

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

Bay County

Test Year Ended December 31, 2002

Original MAP to ECR

DOCUMENT NUMBER-DATE

11493 NOV 17 8

FPSC-COMMISSION CLERK

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

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

Test Year Ended December 31, 2002

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

25.30-440(2)
Chemicals Used
N/A

Test Year Ended December 31, 2002

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

**25.30-440(3)
Chemical Analyses**

Test Year Ended December 31, 2002

RECEIVED

DRINKING WATER - BACTERIOLOGICAL ANALYSIS 2002

THE WATER SPIGOT, INC
Environmental Laboratory
5806 Highway 22
Panama City, Florida 32404
(850)871-1900... (850)871-1901.... FAX (850)871-9303
System Name : Bayside Utilities, Inc.

UTILITIES INC.
NELAP CERTIFICATION E81105

System ID# 1034016

System Phone# 850-234-6668
DEP District NW

Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay
Collector : J.Porcelli Collector Phone # 407-869-1919
Sample Site (locality or subdivision) : Remote tap
Date & Time Collected 07-31-02 0745-0755

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 : 08/01/02 0800CST By EP Analysis Begun 08/01/02 0830CST By CR
METHOD: MF XX MTF MMO-MUG PA

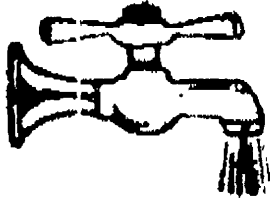
Table with 8 columns: Coll No., Sample Point Specific Address, CL2 Res'd, pH, Sample Number, Analysis Result, Confirmed Total, Confirmed Fecal. Contains two rows of data.

P = Presence A = Absence

Copy Sent To
D.E.P.

Trish Jackson
Trish Jackson
President

694.3.2



the water spigot, inc.

NELAP Laboratory Certification #E81105

FINAL REPORT OF ANALYSES

SANDY CREEK UTILITY SERVICES

2405 Hwy 2297
Panama City, FL 32404-
Attn: PATRICK FLYNN

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

SAMPLE NUMBER- 199371 SAMPLE ID- Sandy Creek WS091002-128 SAMPLE MATRIX- WA
DATE SAMPLED- 09/10/02 LOCATION- 11840 CountryClub Dr TIME SAMPLED- 1700CST
DATE RECEIVED- 09/10/02 SAMPLER- David Swift RECEIVED BY- SM
TIME RECEIVED- 1715CST DELIVERED BY- David Swift

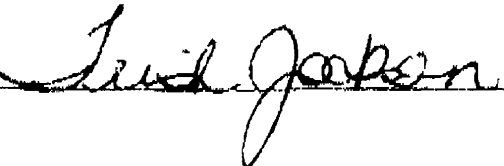
Page 1

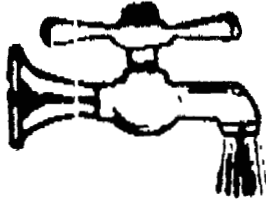
ANALYSIS	METHOD	ANALYSIS			DET.		DATA		
		DATE	TIME	BY	RESULT	UNITS	LIMIT	UNITS	QUA
Chlorine residual	330.3	09/10/02	1700CST	DW	0.2	PPM		PPM	
TOTAL COLIFORM (MMO-MUG)	SM9223	09/10/02	1715CST	CR	A			A	

These test results meet all the requirements of NELAP.

A=Absent

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

PRESIDENT 



the water spigot, inc.

NELAP Laboratory Certification #E81105

FINAL REPORT OF ANALYSES

SANDY CREEK UTILITY SERVICES
2405 Hwy 2297
Panama City, FL 32404-
Attn: PATRICK FLYNN

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

SAMPLE NUMBER- 199340 SAMPLE ID- Sandy Creek WS091002-98 SAMPLE MATRIX- WA
DATE SAMPLED- 09/10/02 LOCATION- 4008 Par Dr. TIME SAMPLED- 1352CST
DATE RECEIVED- 09/10/02 SAMPLER- G.Patterson/D.Swift RECEIVED BY- SM
TIME RECEIVED- 1445CST DELIVERED BY- G.Patterson

