Specify) Replacement XXX Main Clearance Received in Lab : 07/09/02 1515CST By LW Analysis Begun 07/09/02 1525CST By CR METHOD: MF MTF XX MMO-MUG PA CL2 | Coll | Sample Point |Sample |Analysis|Confirmed|Confirmed No. | Specific Address Res'd | pH |Result |Total |Fecal Number |6207 Big Daddy Dr. 1 1 193428 Α 2 17103 Sunrise Dr. 1 193429

P = Presence

A = Albance

Trish Jackson President

DRINKING WATER - BACTERIOL

THE WATER SPIGOT, INC Environmental Laboratory 5806 Highway 22

AUG 12 797

Panama City, Florida 32404

(850) 871-1900...(850) 871-1901....FAX (850) 871-9303

Type of Supply: XXX Community water system ___Noncommunity water system

System Name : Bayside Utilities, Inc.

System ID# 10 System Phone# 850-234-6668 DEP District NW Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay Collector Phone # 407-869-1919 Collector : G.Patterson Sample Site (locality or subdivision) : Subdivision Date & Time Collected 07-10-02 1526-1532

	Nontransient-noncommunity water sys Bottled waterOther public wa	tem	Priva	ate well	Swir	mming Pool	
Турв	of Sample :ComplianceRepe Well SurveyOt	at her (Sp	Replace	cement 2	CXX Main C	learance	
Recei	ved in Lab: 07/10/02 1600CST D: MF MTF XX MMO-MUG	By CR	A:	nalysis Be	gun 07/10.	/02 1615C8	ST By CR
	-	CL2 Res'd			Analysis Result	Confirmed Total	Confirmed Fecal
1	6207 Big Daddy Dr.	1.0		193700	l A		
2	7103 Sunrise Dr.	1.2		193701	A		
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P = Presence

A = Absence

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DRINKING WATER - BACTERIOLOGICAL ANGLISES 2002

SANDY CREEK

THE WATER SPIGOT, INC Environmental Laboratory 5806 Highway 22 Panama City, Florida 32404

UTILITIES, INC

(850) 871-1900...(850) 871-1901....FAX (850) 871-9303

System Name : Bayside Utilities, Inc.

System ID# 1034016

System Phone# 850-234-6668

Address: 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay DEP District NW

Collector: J.Porcelli Collector Phone # 407-869-1919

Sample Site (locality or subdivision): Remote tap

Date & Time Collected 07-31-02 0745-0755

Туре	of Supply : XXX Community water sys Nontransient-noncommunity water sys	tem	Noncom Priv	munity wat ate well	er system Swin	mmina Pool	
	Bottled waterOther public wa of Sample : XXX ComplianceRepe Well SurveyOt	ter syst	em Repla				
	ved in Lab: 08/01/02 0800CST D: MF XX MTF MMO-MUG			nalysis Be p		/02 0830C8	ET By CR
	Sample Point Specific Address				Analysis Result	Confirmed Total	Confirmed Fecal
1	1033 Bay Circle	0.3	7.9	195517	A	1	
2	1063 Bay Cir.	1 0.3	7.9	1 195518	A	!	
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P = Presence

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Trish Jackson President THE WATER SPIGOT, INC

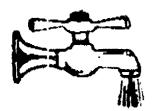
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DRINKING WATER - BACTERIOLOGICAL ANALYSIS

	conmental Laboratory						-
	Highway 22		-				
(250)	na City, Florida 32404			NELAP CER	TIFICATION	E81105	
(050) Netem	871-1900(850)871-1901FAX (89	50)871-9	303				
oy been	Name : Bayside Utilities, Inc.		System	ID# 10340			
Addre	ess : 6325 Big Daddy Dr. Panama City	/ Beach.	FLCour	itv Bav	Syst	em Phone#	850-234-6668 trict NW
COTTE	CCOr : L.Bunch	Col	lector	Phone # 4	07-869-191	o new niż	CTICE WM
Sampl	e Site (locality or subdivision) :	BAYSIDE		7			
Date	& Time Collected 08/15/02 0838CST	_					
Туре	of Supply : XXX Community water sys	stem	_Noncom	munity was	ter system		
	Monterant stent anoncommunity water sys	stem	Priv	ate well	Swi	mming Pool	
	pocered macer ofuer public Ma	iter ave	tom				
Type	of Sample : XXX Compliance Repe	at her (Sn	Repla	cement	Main Cl	earance	
Recei	ved in Lab : 08/15/02 1410CST	BV RD	σ ecrrλ)	നമീശ്യദ്ന മ	00 /1 F	/55 3.55	
METHO	D: MF XX MTF MMO-MUG	-, 4.	- C	e eregrand P	egun vəyis	/02 1430C	ST By CR
Coll	Sample Point	Lars	1				
No.	Specific Address	CL2		Sample		Confirmed	
	apootitio Addiges	Res'd - 	Hq 	Number	Result	Total	Fecal
1	6325 Big Daddy Dr.	1.0	7.4	197098	A	1	
2	917 Marina Dr.	0.5	7.5	197099	A		
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Trish Jackson President



the water spigot, inc.

NELAP Laboratory Certification #881105

FINAL REPORT OF ANALYSES

SANDY CREEK UTILITY SERVICES

2405 Hay 2297

Panama City, FL 32404-

Attn: FATRICK FLYNN

REPORT DATE: 09/11/02

CLIENT NUMBER: 9

SAMPLE NUMBER- 199371 SAMPLE ID- Sandy Creek WS091002-128

DATE SAMPLED- 09/10/02 LOCATION- 11840 CountryClub Dr

DATE RECEIVED- 09/10/02 SAMPLER- David Swift

TIME RECEIVED- 1715CST DELIVERED BY- David Swift

SAMPLE MATRIX- WA TIME SAMPLED- 1700CST

RECEIVED BY- SM

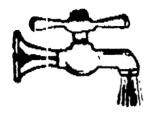
Page 1

		analysis				DE	T.	DX:	ra
ANALYSIS	METHOD	DATE	TIME	BY	RESULT	UNITS	LIMIT	UNITS	ည္ရပ
Chlorine residual	330.3	09/10/02	1700CST	DW	0.2	PPM		PPM]
TOTAL COLIFORM (MMO-MUG)	SM9223	09/10/02	1715CST	CR	A		*		- 1

These test results meet all the requirements of NELAC. A=Absent

This sample meets the Florida Drinking Water Regulation for total coliform bacteria.

WSplgot@comcast.tief - 5806 East Hwy. 22 - Panama City, Florida 32404 - (850) 871-1900 - Fax (850) 871-9303



the water spigot, inc.

NELAP Laboratory Certification #E81105

FINAL REPORT OF ANALYSES

SANDY CREEK UTILITY SERVICES

2405 Hwy 2297

Panama City, FL 32404-

Attn: FATRICK FLYNN

REPORT DATE: 09/11/02 CLIENT NUMBER: 9

SAMPLE NUMBER- 199340 SAMPLE ID- Sandy Creek WS091002-98 DATE SAMPLED- 09/10/02 LOCATION- 4008 Par Dr.

DATE RECEIVED- 09/10/02 SAMPLER- G.Patterson/D.Swift

TIME RECEIVED- 1445CSt DELIVERED BY- G.Patterson

SAMPLE MATRIX- WA TIME SAMPLED- 1352CST

RECEIVED BY- SM

Page 1

ANALYSIS DATA ANALYSIS METHOD DATE TIME BY RESULT UNITS LIMIT UNITS QUA Chlorine residual 330.3 09/10/02 1352CST GP 0.4 PPM TOTAL COLIFORM (MMO-MUG) 8M9223 09/10/02 1450CST CR A

These test results meet all the requirements of NELAC. A=Absent

This sample meets the Florida Drinking Water Regulation for cotal coliforn bacteria.

SANDY CREEK 10/10/02 11/4 m F. PAGE 03

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

a lity, Florida 32404 8°1-1900(850)871-1901 Mama : Baywide Utilities, I		903 -	ID# 103402		en Phonesis	350-23
asa : 6325 Big Daddy Dr. Pana ector : L.Bunch le Bite (locality or subdivis	Col: sion) : BAYSIDE			- 07-869-1919		trict
f Fime Collected 09/19/02 of Supply: XXX Community wa	· -	Moncom	munity was	ter system		
Nostransient-noncommunity was Soutled waterOther pu	ter system	Erra	ate well	Swir	mming Pool	
of Sample : XXX Compliance	Repeat	Repla	cement	Main Clo	BATALIÇA	
Well Survey ivel in Lab : 09/19/02 09000	ST By EP	A A			/02 091 5 C	ST By
DD: MF XX MTF MMO-R						_
Bample Point Bpecific Address	CL2 Resid	рн	Number	Analysis Result		Confi Fecal
6527 Sunrise Dr.	1.0	8.0	200298	A		
821 Linda Lm.	1.0	7.9	200299	A		
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These tast results meet all the requirements of NELAC.