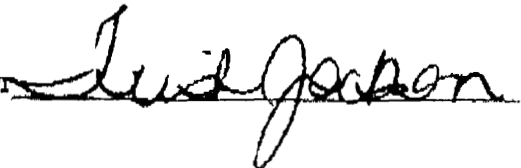
Page 1

ANALYSIS	METHOD	ANALYSIS			RESULT UNITS	DET.	DATA
		DATE	TIME	BY		LIMIT	UNITS
Chlorine residual	330.3	09/10/02	1352CST	GP	0.4 PPM		PPM
TOTAL COLIFORM (MMO-MUG)	SM9223	09/10/02	1450CST	CR	A		A

These test results meet all the requirements of NELAC.

A=Absent

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

PRESIDENT 

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

**25.30-440(4)
Operation Reports**

Test Year Ended December 31, 2002



Department of Environmental Protection

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 January 2001

- System Name: Bayside Utility Services, Inc. PWS Identification No.: 1034016
- System Owner
 Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
 Address: 200 Weathersfield Avenue
 City: Altamonte Springs State: FL Zip Code: 32714
- System Type: community; non-transient non-community; non-community
- No. of Service Connections at End of Month: 300 Total Population Served at End of Month: 1050

II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF January 2001

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	1.1				17	1.0			
2	1.0				18	1.0			
3	1.2				19	0			
4	1.3				20				
5	1.3				21				
6					22	1.0			
7					23	0			
8	1.0				24	1.0			
9	1.1				25	1.1	2	0.3	
10	1.0				26	1.0			
11	1.0				27				
12	1.1				28				
13					29	1.0			
14					30	1.0			
15	1.3				31	1.0			
16	1.1				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.

Robert Potter 29-01
Signature and Date

Robert Potter Operator
Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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 February 2001

• System Name: Bayside Utility Services, Inc. PWS Identification No.: 1034016
 • System Owner
 Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
 Address: 200 Weathersfield Avenue
 City: Altamonte Springs State: FL Zip Code: 32714
 • System Type: community; non-transient non-community; non-community
 • No. of Service Connections at End of Month: 300 Total Population Served at End of Month: 1050

II. SUMMARY OF DAILY DATA FOR THE MONTH-YEAR OF February 2001

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1					17				
2	1.0				18				
3					19	1.3			
4					20	1.0			
5	1.0				21	1.0			
6	1.0				22	1.1	2	0.5	
7	0.9				23	1.3			
8	0				24				
9	1.0				25				
10					26	1.0			
11					27	1.3			
12	1.3				28	1.0			
13	1.0				29				
14	1.1				30				
15	1.0				31				
16	1.3				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.

Robert Potter 3-201
Signature and Date

Robert Potter Operator
Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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 2001

- System Name: Bayside Utility Services, Inc. PWS Identification No.: 1034016
- System Owner
 Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
 Address: 200 Weathersfield Avenue
 City: Altamonte Springs State: FL Zip Code: 32714
- System Type: community; non-transient non-community; non-community
- No. of Service Connections at End of Month: 300 Total Population Served at End of Month: 1050

II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF March 2001

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	1.3				17				
2	1.0				18				
3					19	1.3			
4					20	1.0			
5	1.0				21	1.0			
6	1.0				22	1.0			
7	1.5				23	0.9			
8	1.3				24				
9	1.0				25				
10					26	0.7			
11					27	1.0			
12	1.0				28	0.9			
13	1.5				29	0.5			
14	1.0				30	0.5			
15	1.0	2	1.0		31				
16	1.0				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.

Robert Potter 4-3-01 Robert Potter Operator
 Signature and Date Name and Title (please type or print)

• Attach a letter of authorization.



Department of Environmental Protection

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 April 2001

- System Name: Bayside Utility Services, Inc. PWS Identification No.: 1034016
- System Owner
 Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
 Address: 200 Weathersfield Avenue
 City: Altamonte Springs State: FL Zip Code: 32714
- System Type: community; non-transient non-community; non-community
- No. of Service Connections at End of Month: 300 Total Population Served at End of Month: 1050

II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF April 2001

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1					17	0.5			
2	0.8				18	0.6			
3	0.3				19	0.7			
4	0.5				20	0.8			
5	0.4				21				
6	0.4				22				
7					23	0.8			
					24	0.7			
9	0.5				25	0.7			
10	0.5				26	0.7	2	0.3	
11	0.3				27	1.0			
12	0.3				28				
13	0.7				29				
14					30	0.7			
15					31				
16	0.5				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.

Robert Potter 5-3-01 Robert Potter Operator
 Signature and Date Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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 May 2001

- System Name: Bayside Utility Services, Inc. PWS Identification No.: 1034016
- System Owner
Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Avenue
City: Altamonte Springs State: FL Zip Code: 32714
- System Type: community; non-transient non-community; non-community
- No. of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF May 2001

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1					17	1.0			
2	0.9				18	1.0			
3	1.0				19				
4	1.0				20				
5					21	1.0			
6					22	1.0			
7	0.9				23	1.0			
8	1.0				24	1.0			
9	1.0				25	1.1			
10	1.0				26				
11	1.0				27				
12					28	1.0			
13					29	1.0			
14	1.1				30	0.9			
15	1.0				31	1.0	2	0.3	
16	1.0				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.

Robert Potter 6-7-01
Signature and Date

Robert Potter Operator
Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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 June 2001

● System Name: Bayside Utility Services, Inc. PWS Identification No.: 1034016
 ● System Owner
 Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
 Address: 200 Weathersfield Avenue
 City: Altamonte Springs State: FL Zip Code: 32714
 ● System Type: community; non-transient non-community; non-community
 ● No. of Service Connections at End of Month: 300 Total Population Served at End of Month: 1050

II. SUMMARY OF DAILY DATA FOR THE MONTH-YEAR OF June 2001

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	1.0				17				
2					18	1.0			
3					19	1.1			
4	1.0				20	1.0			
5	1.0				21	0.7			
6	1.0				22	0.5			
7	1.0				23				
8	1.0				24				
9					25	0.6			
10					26	0.8			
11	0.8				27	0.4			
12	1.1				28	0.7	2	0.1	
13	1.0				29	0.7			
14	1.0				30				
15	1.1				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.
Robert Potter Signature and Date
Robert Potter operator Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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 2001

- System Name: Bayside Utility Services, Inc. PWS Identification No.: 1034016
- System Owner
 Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
 Address: 200 Weathersfield Avenue
 City: Altamonte Springs State: FL Zip Code: 32714
- System Type: community; non-transient non-community; non-community
- No. of Service Connections at End of Month: 300 Total Population Served at End of Month: 1050

II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF July 2001

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1					17	0.7			
2	0.7				18	0.7			
3	0.5				19	0.7	2	0.1	
4	0.7				20	1.0			
5	0.7				21				
6	1.0				22				
7					23	0.8			
8					24	0.7			
9	1.0				25	0.7			
10	1.0				26	0.5			
11	1.0				27	0.7			
12	1.0				28				
13	0.7				29				
14					30	0.7			
15					31	0.7			
16	1.0				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.

Robert Potter Signature and Date Robert Potter Operator Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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 August 2001

• System Name: Bayside Utility Services, Inc. PWS Identification No.: 1034016

• System Owner
 Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
 Address: 200 Weathersfield Avenue
 City: Altamonte Springs State: FL Zip Code: 32714

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

• No. of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF August 2001

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

• Summary of Daily Data for Month:

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	0.7				17	0.3			
2	2.7				18				
3	1.0				19				
4					20	0.3			
5					21	0.3			
6	1.0				22	0.2			
7	0.7				23	0.3			
8	0.8				24	0.2			
9	0.9				25				
10	0.7				26				
11					27	0.3			
12					28	2.3			
13	0.5				29	0.3			
14	0.3				30				
15	0.3				31				
16	0.3	2	0.2		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.