Trish Jackson, Pasident

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	DRINKI	NG WATER	CAG - 9	rERICLOGIC	AL ANALYS	18	
Enviro 5806 H Panama (850)8 System	TER SPIGOT, INC rmental Laboratory ighway 22 City, Florida 32404 71 1900(850)871-1901FAX (850 Name : Bayside Utilities, Inc.)} 8 71-93 S	N 03 ystem I	ELAP CERT! D# 1034016	FICATION Syste	E81105 m Phone# 8	50 -234-6568
- Cotted -Samole	s : 6325 Big Daddy Dr. Panama City tor : G.Patterson : Site (locality or subdivision) : 1 . Time Collected 10-08-02 1825	(.(111)	E(1) [1]	y Bay hone # 407	7-869 - 1919	DEP Dost	rict NW
Type (of Supply: XXX Community water system transient-noncommunity water system to the public water compliance compliance repermental survey of Sample: 10/08/02 1850CST receipment of the public water system of the pu	tem ter syst at her (Spe	Priva em _Replac ecify)	te well ement X	Swin C XX Main C	learance	ST By CR
	Sample Point Specific Address	CL2 Resid	p⊭	Sample Number	Analysis Result	Confirmed Total	Confirmed Feca:
, 4.	1029 Bay Circ'e	0.7		201968	A		
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These test results meet all the requirements of NELAC.

Trish Jackson. Presignt

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DRINKING WATER - BACTERIOLOGICAL ANALYSIS

	ATER SPIGOT, INC						
Envir	onmental Laboratory		-			-	-
	Highway 22						
	a City, Florida 32404			NELAP CERT	IFICATION	E81105	
	871-1900(850)871-1901FAX (8						
ystem	Name : Bayside Utilities, Inc.	:	System	ID# 103401	.6	_, ,,	050 004 555
							850-234-666
	ss : 6325 Big Daddy Dr. Panama Cit					,	strict NW
	ctor : L.Bunch			Phone # 40	7-869-191		
	e Site (locality or subdivision) :		ution				
Date	& Time Collected 10-17-02 0822						
Туре	of Supply : XXX Community water sy	stem	_Noncom	munity wat	er system		_
	Nontransient-noncommunity water sy	stem	Priv	ate well	Swi	mming Poo.	L
	Bottled waterOther public w	ater sys	tem				
Туре	of Sample : XXX ComplianceRep			cement ~	Main Cl	egrance	
	Well SurveyO						
	wed in Lab : 10/17/02 1406CST	By EP	A			/02 1430	CT By CR
METHO	DD:MF XX MTFMMO-MUG			P	A	-	
				-			
	Sample Point						d Confirmed
No.	Specific Address		•	Number	Result	Total	Fecal
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A = Absence

These test results meet all the requirements of NELAC.

Trish Jackson, President

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

	ATER SPIGOT, INC					-	-
	lighway 22		-			mod 1.05	
Panama	a City, Florada 32404			NELAP CERT	IFICATION	ESIIUS	
(850)8	871-1900(850)871-1901FAX (85	50)871-93	103	*5# 103401	6		-
System	Name : Bayside Utilities, Inc.	2	Зуѕсет .	TD# 103401	o Svst€	em Phone# {	350-234-6668
	ss : 6325 Big Daddy Dr. Panama City	r Basch	FLCoun	tv Bav		DEP Dist	
	ss : 6325 Big Daddy Di. Fandina Cit; ctor : R.Wise	Coll	Lector	Phone # 40	7-869-1919	9 [
Sample	e Site (locality or subdivision) :					•	
Date	& Time Collected 11-25-02 1200-12	10					
Туре	of Supply : XXX Community water sy	etem	_Noncom	munity wat	er system	ina Dool	
	Nontransient-noncommunity water sy	st e m	Priv	ate well	\$W11	mming Pool	
m	Bottled waterOther public water of Sample : XXX ComplianceRep	ater ayer	ren Tenn]≖	cement	Main Cl	earance	
TAbe	well Survey O	ther (Sne	Kepia acify)	CAWaire -		- Car Wild +	
Recei	ved in Lab : 11/25/02 1240CST	By EP	, r 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	nalvsis Be	egun 11/25	/02 1320C	ST By CR
	D: MF XX MTF MMO-MUG	- 1		Pi			
						-	
	Sample Point					Confirmed	
No.	Specific Address	Res'd	pH	Number	Result	Total	Fecal
1	6325 Big Daddy Dr.	-	7 5	205520	A		
	OJZJ BIG Daday DI.	-1		1	_		}
2	1917 Marina Dr.	0.8	7,5	205521	A	[Ì
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P = P	resence A Absence					D.E.I	**S
						D.E.	
These	test results meet all the require	ments of	NELAC.				
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PAGE 12/18/02 10:08=m F. 001

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DRINKING WATER - BACTERIOLOGICAL ANALYSIS THE WATER SPIGOT. INC Environmental Laboratory 5906 Highway 22 Panama City, Florida 32404 (850)871-1900...(850)871-1901....FAX (850)871-9303 NELAP CERTIFICATION E81105 System Name : Bayside Utilities, Inc. System ID# 1034016 System Phone# 850-234-6668 Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay DEP District NW Collector : G. Patterson Collector Phone # 407-869-1919 Sample Site (locality or subdivision): BAYSIDE Date & Time Collected 12-14-02 0145-0150 Type of Supply: XXX Community water system ____Noncommunity water system _____Nontransient-noncommunity water system _____Private well ____Swimming Pool Bottled water Other public water system Type of Sample: ___ Compliance ___Repeat _Replacement XXX Main Clearance __Other (Specify) Well Survey Received in Lab ; 12/14/02 0955CST By CR Analysis Begun 12/14/02 0956CST By CR HETHOD: ___MF ___ MTF XX MMO-MUG PÅ Coll | Sample Point CL2 Samole |Analysis|Confirmed|Confirmed Res'd Specific Address No. рĦ Number Result Tota? Fecal 7103 Sunrise Dr. 1 2.3 Α 7.4 207169 2 6511 Sunrise Dr. 1.9 A 7.4 207170

P - Presence

A - Absence

These test results meet all the requirements of MELAG

Trish Jackson, Preside

PAGE 03 694. 3. (

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

Environs 5806	ATER SPIGOT, INC onmental Laboratory Highway 22		-			-	
	a City, Florida 32404	CA		NELAP CER	TIFICATION	E81105	
	871-1900(850)871-1901FAX (8 Name : Bayside Utilitles, Inc.			TD# 30340	1.6		
Addres	ss : 6325 Big Daddy Dr. Panama Cit ctor : Riane Wise e Site (locality or subdivision) :	y Beach, Coli	FLCoun lector	ty Bay	Syst	DEP Dis	850-234-666 trict NW
	of Supply : XXX Community water sy Nontransient-noncommunity water sy Bottled water Other public w	stem	Priv				
	of Sample ; XXX Compliance Rep	eat	Repla	cement	Mein Cl	earance	
Recei METHO		ther (Spa	ecify) A	nalysis B	egun 12/11 A	/02 1400C	ST By CR
	Sample Point Specific Address			Sample Number	Analysis Result	Confirmed	Confirmed
1	6527 Sunrise Dr.	1.2	7.8	206775	A		1
2	821 Linda Ln.	1.5	7.5	206776	l A	1	
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the sales of the sales of			<u> </u>	<u> </u>		-1 50	1270
P = P	resence A = Absence test results meet all the require					Corn 90	

Trish Jackson, President

Docket No. 030444-WS

25.30-440(4) Operation Reports



## Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS:	See Page 2.
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I. GENE	ERAL WAT	ER SYSTEM INF	ORMATION F	OR THE M	ONTH	YEAR OF	January	1.00€	
• System	Name:	Bayside Utili	ity Service	s, Inc.			PWS Identification	n <b>No</b> .: 10340	16
• System Name: Address City:	<u> Utiliti</u> s: <u>200 We</u> a	ies, Inc. of I athersfield Av ate Springs	Florida venue				_Telephone No.:		,
		mmunity; □ non-tr	ansient non-co	ommunity. [	non-c	community	~	, 0000. <u>32.1</u> 2	
• No. of S	Service Con	nections at End of	Month:	00	Total	Population :	Served at End of N	Month:	<del>3</del> 0
II. SUM	IWAHY OF	DAILY DATA FOI	RIHEMONI	H/YEAR OI	ات	anuary	1 2-001		
□ chlor	ine dioxide	isinfectant Maintai Data for Month:	ned in Distribut	tion System	: XX fre	e chlorine;	□ combined chlori	ne (chloramine	i);
	Residu	al Disinfectant in Distribut	ion System			Residu	al Disinfectant in Distribut	tion System	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions
1	1.1				17	1.0			
2	10				18	1.0			<u></u>
3	1.2				19	10			
4	1.3				20				
5	1,3				21				
6					22	1.0			
7					23	· O			
8	0				24	1.0			
9	1. \				25	1.1	2	0.3	
10	1.0				26	[ ], V			
11	1.0				27				
12	1.1				28				ļ
13					29	10			
14					30	10			<u> </u>
15	163				31	1.0			
16	1:1				Total				
	<del></del>	·	<u> </u>	<u></u>					

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of <u>Bayside Utility Services</u>, <u>Inc.</u> certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Signature and Date

Name and Title (please type or print)

* Attach a letter of authorization.



## Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS: See Page 2.

I. GEN	ERAL WAT	ER SYSTEM INF	ORMATION F	OR THE M	ЮИТН	YEAR OF	February	2001	
<ul><li>System</li></ul>	Name:	Bayside Util:	ity Service	s, Inc.			PWS Identification	n No.: 10340	16
<ul> <li>System Name: Addres</li> </ul>	Utilit: s: 200 Wea	ies, Inc. of lathersfield A	Florida venue	-			_ Telephone No.: _	(407) 869-1	919
City: _		nte Springs					_State: _FL _ Zip	Code: 3271	4
		mmunity;  non-tr		ommunity; [ 300	non-o	community Population	Served at End of I	Month: <u>105</u> 0	<u>D</u>
II. SUN	MARY OF	DAILY DATA FO	R THE MONT	H/YEAR O		Flhruan	2001		
□ chlor	ine dioxide	isinfectant Maintai Data for Month:	ned in Distribu	tion System				ne (chloramine	·):
	Residu	at Disinfectant in Distribut	ion System			Residu	al Disinfectant in Distribut	tion System	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnorma Operating Conditions
1					17				
2	1.70				18				
3					19	1.3			
4					20	1.0			
5	],20				21	J.D			
6	10				22	7.1	2	0.5	<u> </u>
7	0.9				23	1.3			
8	, Q				24				
9	1.0				25				
10					26	10			
11					27	1.3			<del> </del>
12	1.3		,		28	1.0			
13	1.0				29				
14	1.1				30				
15	1.0				31				
16	1.5				Total				
*									

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of __Bayside Utility Services, Inc.

certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Signature and Date

Name and Title (please type or print)

* Attach a letter of authorization.



## Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTR	UCTION	IS: See	Page	2.
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I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH YEAR OF	March 2001
• System Name: Bayside Utility Services, Inc.	PWS Identification No.: 1034016
• <u>System Owner</u> Name: <u>Utilities, Inc. of Florida</u> Address: 200 Weathersfield Avenue	_Telephone No.: (407) 869-1919
City: Altamonte Springs	State: FL Zip Code: 32714
<ul> <li>System Type:          \( \tilde{\text{D}} \) community; □ non-transient non-community; □ non-community</li> <li>No. of Service Connections at End of Month:</li></ul>	Served at End of Month: 1050
II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF March	3-001

- Type of Residual Disinfectant Maintained in Distribution System: \( \forall \) free chlorine; \( \pi \) combined chlorine (chloramine); \( \pi \) chlorine dioxide
- Summary of Daily Data for Month:

	Residua	Residual Disinfectant in Distribution System				Residu	Residual Disinfectant in Distribution System		
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions
1	1.3				17				
2	170				18				
3					19	13			
4					20				
5	10				21	· 0			
6	10				22	48			
7	1.5				23	29			
8	1.3				24				
9	1.0				25				
10					26	0.7			
11					27	10			<u> </u>
12	1.0				28	0.9			<u> </u>
13	1.5				29	0.5			
14	1-0				30	0.5			<u> </u>
15	1.0	2	1.0		31				
16	[.0				Total				

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authoriz	ed representative* of	Bayside Utility Services, Inc.	
certify that, to the best of my knowledge	e and belief, the info	ormation provided in this report is true and acc	urate.
Halas L Datto	H 2-0\	primation provided in this report is true and acc	poerator
Signature and Date	7-501	Name and Title (please type or print)	

Attach a letter of authorization.



## Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRU	CTIONS:	See	Page	2.
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I. GENE	ERAL WAT	ER SYSTEM INFO	ORMATION F	OR THE M	ONTH	YEAR OF	Dovil	2-001	
		Bayside Utili	ity Service	s, Inc.			PWS Identification		16
	Utiliti	ies, Inc. of Fathersfield Av	Florida 7enue	-			_ Telephone No.: _		
City:	Altamon	nte Springs					State: $\underline{FL}$ Zi	p Code: <u>3271</u>	4
System No. of	n Type: ፟ co Service Coni	mmunity;  non-tr	mansient non-community Month:30	ommunity; [ D	non-c Total	community Population	Served at End of	Month: <u>105</u>	0
II. SUM	IMARY OF	DAILY DATA FOR	R THE MONT	H-YEAR O	7	(Ppril	2001		
□ chlor	rine dioxide	isinfectant Maintair Data for Month:	ned in Distribut	tion System	: XX fre	e chlorine;	□ combined chlor	ine (chloramine	»); 
:	Residu	al Disinfectant in Distributi	ion System			Residu	ual Disinfectant in Distribu	ition System	<b>.</b>
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions
1					17	₹.5			
2	8:0				18	06			
3	18°3				19	6.7			
4	) 5				20	28			
5	0.4				21				
6	04				22				
7					23	C. 8			
					24	U.")			
9	25				25	07			
10	125				26	n)	2	03	
11	03				27	10			<u> </u>
12	0.5				28				
13	07				29				<del>_</del>
14					30	0.7			
15					31				
16	575			1	Total		7		

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorize	ed representative* of _	Bayside Utility	Services, Inc.	
certify that, to the best of my knowled	ge and belief, the inform	nation provided in this re	eport is true and acc	curate.
certify that, to the best of my knowled	5-3-01	Lobert	40tte	Operator
Signature and Date		Name and Title (	please type or print)	

^{*} Attach a letter of authorization.



1. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH-YEAR OF

• System Name: ___ Bayside Utility Services, Inc.

## Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS: See Page 2.

<ul> <li>Syster</li> </ul>	n Owner			_					
Name:	Utiliti	les, Inc. of I	Florida				Telephone No.: (	407) 869-1	919
Addres		thersfield A	renue						
City: _		ite Springs					State: FL Zip	Code: 3271	4-
<ul><li>Syster</li></ul>	n Type: 🛚 co	mmunity; 🗆 non-tr	ansient non-co	ommunity;	non-c	ommunity		· -	
<ul><li>No. of</li></ul>	Service Con	nections at End of	Month:		Total	Population :	Served at End of M	Nonth:	
II. SU	MMARY OF	DAILY DATA FOI	R THE MONT	H:YEAR OF	7	Mari	2001		
• 7:	of Decideral D		and in Distribut		W.		3	- (-)	
		isinfectant Maintai	nea in Distribui	ion System:	AΔ Tree	e chlonne;	□ compined chion	ne (cnioramine	);
	orine dioxide	Data for Month.							
Summ	ary of Daily t	Data for Month:							
	Residua	al Disinfectant in Distribut	ion System			Residu	al Disinfectant in Distribut	ion System	
	Lowest	No. of Instances	Lowest Residual	Reported	D4	Lowest	No. of Instances	Lowest Residual	Reported
Day of the	Residual	Where Residual	Disinfectant	Emergency or Abnormal	Day of the	Residual	Where Residual	Disinfectant	or Abnormal
Month	Disinfectant Concentration	Disinfectant Measurements Taken	Concentration at Total Coliform	Operating	Month	Disinfectant Concentration	Disinfectant Measurements Taken	Concentration at Total Coliform	Operating Conditions
	at Remote Point (mg/L)	at Total Coliform	Sampling Points	Conditions		at Remote Point (mg/L)	at Total Coliform Sampling Points	Sampling Points (mg/L)	CONTRIBUTION
1	Point (mg/L)	Sampling Points	(mg/L)		17	1.0	Sautpung ronns	(myr)	
2	20				18			1	<u> </u>
3	1.0		<u> </u>		19	1.0	***************************************		
4	1.0				20				
5	1.0	<del></del>	<del> </del>		21	1,0			
6	+		<del> </del>		22	1.0			
7	0.7	<del>                                     </del>	<del> </del>		23	10			
8	1.0				24	1.0			
9	10				25	170		· · · · · · · · · · · · · · · · · · ·	
10	10		<del> </del>		26	<del>                                     </del>			
11					27				
12	1.0				28	1.0		1	
13					29	1.0			
		<del> </del>	ļ		30	0.0			
14	1						i	1	1
14	10		<del> </del>	<del> </del>	31	1-0	1	0.3	

#### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of _	Bayside Utility Services, Inc.	
certify that, to the best of my knowledge and belief, the information of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	mation provided in this report is true and accum	operator
Signature and Date	Name and Title (please type or print)	oper su

* Attach a letter of authorization.