Robert Potter 9-301 Robert Potter Operator
 Signature and Date Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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 September 2001

- System Name: Bayside Utility Services, Inc. PWS Identification No.: 1034016
- System Owner
 Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
 Address: 200 Weathersfield Avenue
 City: Altamonte Springs State: FL Zip Code: 32714
- System Type: community; non-transient non-community; non-community
- No. of Service Connections at End of Month: 300 Total Population Served at End of Month: 1050

II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF September 2001

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1					17	0.3			
2					18	0.5			
3	0.2				19	0.3			
4	0.2				20	1.0	2	0.0	
5	0.2				21	1.0			
6	0.2				22				
7	0.2				23				
8					24	0.7			
9					25	1.5			
10	0.4				26	1.0			
11	0.3				27	1.0			
12	0.3				28	0.5			
13	0.3				29				
14	0.3				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.

Robert Potter 10-1-01
Signature and Date

Robert Potter Operator
Name and Title (please type or print)

• Attach a letter of authorization.



Department of Environmental Protection

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 JANUARY 2002

• System Name: **Bayside Utility Services, Inc.** PWS Identification No.: 103401
 • System Owner Name: **Bayside Utility Services, Inc.** Telephone No.: **407/869-1313**
 Address: **200 Weathersfield Avenue** State: **FL** Zip Code: **32714**
 City: **Altamonte Springs**
 • 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:

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1					17				
2					18				
3					19				
4					20				
5					21				
6					22	1.5			
7					23	1.7			
8					24	1.5			
9					25	1.8			
10					26				
11					27				
12					28	1.4			
13					29	1.4			
14					30	0.2			
15					31	1.0	2	1.3	
16					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.

George R. Patterson Jr. 1-13-02
 Signature and Date

GEORGE R. PATTERSON JR. / REPRESENTATIVE
 Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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 FEBRUARY/2002

- System Name: **Bayside Utility Services, Inc.** PWS Identification No.: 1014013
- System Owner Name: **Bayside Utility Services, Inc** Telephone No.: **407/869.1919**
- Address: **200 Weathersfield Avenue** State: **FL** Zip Code: **32714**
- City: **Altamonte Springs**
- 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: _____

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	0.8				17				
2					18	0.8			
3					19	1.0			
4	0.5				20	0.4			
5	0.7				21	0.8	2	0.3	
6	1.0				22	0.9			
7	0.8				23				
8	0.8				24				
9					25	1.5			
10					26	0.9			
11	0.5				27	1.0			
12	1.0				28	0.4			
13	0.8				29				
14	0.6				30				
15	1.2				31				
16					Total		2		

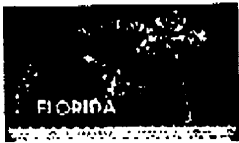
III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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.

George R. Patterson Jr 3-8-02
Signature and Date

GEORGE R. PATTERSON JR / REPRESENTATIVE
Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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 Name: **Bayside Utility Services, Inc.** Telephone No.: **407/869.1919**
- Address: **200 Weathersfield Avenue** State **FL** Zip Code: **32714**
- City: **Altamonte Springs**
- System Type: community; non-transient non-community; non-community Total Population Served at End of Month: **718**
- No. of Service Connections at End of Month: **287**

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	1.5				17				
2					18	0.8			
3					19	1.2			
4	1.0				20	0.4			
5	0.8				21	0.9			
6	0.8				22	0.9			
7	0.5				23				
8	1.2				24				
9					25	0.7			
10					26	1.0			
11	0.7				27	1.0			
12	1.0				28	1.3	2	1.0	
13	1.2				29	1.0			
14	0.8				30				
15	0.6				31				
16					Total		2		

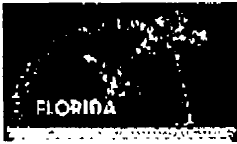
III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

George R. Patterson Jr. 3-13-02
Signature and Date

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

* Attach a letter of authorization



Department of Environmental Protection

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

APRIL / 2002

- System Name: **Bayside Utility Services, Inc.** PWS Identification No.: 1034016
- System Owner
 Name: **Bayside Utility Services, Inc.** Telephone No.: 407/869.1919
 Address: **200 Weathersfield Avenue**
 City: **Altamonte Springs** State: FL Zip Code 32714
- 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

APRIL / 2002

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	0.6				17	1.0			
2	1.0				18	0.8			
3	0.8				19	0.6			
4	0.8				20				
5	0.5				21				
6					22	0.5			
7					23	0.3			
8	1.0				24	0.5			
9	1.0				25	0.6	2	0.75	
10	0.7				26	0.8			
11	0.9				27				
12	1.2				28				
13					29	0.7			
14					30	1.0			
15	0.8				31				
16	0.8				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

George R. Patterson Jr.
Signature and Date

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

* Attach a letter of authorization.