2001

PWS Identification No.: 1034016

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# Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS:	See	Page	2.
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I. GENE	HAL WATE	ER SYSTEM INFO	JRMATION F	OR THE M	ONTH	YEAR OF	June	A001	
System	Name:	Bayside Utili	ty Service	s, Inc.	· · ·		PWS Identification	n <b>No</b> .: <u>10340</u>	16
Name: _	Utiliti	es, Inc. of F	lorida venue				Telephone No.: <u>(</u>	(407) 869-1	919
		te Springs					State: FL Zip	Code: 3271	4 -
System No. of S	Type: 🖄 con Service Conn	mmunity; □ non-tr nections at End of	ansient nonco	ammunity: [	non-c	ommunity	Served at End of N		
II. SUM	MARY OF	DAILY DATA FOR	R THE MONTI	H-YEAR OI	= 3	une	900/		
□ chlori	ine dioxide ry of Daily D	sinfectant Maintair  Data for Month:		tion System	: XX free		☐ combined chlori		);
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual DisInfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions
1	1.0				17				
2					18	1.0			
3					19	1.1			
4	1.D.				20	1:0			

0.6

**C**X

Total

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

III. OTHER ET STITE OF THE TIE		
I, the undersigned owner or authorized representative* of _	Bayside Utility Services, Inc.	
Signature and Date	Name and Title (please type or print)	

* Attach a letter of authorization.

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# Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRI	ICT	ION	ıs.	See	Page	2
1140 I UI	JU 1		Ю.	200	raue	۷.

I. GEN	IERAL WAT	ER SYSTEM INFO	ORMATION	OR THE M	ОИТН	YEAR OF	SULU S	1001	
<ul><li>System</li></ul>	n Name:	Bayside Utili	ity Service	s, Inc.			PWS Identification	n <b>No</b> .: 10340	16
	<mark>n Owner</mark> Utiliti	es, Inc. of I	Elorida				Telephone No.: (	'407) 869-1	919
Addre	ss: 200 Wea	thersfield Av	renue				c.opo	.37, 337 1	<u> </u>
City: _		ite Springs					State: FL Zip	Code: 3271	4
Syster	n Type: 🖺 co	mmunity; □ non-tr	ansient non-c	ommunity;	non-c	ommunity		\ \	$\cap$
			_				Served at End of M	Month: 103	<u> </u>
II. SUI	MMARY OF	DAILY DATA FO	R THE MONT	H-YEAR OF	17:	w/w 2	HUD/		
						<del></del>			
	orine dioxide	Isintectant Maintai	ned in Distribu	tion System:	A tree	e chiorine;	☐ combined chlori	ne (chloramine	<i>i</i> );
		Data for Month:							
	<del></del>	al Disinfectant in Distribut	ion System			Residu	al Disinfectant in Distribut	ion System	
Day of the Month	Residua:	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions
1			•		17	0.7			
2	0.9				18	υj			
3	7. 5				19	0.7	D D	0.\	
4	^ )				20	1.0			
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6	10.			<u> </u>	22				<u> </u>
7					23	0.8			
8					24	<b>3</b> .7		·	
9	1.0				25				
10	1.0				26	0.5		<u> </u>	
. 11	J. D				27	0.7			
12	13				28			<u> </u>	<u> </u>
13	6.9				29			ļ	<u> </u>
14				<u> </u>	30	0.7	<u> </u>	ļ	
15	1, -		ļ	<u> </u>	31	0.		***************************************	
16	1.0		1	1	Total		<b></b>		

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of <u>Bayside Utility Services</u>, <u>Inc.</u>
certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

and y that, to the best of thy knowledge and belief, the information provided in this report is true and according to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont

Signature and Date

Name and Title (please type or print)

* Attach a letter of authorization.



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# Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS: See Page 2.

i. GENE	ERAL WAI	ER SYSTEM INFO	ORMATION F	OR THE M	ONTH	YEAR OF	8 HIKUK	1 200	
•		Bayside Utili	ty Service	s, Inc.			PWS Identification	n No.: <u>10340</u>	16
Address	Utiliti s: 200 Wea	thersfield Av	lorida venue				Telephone No.: (	<u>407) 869-1</u>	919
		ite Springs					State: FL Zip	Code: 3271	4
		mmunity; 🗆 non-tr							
No. of S	Service Con	nections at End of	Month:		Total	Population :	Served at End of N	Month:	
IL SUM	MARV OF	DAILY DATA FOI	THE MONT	H VEAD O	- (	1 7	0.00		
III SOW	IMANT OF	DAILI DATA FOI	THE MONT	n YEAR O		JUCIUS	- 2-00		
□ chlor	rine dioxide ary of Daily [	SINTECTANT MAINTAIL  Data for Month:  al Disinfectant in Distributi		aon System	: AA free		☐ combined chloring combined chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring chloring		); 
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Meastrements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions
1	0.7				17	0.3			
2	27				18				
3	13				19	_			
4					20	0.3			
5	•				21	0.3			
6	. D				22	0.2			
7	<b>6</b> 7.				23	03			
8	্ব				24	63		İ	

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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I, the undersigned owner or authorized representative* of	Bayside Utility Services, Inc.
certify that, to the best of my knowledge and belief, the information (1997)  Signature and Date	mation provided in this report is true and accurate.
Ashert Yollow 9-501	Robert Potter Operator
Signature and Date	Name and Title (please type or print)  ✓

25

26

27

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29

30

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Total

F. ~

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9

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^{*} Attach a letter of authorization.



# Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

NSTRU	JCTIONS	: See	Page	2.
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stem	Type: A cor						State: FL Zip	0000. <u>3271</u>	<u> </u>
	Service Conr	mmunity; non-tranections at End of	ansient non-co Month:30	ommunity; □	non-c Total	ommunity Population (	Served at End of M	fonth: 10°	JC,
SUM	MARY OF	DAILY DATA FOR	R THE MONT	I-YEAR OF	<	To Loa	Jec 20	DI.	
		sinfectant Maintair							١٠
	ine dioxide	siniectant Maintair	ied in Distribut	ion System	1441166	e Chiomie, i	a comparied critoria	ie (Crioratinie	<i>!</i> •
ımma	ry of Daily D	Data for Month:			· · · · · · · · · · · · · · · · · · ·				
	Residua	al Disinfectant in Distribution	on System			Residua	al Disinfectant in Distributi	ion System	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergence or Abnorma Operating Conditions
1	1 Out (ingrey		\ <b>9</b> -7		17	0.3			
2					18	0.5			
3	0.2				19	0.3			
4	0.2				20	, Q	2	O.D	
5					21	1.0			
6	0.2				22				
7	0.2				23	- 0			<del> </del>
8					24	0.)			
9					25	175			
10	0.4				26	1.0			-
11	0-3	1			28	0.5			-
12	0.3				29	0.5			
14	0.3				30				_
15	0.5				31				
16				<del> </del>	Total				
				1	11				
						VE OF WA			

Attach a letter of authorization.



# Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems that Do Monthly Operation Report for Consecutive Public Water Systems (No. 1997) No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No. 1997 No.

NSTF JCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF	JANUARY 2002
<ul> <li>System Name: Bayside Utility Services, Inc.</li> <li>System Owner</li> </ul>	PWS Identification No.: 1034011
Name: Bayside Utility Services, Inc.	Telephone No.: 407/869.1313
Address: <b>200 Weathersfield Avenue</b> City: <b>Altamon<u>te</u> Springs</b>	State: FL Zip Code: 32714

No. of Service Connections at End of Month: 287

System Type: Mcommunity; non-transient non-community; non-community

Total Population Served at End of stand 1991.