Department of Environmental Protection

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

MAY/2002

• System Name: **Bayside Utility Services, Inc.**

PWS Identification No. **1034016**

• System Owner

Name: **Bayside Utility Services, Inc.**

Telephone No. **407/869.1919**

Address: **200 Weathersfield Avenue**

City: **Altamonte Springs**

State: **FL** Zip Code: **32714**

• 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

MAY/2002

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	1.3				17	1.0			
2	1.5				18				
3	1.0				19				
4					20	1.5			
5					21	0.8			
6	0.9				22	1.0			
7	1.2				23	1.2	2	1.5	
8	0.7				24	1.2			
9	1.0				25				
10	1.2				26				
11					27	1.0			
12					28	0.9			
13	0.6				29	1.0			
14	0.8				30	1.2			
15	1.5				31	1.4			
16	0.8				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.

George R. Patterson Jr.
Signature and Date

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

* Attach a letter of authorization.



Department of Environmental Protection

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 JUNE / 2002

- System Name: **Bayside Utility Services, Inc.** PWS Identification No.: **1034016**
- System Owner
 Name: **Bayside Utility Services, Inc.** Telephone No.: **407/869.1919**
 Address: **200 Weathersfield Avenue**
 City: **Altamonte Springs** State: **FL** Zip Code: **32714**
- 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 JUNE / 2002

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1					17	0.7			
2					18	0.6			
3	0.6				19	0.9			
4	0.9				20	0.5			
5	0.7				21	0.6			
6	0.7				22				
7	0.5				23				
8					24	0.4			
9					25	0.3			
10	1.0				26	0.5			
11	0.6				27	0.7			
12	0.4				28	0.6			
13	0.4				29				
14	0.6				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. Peterson*

Name and Title (please type or print): GEORGE R. PETERSON JR / LEAD OPERATOR

* Attach a letter of authorization.



Department of Environmental Protection

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.** PWS Identification No.: 1034016
- System Owner: **Bayside Utility Services, Inc.** Telephone No.: 407/869.1919
- Name: **Bayside Utility Services, Inc.**
- Address: **200 Weathersfield Avenue**
- City: **Altamonte Springs** State: **FL** Zip Code: **32714**
- 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 JULY/2002

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	0.4				17	1.0			
2	0.6				18	0.5			
3	0.6				19	0.4			
4	1.0				20				
5	0.8				21				
6					22	0.4			
7					23	0.3			
8	1.2				24	0.8			
9	0.9				25	0.8			
10	1.0				26	0.6			
11	1.4				27				
12	0.9				28				
13					29	0.5			
14					30	0.4			
15	0.6				31	0.4	2	0.3	
16	0.5				Total		2		

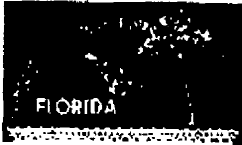
III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

George R. Patterson Jr. / 8-18-02
Signature and Date

GEORGE R. PATTERSON JR., LEAD OPERATOR
Name and Title (please type or print)

* Attach a letter of authorization



Department of Environmental Protection

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 AUGUST 2002

- System Name: **Bayside Utility Services, Inc.** PWS Identification No.: **1034016**
- System Owner Telephone No.: **407/869.1919**
- Name: **Bayside Utility Services, Inc.** State: **FL** Zip Code: **32714**
- Address: **200 Weathersfield Avenue**
- City: **Altamonte Springs** Total Population Served at End of Month: **718**
- System Type: community; non-transient non-community; non-community
- No. of Service Connections at End of Month: **287**

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	0.4				17				
2	0.5				18				
3					19	1.0			
4					20	0.7			
5	0.3				21	0.7			
6	0.3				22	0.9			
7	0.6				23	0.6			
8	0.4				24				
9	0.7				25				
10					26	0.5			
11					27	0.4			
12	0.8				28	0.4			
13	0.4				29	0.7			
14	0.6				30	0.9			
15	0.6	2	0.5		31				
16	0.8				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.