### II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

- Type of Residual Disinfectant Maintained in Distribution System: **⊠** free chlorine; combined chlorine (chloramine);

JANUARY 2002

Summary of Daily Data for Month:

chlorine dioxide

	Residual (	Disinfectant in Distrib	utlon System	Reported		Residual I	Disinfectant in Distrib	ution System	. Rago tos
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or	the	Residual	No. of Instances Where Residual Disinfectant Measurements Taken at Total Collform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	"Erner and or Alexand
					17				
					18				
	ļ				19			· · · · · · · · · · · · · · · · · · ·	
£1					20	<b></b>			,
E.					22	1.5			
7					23	1.7			
8					24	1.50			
ξı					25	1.8			
1.0					26				
11					27				
12					28	1.4			
1.3					29	1.4		<del> </del>	
1.4			<b></b>		30	22			
15					31	1.0	2	1,3	1 100000000 11 By
113	1	1	1	ì	Total	V/////////////////////////////////////	2		

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of Bayside Utility Services, Inc.,

pertury that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Signature and Date

Name and Title (please type or print)

Attach a letter of authorization.



Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS, See Page 2

ЩW	EDAL MAT	ED OVOTELL IN							<b>III</b> Alikaasi e
	CRAL WAT	ER SYSTEM IN	ORMATION F	OR THE	TNON	H/YEAR OF	FEBRUAR	1/2002	Mili garakeski a
Syste Syste	em Name: <b>B</b> em Owner	ayside Utility :	Services, Inc				PWS Identi	fication No.: 10	01461.
Varrie Actore	e: Bayside	Utility Service	s, inc venue	• -			Telephone N	lo.: <b>407/869.1</b> 9	919
Dr.y.:	Altamonte	Springs					State: FL Zip	Code: <b>32714</b>	
VÓ O	of Service Co	ommunity; non-tonnections at Enc	of Month. 28;	7		community Tot	al Population Se	rved at End of .	) 1
Syl	MMARY OF	DAILY DATA FO	OR THE MONT	H/YEAR	OF	FEBRUNI	RY/2002		Tribatal 1
		Data for Month:	ution System	Reported		Residual I	Disinfectant in Distrib	ution System	Fecor
ay of the lonin	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual DisInfectant Measurements Taken at Total Coliform Sampling	Lowest-Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote. Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Collform Sampling	Lowest Resicual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	et Abro
<b></b>	0.8				17				
<del>?</del>					18	0.8			
4			<del></del>		19	1.0			
5	0.7				20 21	114	2	4.7	
}	10				22	0.9		0,3	-
7	0.8				23				
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)					25	1.5			
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	1.0				28	1.4			
1.2			•		29	)		.l	L
1.2	28								1
1.2 13 14	08 06 1.2.				30 31				

I the undersigned owner or authorized representative* of **Bayside Utility Services, Inc.**, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

Signature and Date

Name and Title (please type or print)

^{*} Attach a letter of authorization.



SANDY CREEK

### Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS See Page 2

### I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF

MARCH /2002

System Name: Bayside Utility Services, Inc.

PWS Identification No 1034016

System Owner

Telephone No.: 407/869.1919

Name: Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue

State FL Zip Code. 32714

City Altamonte Springs

System Type: Recommunity; non-transient non-community; non-community;

No of Service Connections at End of Month: 287

Total Population Served at End of Month: 718

II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

MARCH /2002

Day of the Month	Residual Disinfectant in Distribution System			Reported		Residual Disinfectant in Distribution System			Reported
	Lowest Residual Disinfectant Concentration at Remote Point (rng/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Collform Sampling Points (mg/L)	Emergency or Abnormal Operating	Day of the Month	Residual	No. of Instances Where Residual Disinfectant Measurements Taken at Total Colliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Conditions
1	1.5				17				
2					18	1.8			
3					19	1.2	-		
5	0.8				20 21	0.4			ļ <b>,</b>
- 6	0.8		<del> </del>		22	0,9			
7	2.5				23				1000.0.0.00
8	1.2				24		**************************************		
9					25	0.7			
10					26	1.0			
11	0.7				27	1.0			<u> </u>
12	1,0				28	1.3	2.	1.0	
13	1,2		<b> </b>		29	1.0	· · · · · · · · · · · · · · · · · · ·	ļ	
14 15	0.8	<del></del>	, , , , , , , , , , , , , , , , , , , ,		30				
16	Rele			ļ	31				

#### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I. the undersigned owner or authorized representative* of **Bayside Utility Services**, **Inc.**, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate

Signature and Date

1-17-02

Name and Title (please type or print)

* Attach a letter of authorization



### Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS See Page 2

		THE MONTH/YEAR OF

APRIL / 2002

· System Name: Bayside Utility Services, Inc.

PWS Identification No.: 1034Q16

System Owner

Telephone No.: 407/869.1919

Name: Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue

State: FL Zip Code 32714

City Altamonte Springs

System Type: Xcommunity, non-transient non-community; non-community.

No of Service Connections at End of Month²⁸⁷

Total Population Served at End of Month. 718

#### II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

APRIL /2002

• Type of Residual Disinfectant Maintained in Distribution System. Tree chlorine; combined chlorine (chloramine), chlorine dioxide

· Summary of Daily Data for Month:

Day of the Month	Residual Disinfectant in Distribution System			Reported		Residual Disinfectant in Distribution System			Reported
	Lowest Residual Disinfectent Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnormal Operating	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Conditions
1	0.6	de lindre de la			17	1.0			
2	1.0				18	0.8			
3	0.8				19	0.60			
4	0.8				20				
5	0.5				21				•
6					22	0.5	Magazina and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
7					23	0.3			
8	1.0		a ka ka maka ka ka ka ka ka ka ka ka ka ka ka ka		24	0.5			
9	1.0				25	0.6	2	2.75	
10	0.7				26	0.8			
11	0.9			l,	27				
12	1,2				28				
'3					29	0.7			
14					30	1.0			
15	0.8				31				
16	0.8				Total				X////////

#### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of **Bayside Utility Services**, **Inc.**, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate

Signature and Date

Name and Title (please type or print)

^{*} Attach a letter of authorization.



### Monthly Operation Report for Consecutive Public Water Systems that Do Not **Treat Their Water**

INSTRUCTIONS, See Page 2

### GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF

2002

System Name: Bayside Utility Services, Inc.

PWS Identification No.: 1034016

System Owner

Name Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue

Telephone No.: 407/869.1919

City: Altamonte Springs

State: FL Zip Code: 32714

System Type: Mcommunity; non-transient non-community; non-community

No. of Service Connections at End of Month; 287

Total Population Served at End of Month: 718

#### II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

MAY 1 2002.

Type of Residual Disinfectant Maintained in Distribution System: Tree chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Data for Month

	Residual (	Residual Disinfectant in Distribution System				Residual I	ution System	Reported	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Collform Sampling	Lowest Residual DisInfectant Concentration at Total Collform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions
1	1.3				17	1.0			
2	1.5				18				
3	1.0				19				
4					20	1.5		<u> </u>	
5					21	0.8	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6	0.9				22	1.0			
7	1.2				23	1.2-	<u> </u>	1.5	
8	0.7				24	1.2			
9	1.0	·			25			<u> </u>	
10	1,2				26				
11					27	1.0		<u> </u>	
12					28	0.9	Market State Control	<u> </u>	
13	0.6		was reported		29	1.0			
14	0.6				30	1.2			
15	1.5				31	1.4			
16	0.8				Total		2		

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

 the undersigned owner or authorized representative* of Bayside Utility Services, Inc., certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Signature and Date

GEORGE R PATTERSON JE. / LEAD OPERATOR Name and Title (please type or print)

Attach a letter of authorization.



### Monthly Operation Report for Consecutive Public Water Systems that Do Not **Treat Their Water**

INSTRUCTIONS: See Page 2.

#### GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF

TUNE /2002

PWS Identification No.: 1034016

System Name: Bayside Utility Services, Inc.

System Owner

Name: Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue

City: Altamonte Springs • System Type: Acommunity; non-transient non-community; non-community

No. of Service Connections at End of Month: 287

Total Population Served at End of Month: 718

State: FL Zip Code: 32714

Telephone No.: 407/869.1919

II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF JUNE /2002

• Type of Residual Disinfectant Maintained in Distribution System: X free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Residual i	Reported		Residual I	Reported				
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Abnormal Operating	the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where-Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Embreensy or Abridanial Operating Conditions
1					17	0.7			
2					18	DIG			
3	R.G				19	0.9			
4	0.9	<u> </u>			20	0.5	774.486		
5	0.7				21	0.4			
6	0.7				22		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		
7	0.5				23		- Winggill		
8 9					24	Rey			
10	1.0				25	0.3			
11	0.5				26 27	0.5			
12	0,4	Name of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	<u></u>		28	0.7			
13	0.4				29	0.4			
14	0.4				30				
15					31	,	, , , , , , , , , , , , , , , , , , ,		
16					Total				

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of Bayside Utility Services, Inc., certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Signature and Date

GEORGE R PATTERSON TR/LEAD OFFRATOR Name and Title (please type or print)

^{*} Attach a letter of authorization.



# Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS: See Page 2.

#### I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF

JULY /2002

• System Name: Bayside Utility Services, Inc.

System Owner

Name: Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue

City: Altamonte Springs

System Type: Xcommunity; non-transient non-community; non-community;

No of Service Connections at End of Month: 287

Total Population Served at End of Month: 718

Telephone No.: 407/869.1919

State: FL Zip Code: 32714

PWS Identification No.: 1034016

### II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF JULY / 200

• Type of Residual Disinfectant Maintained in Distribution System: Type of Residual Disinfectant Maintained in Distribution System: Type of Residual Disinfectant Maintained in Distribution System: Type of Residual Disinfectant Maintained in Distribution System:

Summary of Dally Data for Month:

	Residual Disinfactant in Distribution System			Reported		Residual i	Residual Disinfectant in Distribution System			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions	the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions	
1	0.4				17	12				
2	0.4				18	0.5				
3	0.6				19	1.4				
4	1.0			, i	20					
5	0.8				21					
6		<del></del>			22	0.4				
7			<u> </u>		23	0.5				
8					24	2.5				
9	0.9				25	1.8				
10	1.0				26	A. G				
11	1.4				27					
12	R.G				28					
13					29	2.5				
14					30	8.4				
15	Rete		}		31	0.4	7-	0.3		
16	8.5				Total		7			

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of Bayside Utility Services, Inc., certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate

Signature and Date

^{*} Attach a letter of authorization



# Monthly Operation Report for Consecutive Public Water Systems that Do Not **Treat Their Water**

INSTRUCTIONS: See Page 2.

# I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF

1-850-874-9218

AU15115T 2002 PWS Identification No.: 1034016

System Name: Bayside Utility Services, Inc.

System Owner

Name: Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue

City: Altamonte Springs

• System Type: Acommunity; non-transient non-community; non-community

No of Service Connections at End of Month; 287

Telephone No.: 407/869,1919

State: FL Zip Code: 32714

Total Population Served at End of Month: 718

## II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

90605T 2002

• Type of Residual Disinfectant Maintained in Distribution System: 🔀 free chlorine; combined chlorine (chloramine); chlorine dioxide

Summary of Daily Data for Month.

	Residual Disinfectant in Distribution System			Reported		Residual	ution System	Reported	
Day of the Month	Lowest Residual Distributant = Concentration at Remote Point (mg/L)	No. of instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	or .	the Month	Posidusi	No. of Instances Where Residual Disinfectant Measurements Taken at Total Colliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abriomist Operating Conditions
_1_	0.4				17				
2	2.5				18				
3					19	1.0			
4					20	0.7			! 
. 5	0.3				21	0.7			
6	1.3				22	0.9			
_7_	0.6				23	Och			
8	0.4		<u> </u>		24				
9	0.7				25	2 1	·		
10					26	0.5			
11	20				27 28	0.4			
13	0.8			1	29	0.7			
14	0.4	<u> </u>		···	30	0.9			
15	0.10	2	0.5		31				
16	0.6	M			Total		Z.,		

#### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

<ul> <li>I, the undersigned owner of</li> </ul>	or authorized representative* of Ba	ayside Utility Services, Inc.
certify that, to the best of my	/ knowledge and belief, the inform:	ation provided in this report is true and accurate.

R PANTERSON TRILLEAD OPERATOR Name and Title (please type or print)

Attach a letter of authorization.



# Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS: See Page 2.

# 1. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF

SEPTEMBER/2002

System Name: Bayside Utility Services, inc.

PWS Identification No.: 1034016

System Owner
 Perceids 114004

Telephone No.: 407/869,1919

Name: Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue

State: FL Zip Code: 32714

City: Altamonte Springs

.... Otato. 12 E.p 0000. 02

System Type: **Decommunity: non-transient non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-community: non-communi

Total Population Served at End of Month: 718

### II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

SEPTEMBER / 2002

■ Type of Residual Disinfectant Maintained in Distribution System: free chlorine; combined chlorine (chloramine); chlorine dioxide

· Summary of Daily Data for Month:

		Data for Month.	N O. ohous			Seel-tool (	DisInfactant in Distrib	ding Cystem	
	Residuali	Residual Disinfectant in Distribution System					ulion System	Reported	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Medsurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (rhg/L)	or I	the Month	Residual	No. of Instances Where Residual Disinfectant Measurements Taken at Total Collform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Conditions
1					17	1.0			
2	0.4				18	1,0			
3	1.2				19	A.B	2.	1.0	
4	0,6				20	0.4			
5	03				21				
6	10				22				
7					23	1,2	L		
8					24	1.0			
9	1.2				25	1.0	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
10	0.9				26	12.8			
11	1.0				27	09		<u> </u>	
12	1.2				28				
13	0.9				29				
14					30	1.0			
15					31				
16	0.19			1	Total		2		

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of **Bayside Utility Services**, **Inc.**, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate

Signature and Date

^{*} Attach a letter of authorization.



# Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS: See Page 2.

### I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF

PWS Identification No.: 1034016

2002

System Name: Bayside Utility Services, Inc.

System Owner

Name: Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue

City: Altamonte Springs

System Type: Xcommunity; non-transient non-community; non-community;

• No. of Service Connections at End of Month: 287

State: FL Zip Code. 32714

Total Population Served at End of Month: 718

Telephone No.: 407/869.1919

### II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

OCT /2002

• Type of Residual Disinfectant Maintained in Distribution System: Tree chlorine; combined chlorine (chloramine); chlorine dioxide

٠	Summan	of	Daily	Data	for	Month:
---	--------	----	-------	------	-----	--------

Julii	nary or Dany	Data for Month:							
	Residual C	Reported		Residual	Reported				
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (rhg/L)	Abnormal Operating	Day of the Month	Residual	No. of instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Collform Sampling Points (mg/L)	Conditions.
1	0.4				17	0.5	2	0.7	
2	0.5				18	0.5			
3	0.5				19				
4	0.8				20				
5					21	0.7			
6					22	A.T			
7	1.0				23	2.5			
8	2.7				24	29			
9	2.7				25	0.5			
10	0.5				26				
11	0.7				27				
12					28	0.9			
13					29	10			
14	0.4				30	0.7	"-"		
15	P.4				31	0,5	111		
16	0.4				Total		7	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	XIIIIIIIII

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of **Bayside Utility Services**, **Inc.**, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Signature and Date

Attach a letter of authorization.



# Monthly Operation Report for Consecutive Public Water Systems that Do Not Treat Their Water

INSTRUCTIONS: See Page 2.

### I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF

NOV / 2002

· System Name: Bayside Utility Services, Inc.

PWS Identification No.: 1034016

System Owner

Name: Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue

Telephone No.: 407/869.1919

City: Altamonte Springs

State: FL Zip Code: 32714

Only Astamonto Opinigs

System Type: Community; non-transient non-community; non-community

No. of Service Connections at End of Month; 287

Total Population Served at End of Month: 718

#### II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

NOV / ZOOZ

Type of Residual Disinfectant Maintained in Distribution System: free chlorine; combined chlorine (chloramine); chlorine dloxide

Summary of Daily Data for Month:

	Residual I	Reported		Residua)	Reported				
Day of the Month	Lowest Residual Disinfectant : Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Collform Sampling Points (mg/L)	Operating	the Month	Residual	No. of Instances Where Residual Disinfectant Measurements Taken at Total Collform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Conditions
1	0,6				17				
_ 2					18	1,2			
3					19	0.8			
<b>4</b> 5	0.5				20 21	0.7			
6	0.5				22	0.8		<del></del>	
7	0.8				23	0.0			
8	0.8				24				
9					25	0,6	2	0.8	
10					26	0.4			
11	0.7				27	1.0			
12	1.1			70	28	0.5			
13	0.8			<b>_</b>	29	0.8			ļ
15	1.0 0.6				30 31	-			ļ
16	W. S.				Total	anninininininininininininininininininin			

### III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of **Bayside Utility Services, Inc.**, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Signature and Date

^{*} Attach a letter of authorization.