George F. Patterson Jr. 9-4-02
Signature and Date

GEORGE F. PATTERSON JR. / LEAD OPERATOR
Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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

SEPTEMBER / 2002

• System Name: **Bayside Utility Services, Inc.**

PWS Identification No.: **1034016**

• System Owner

Name: **Bayside Utility Services, Inc.**

Telephone No.: **407/869.1919**

Address: **200 Weathersfield Avenue**

City: **Altamonte Springs**

State: **FL** Zip Code: **32714**

• 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

SEPTEMBER / 2002

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

• Summary of Daily Data for Month:

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1					17	1.0			
2	0.6				18	1.0			
3	1.2				19	0.8	2	1.0	
4	0.6				20	0.4			
5	0.8				21				
6	1.0				22				
7					23	1.2			
8					24	1.0			
9	1.2				25	1.0			
10	0.9				26	0.8			
11	1.0				27	0.9			
12	1.2				28				
13	0.9				29				
14					30	1.0			
15					31				
16	0.8				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

George R. Pappas Jr. 10-8-02
Signature and Date

GEORGE R. PAPPAS JR. / LEAD OPERATOR
Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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

OCT / 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**

City: **Altamonte Springs**

State: **FL** Zip Code: **32714**

• 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

OCT. / 2002

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

• Summary of Daily Data for Month:

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
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	0.7			
7	1.0				23	0.5			
8	0.7				24	0.9			
9	0.7				25	0.5			
10	0.5				26				
11	0.7				27				
12					28	0.9			
13					29	1.0			
14	0.4				30	0.7			
15	0.4				31	0.5			
16	0.4				Total		2		

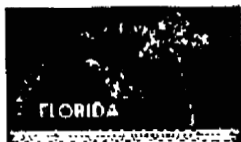
III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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] 11-10-02
Signature and Date

Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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.** Telephone No.: 407/869.1919
 Address: **200 Weathersfield Avenue**
 City: **Altamonte Springs** State: **FL** Zip Code: **32714**
- 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 / 2002

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency of Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1	0.6				17				
2					18	1.2			
3					19	0.8			
4	1.0				20	0.7			
5	0.5				21	1.0			
6	0.5				22	0.8			
7	0.8				23				
8	0.8				24				
9					25	0.6	2	0.8	
10					26	0.6			
11	0.7				27	1.0			
12	1.1				28	0.5			
13	0.8				29	0.8			
14	1.0				30				
15	0.6				31				
16					Total		2		

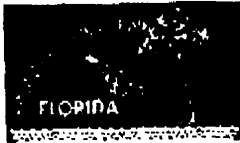
III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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: *George R. Patterson Jr.*

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

* Attach a letter of authorization.



Department of Environmental Protection

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 DEC.

- System Name: **Bayside Utility Services, Inc.** PWS Identification No.: **1034016**
- System Owner: **Bayside Utility Services, Inc.** Telephone No.: **407/869.1919**
 Name: **Bayside Utility Services, Inc.**
 Address: **200 Weathersfield Avenue**
 City: **Altamonte Springs** State: **FL** Zip Code: **32714**
- System Type: community; non-transient non-community; non-community Total Population Served at End of Month: **718**
- No. of Service Connections at End of Month: **287**

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	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)			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)	
1					17	0.9			
2	1.1				18	0.6			
3	1.5				19	0.9			
4	0.8				20	1.0			
5	1.0				21				
6	1.0				22				
7					23	1.3			
8					24	1.0			
9	1.2				25				
10	1.0				26	0.6			
11	0.9	2	1.2		27	0.8			
12	1.1				28				
13	1.2				29				
14					30	0.8			
15					31	0.5			
16	0.5				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.

George R. Patterson Jr. 1-2-03
 Signature and Date

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

* Attach a letter of authorization.