# Monthly Operation Report for Consecutive Public Water Systems that Do Not **Treat Their Water**

INSTRUCTIONS: See Page 2.	
I. GENERAL WATER SYSTEM INFORMATION FOR THE MO	ONTH/YEAR OF DEC.
System Name: Bayside Utility Services, Inc.	PWS Identification No.: 1034016
System Owner     Name: Bayside Utility Services, Inc.	Теlephone No <b>407/869.1919</b>
Address: 200 Weathersfield Avenue City: Altamonte Springs	State: FL Zip Code: 32714
<ul> <li>System Type: Xcommunity; non-transient non-community;</li> <li>No. of Service Connections at End of Month: 287</li> </ul>	non-community  Total Population Served at End of Month: 71

### II. SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

chlorine dioxide

	Residual (	Residual Disinfectant in Distribution System				Residual	Reported		
Day of the Month	Lowest Residual DisInfectent Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Abnormal Operating	the Month	Pacifical	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Collform Sampling Points (mg/L)	Conditions
1					17	0.9			
2	1.1				18	2.4			
3	1.5				19	0.9			
4	0.8				20	1.0			
. 5	1.0				21				
6	1.0				22				
7		<u>-</u>			23	1.3			
8					24	1.0			·
9	1.7				25			,,,,,	
10	1.0				26	O.le	. 1616		
11	0.9	2	1.2		27	0.8			
12	1.1				28				
13	1.2				29				
14					30	0.8			
15					31	1.5			
15	0.5				Total		2		

# III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner of	r authorized representa	tive* of Bavside Utilit	v Services, Inc.	
certify that, to the best of my	knowledge and belief.	the information provided	in this report is true	and accurate

Attach a letter of authorization.

Docket No. 030444-WS

25.30-440(5) Inspection Reports



94

Panama City Branch Office 2353 Jenks Avenue Panama City, FL 32405

David B. Struhs

Jeb Bush Governor

Phone: (850)-872-4375 Fax: (850) 872-7790

November 18, 2002

Mr. Patrick Flynn, Regional Manager Utility Services Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714

Dear Mr. Flynn:

An inspection of the public water system which serves the Bayside Utility Services, Inc. (PWS ID# 1034016) was made on October 1, 2002, by Mr. Keith Butchikas, Environmental Specialist. The assistance provided by Mr. George Patterson during the inspection was most helpful.

The purpose of this survey was to determine the system's capability to provide an adequate potable water supply that complies with the Florida Safe Drinking Water Act. General supervision of the operation and maintenance of public water supply systems is a function of this Department.

This system was found to be in good operational order as identified on the attached survey report. The department extends its appreciation for your cooperation and assistance in insuring that the City of Panama City Beach water system was well maintained.

If you have any questions, please call Mr. Keith Butchikas (850) 872- 4375 extension 102 or e-mail at keith.butchikas@dep.state.fl.us.

Sincerely

Gary L. Shaffer

Environmental Administrator

GLS:kb

cc: John Pope - DEP Pensacola

George Patterson



## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

# SANITARY SURVEY REPORT

OMMUNITY SYSTEMS

SYST	EM AND OW	NER INFORMAT	ION					
System		lity Services, Inc.		County	Bay	PWS ID #	1034016	
Address						Panama Cit		
Phone	(850) 234-6668			Email	Oity			
					Dh	1 800	272: 1010	
Owner		ity Services, Inc.				1-800	-272-1919	
Address	200 Weather	sfield Avenue, Alt	amonte Sprin	ngs, FL 32	2714			
INCD	ECTION AND	CONTACT INFO	DEMATION					
					Date of last incre	otion Augu	ngt 30 2001	
	his inspection Contacted	October 1 Mr. George Patterso		Date of last inspection August 30, 2001  Pager/Cell				
` ′	_	□No ⊠Not Required C		and cort #		ot require		
Certified	Operator. Tres	□No ⊠Not Kedanea C	zertilied operator(s)	and cert #	LV.	oc require		
DIRE	CTIONS TO	PLANT OR OFFI nama City Beach, go pa	CE (provide gene	eral directions t	to the office and/or p	lant)	t 1 mile	
		Daddy Drive, the sub				ROAU GO ADOL	ic i mire,	
	ICE AREA			<b>EMERGEN</b>	CY MEDIA CON			
Service A	rea Characteristics	Subdivision					PHONE NUMBER	
	_		<del></del>		WMBB, WJHV			
		Basis Cens	sus	Radio AM				
Service C	Connections 28	% Metered	100		NEWSHERALD	(	850)747-5000	
Design C	apacity	N/A			POWER REQU	IREMENTS (	62-555 320)	
(gallons)					Power Plan: Yes			
Storage (	Capacity	N/A			oply Percentage of			
(gallons)	) / 2	N D : 0	N / P		pment operated und		☐Yes ☐No	
Max. Day (GPD)	N/A	% Design Capacity	N/A	hrs/month?	,			
	(GPD) N/A	—— —— —— —— —— —— —— —— —— —— —— —— ——	N/A	Comments:		N/A		
Ave Day	(0, 0)	70 Storage Capacity	,	TYPES OF A	UXILIARY POWER	USED		
DEDMA	NENT COURCES	OF RAW WATER:			nt Aux Motor		table Aux Motor	
				Permanen	nt Electric Power	Ροπ	able Electric	
☐Groun		Many Wells		Interconn	ects (1070014 and			
Purch		Source		GPM)				
TREATMENT IN USE AT THIS PLANT: (CHECK ALL THAT APPLY)								
Aerati		E.D.	☐Iron Remov				7 <b></b>	
Filtrati	ion	Lime Softening	T&O Contro	l	Chlorination-		Filt, Hi-Rate	
Recar	bonation	Settling	Chlorination	-Post	Fluoridation		Reverse Osmosis	
	e Harris II			_			" I	
Any addit	Any additional treatment is needed? N/A For control of what deficiencies? N/A							

DISTRIBUTION	SYSTEM			
Material of mains?	PVC	System looped? Yes	Any fire hydrants < 6" lines	? □Yes ⊠No □N/A
Operation pressure	55 psi	Max. pipe diameter	– <i>' '</i>	pipe diameter 3/4"
Number of dead ends		How often flushed? N	•	lines below grade None
Chlorine & pH	Remote 1	Remote 2	Remote 3	Remote 4
Chlorine Residual	1.1	·		
pH Location	2153 Big Daddy Dr			
	TION CONTROL		744-7	
	ntrol Plan Meet Requirements?	⊠Yes ⊡No (	Comment: Backflow previnstalled at connection.	vention device each service
Frequency of Testing?	Tracking used: Ha	rd Copy CPU	# of BFDs: BFD on H	ydrant Meters? Yes No
Date of Last Audit (commerci	al or residential):	Name of Certified B	FD Tester:	
COMPLIANCE M	ONITORING			
	The following parameters	are due during the vea	shown.	
Nitrate/Nitrite	Inorganics		C Group 1	Secondaries
VOCs	Pb & Cu		C Group 2	THMs
Radiologicals	PCBs/Pesticides   h any of the above parameters?		C Group 3	Asbestos
Violations of sampling or MCI	·			
	<u> </u>	🗀 .		
Bacteriological Sampling P	<del></del>	<del></del>	☐Map ☐Contacts	No Plan on File
Laboratories utilized by wa	ter system Sys	stem Lab	Contract Lab- lab name: The	Water Spigot
In the space below, give	a rough sketch of the flow	diagram of the plant, st	nowing all important parts of	the plant (not to scale):
in the opens bolon, give	a rough ortoton or the non	anagram or mo pram, or	ionnig an important parts of	and plant (not to dould).

## SCHEDULE OF DEFICIENCIES

### BAYSIDE UTILITY SERVICES, INC. WATER SYSTEM PWS ID # 1034016

There were no deficiencies noted during the inspection.

INSPECTOR DATE: 1/18/02
SUPERVISOR MANUAL DATE: 1/-/8-02

Docket No. 030444-WS

25.30-440(6) Permits N/A

Docket No. 030444-WS

25.30-440(7) Notices N/A

Docket No. 030444-WS

25.30-440(8) Field Employees

### Employees Involved in Bayside Utility Services, Inc. Operations During Test Year 2002:

Don Rasmussen, Vice President of Operations (Retired June 30, 2003): Oversees all operations and employees in Florida effective January 1, 2002-December 31, 2002 of the test year.

Patrick Flynn, Regional Manager: Manages operations and employees for all West Coast, North and South Florida operations. North Florida operations include all systems located in Bay County, Florida. Effective January 1, 2002 – December 31, 2002 of the test year. On July 1, 2003, Mr. Flynn assumed the position of Regional Director for all operations and employees in Florida.

Garth Armstrong, Assistant Operations Manager: Oversees the day-to-day operations within the West Coast, South Florida and North Florida Operations areas. He also coordinates the utility's safety program, manages capital projects, development activity and special projects in the region.

Gary Armstrong, Area Manager: Supervises the day-to-day operations for the systems within the West Coast and North Florida Operations area.

### Field Employees:

George Patterson, Operator: George holds a Class B wastewater license. He was responsible for overseeing the day-to-day operations of the Bayside facilities during the test year.

Alvin Bishop, Operator Trainee: Alvin succeeded George Patterson in 2003.

#### **Duties and Responsibilities:**

- a) Responsible for performing collection system and distribution system operation and maintenance activities. Duties to be completed in a reasonable and professional manner consistent with the standard operating practices in order to meet state standards, rules and regulations. Also, perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision over all system functions.
- c) Submit complete, accurate and timely monthly operating reports.
- d) Report to the Department of Environmental Protection and the Bay County Health Department any system breakdown or condition causing or likely to cause unauthorized or unsafe operation or discharge of water or wastewater and as required by law or regulation.
- e) Submit accurate reports relative to the collection system and transmission system operation, and sampling and laboratory analysis.
- f) Perform preventative maintenance and repair equipment or distribution/collection systems as needed to keep the facilities operating satisfactorily.

- g) Perform various work order functions to include but not limited to the following: customer complaints, reading and checking meters, cross-connection inspections, installing or repairing the distribution/collections systems, installing of water meters.
- h) Maintain the visual aesthetics of the facilities in compliance with company standards.

Docket No. 030444-WS

25.30-440(9) Vehicles

## BAYSIDE UTILITY SERVICES, INC.

Assigned to:	Vehicle #	<b>Description</b>	<u>VIN#</u>	Owned or <u>Leased</u>	Original Cost
Bishop, Alvin	0024	Chevy S-10 Pickup	1GTCCS14W9YK229577	Owned	\$15,099.10

Note: George Patterson was employed during the test year. Alvin Bishop replaced Mr. Patterson as the employee assigned to Bayside in 2003.

Docket No. 030444-WS

25.30-440(10) Customer Complaints

694-001044-1 21.5 2002-694

Request No. 445217W

STEPHENS , ROYAL MR.

Business Name

Consumer Information ROY Name: POYAL STEPHENS Business Name: Svc Address: 6421 BIG DADDY DRIVE	Florida Public Service Commission — Consumer Request 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 850-413-6100	PSC Information Assigned To: JOY ANDERSON Entered By: SDN Date: 03/25/2002 Time: 15:55 Via: PHON Prefim Type: IMPROPER DISCONNECTS PO:	
County: Bay Phone: (850)-236-8399  City/Zip: Panama City Beach / 32407-  Account Number:	Utility Information  Company: Bayside UTLITY SERVICES, INC.  Attn. Carl J. Wenz445217#  Pagences Mandad From Company 2		
Caller's Name: ROYAL STEPHE'S  Mailing Address: 6421 Bic DADDY DRIVE	Response Needed From Company?  Date Due: 04/15/2002  Interim Report Received: //	Supmnti Rpt Regid: // Certified Letter Sent: // Certified Letter Recid: //	
City/Zip: PANAMA CITY BEACH FL 32407- Can Be Reached: (850)-914-9576 E-Tracking Number:	Reply Received: // Reply Received Timety/Late: Informal Conf.: 18	Closed by: Date: // Closeout Type: Apparent Rule Violation:	

Please review the following notes in which the customer reports the following: customer states water service is interrupted often without any type of warning.

Please investigate this issue, contact the customer an provid me with a detailed written report that addresses the issues and confirms the customer has been contacted either by letter or phone.

PLEASE NOTE** The information on this form is only a summary of the customer's concerns.

#Inquiry taken by Shonna McCray## smccroy@psc.state.fl.us

Please forward you response to:

Request No. 445217W STEPHENS , ROYAL MR. Business Name Name

PAGE NO:

g,

CAF Fax 850-413-7168 CAF e-mail pscreply@psc.state.fl.us

445217W Request No. STEPHENS , ROYAL MR. Business Name 2

PAGE NO:

TOTAL P.04

### BAYSIDE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

Sent via US Mail & Fax

April 11, 2002

Joy Anderson Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399

Reference:

Request No. 445217W - Acct. #694-001044-1

Roy Stephens - 6421 Big Daddy Drive

Dear Ms. Anderson:

This correspondence is in response to the above referenced consumer request.

In investigating this request, I noticed that there were a few water outages affecting various parts of this subdivision. On planned outages, it is our policy to tag or post signs to let the customers know the reason for the outage and to give them an estimate of the time it will take to restore service.

The service orders that I reviewed indicate a couple of main breaks and a few leak repairs. There were no dates specified on the request to determine exactly when Mr. Stephens experienced the outages. However, when there is a break or problem within the distribution system, an interruption in water service is likely to follow. This subdivision is located on a long narrow strip of land. When making emergency or scheduled repairs, most customers will experience problems with their service until the dilemma is resolved.

Although main breaks and service outages are not always controlled by the utility, we understand the customer's frustrations. It is difficult to isolate a problem in this type of system because of the way the mains were placed when the subdivision was built. We apologize for the inconvenience experienced by our customer and will do our best to keep our repairs to a minimum, both in terms of frequency and duration.

Please let me know if you need any additional information to resolve this matter.

Sincerely,

Jacquelyne Kasmussen Regional Office Manager

/jr

cc: Roy Stephens

Patrick Flynn, Regional Operations Manager

Page 1 of 1

Operations:21:5:2002:694-001044-1 #445217W Stephens

acqueline Francissen

## UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

# Fax Transmittal

Attn:	Joy Anderson	*.	Date:	4/11/20	002 15:59 P	'M
Company:	: Florida Public Service Commission		Fax #:	85 <b>0</b> -413-7168		
From:	rom: Jacquelyne Rasmussen		Pages:	2 including this cover page.		
Subject:	Request #445217W					
URGEN  As Req		For your Information		Please Reply	Original:	will not be sent via U.S. Mail
I.	Messages:					

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

SERVICE ORDER ACCOUNT NUMB - 00694	000000 0 SUB- BAYSIDE	UTILITY SERVICES,	IN PHONE -					
NAME	TYPE Q43	FOLLOW-UP	RTE SEQN DW UNIT	rs installd size con	V TYPE DIGS			
ADDR BAYSIDE UTILITY SERVICES, INC ZIP	NO WATER METER NO-	OPERATOR FERRI DUE DATE 02/12/0	02 LCC -	COM -				
INSTRUCTIONS NUMEROUS CALLS TO ANSWERING SERVICE BEIWEEN 9:10 AND 9:39 PM COMPLAINING OF NO WATER. PLEASE PROVIDE RESOLUTION								
RESOLUTION DATE-527 CODE DESCRIPTION	- HOURS-	MATERIAL (	COST-					
DESCRIPTIONCODE	- HOURS-	I-WIELTWI (						

LEAK REPAIRED AND SERVICE RESTORED.

?/FT

11:24:21 09 APR 2002

Mari Brech - 2 cells to Injetched weter off to pack to make regain 6706 6717 > calls to assuring service 7104 - LOT7 not must to psc 6523 6508

SERVICE ORDER ACCOUNT NUMB - 00694 001262 2 SUB- BAYSIDE UTILITY SERVICES, IN PHONE - 850 763-5620 NAME GERALD HENDRIX TYPE Q26 FOLLOW-UP RTE SEQN DW UNITS INSTALLD SIZE CONV TYPE DIGS ADDR 7104 BIG DADDY DR D-5 MAIN BREAK WATER OPERATOR LYN 694 1 5/8 1 S ZIP PANAMA CITY FL 32407 METER NO- 507315 DUE DATE 05/25/01 LOC - COM -INSTRUCTIONS MARK JONES (850) 272-2331 (A FRIEND OF THE OWNER OF D-5) CALLED HE CUT THE MAIN. PAGED TO ROBERT RESOLUTION DATE-05/25/01 CODE- HOURS-MATERIAL COST-DESCRIPTION

REPAIRED SERVICE LINE

RP/FT

11:23:45 09 APR 2002

nut lent

SERVICE ORDER ACCOUNT NUMB - 00694 001166 1 SUB- BAYSIDE UTILITY SERVICES, IN PHONE - 850 234-3209 NAME RICHARD PENIX TYPE Q26 FOLLOW-UP RTE SEQN DW UNITS INSTALLD SIZE CONV TYPE DIGS ADDR 829 LINDA LN ADDR 829 LINDA LN MAIN BREAK WATER OPERATOR KIM 694 1 5/8 ZIP PANAMA CITY FL 32407 METER NO- 617340 DUE DATE 02/02/01 LOC - COM -5/8 1 'S INSTRUCTIONS CUSTOMER CALLED DUE TO WATER MAIN BREAK IN FRONT OF 829 & 830 LINDA IN. PAGED ROBERT POTTER @ 2:09PM. RESOLUTION DATE-02/02/01 CODE- HOURS- MATERIAL COST-DESCRIPTION

REPAIRED SERVICE LINE.

RP/FT

11:23:01 09 APR 2002