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

**25.30-440(5)
Inspection Reports**

Test Year Ended December 31, 2002



Jeb Bush
Governor

cc: DK w/encl. 2002
il.l 694
**Department of
Environmental Protection**

Panama City Branch Office
2353 Jenks Avenue
Panama City, FL 32405
Phone: (850)-872-4375 Fax: (850)-872-7790

David B. Struhs
Secretary

November 18, 2002

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

Dear Mr. Flynn:

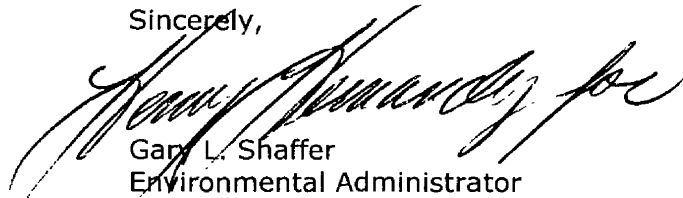
An inspection of the public water system which serves the Bayside Utility Services, Inc. (PWS ID# 1034016) was made on October 1, 2002, by Mr. Keith Butchikas, Environmental Specialist. The assistance provided by Mr. George Patterson during the inspection was most helpful.

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.

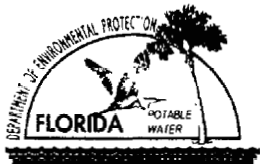
If you have any questions, please call Mr. Keith Butchikas (850) 872- 4375 extension 102 or e-mail at keith.butchikas@dep.state.fl.us.

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
COMMUNITY SYSTEMS

SYSTEM AND OWNER INFORMATION

System Bayside Utility Services, Inc. County Bay PWS ID # 1034016
 Address 7104 Big Daddy Drive City Panama City Beach
 Phone (850) 234-6668 Fax _____ E-mail _____
 Owner Bayside Utility Services, Inc. Phone 1-800-272-1919
 Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714

INSPECTION AND CONTACT INFORMATION

Date of this inspection October 1, 2002 Date of last inspection August 30, 2001
 Person(s) Contacted Mr. George Patterson Pager/Cell _____
 Certified Operator: Yes No Not Required Certified operator(s) and cert # _____ Not required

DIRECTIONS TO PLANT OR OFFICE (provide general directions to the office and/or plant)

Take Hwy 98 W to Panama City Beach, go past Hathaway take a right on Wildwood Road go about 1 mile, take a right on Big Daddy Drive, the subdivision is on the right.

SERVICE AREA

Service Area Characteristics	Subdivision	
Population Served	<u>718</u>	Basis <u>Census</u>
Service Connections	<u>287</u>	% Metered <u>100</u>
Design Capacity (gallons)	<u>N/A</u>	
Storage Capacity (gallons)	<u>N/A</u>	
Max. Day (GPD)	<u>N/A</u>	% Design Capacity <u>N/A</u>
Ave Day (GPD)	<u>N/A</u>	% Storage Capacity <u>N/A</u>

PERMANENT SOURCES OF RAW WATER:

Ground* How Many Wells _____
 Surface** Source _____
 Purchased*** PWS No. 1030050

EMERGENCY MEDIA CONTACT NUMBERS

	NAME	PHONE NUMBER
Television	WMBB, WJHV	
Radio FM		
Radio AM		
Newspaper	NEWSHERALD	(850) 747-5000

AUXILIARY POWER REQUIREMENTS (62-555.320)

Written Aux. Power Plan: Yes No Not Required
 Auxiliary Supply Percentage of Max. Day N/A
 Auxiliary equipment operated under load 4 hrs/month? Yes No
 Comments: N/A

TYPES OF AUXILIARY POWER USED

Permanent Aux Motor Portable Aux Motor
 Permanent Electric Power Portable Electric Power
 Interconnects (1070014 and GPM) _____

TREATMENT IN USE AT THIS PLANT: (CHECK ALL THAT APPLY)

Aeration E.D. Iron Removal pH Adjustment Softening
 Filtration Lime Softening T&O Control Chlorination-Pre Filt. Hi-Rate
 Recarbonation Settling Chlorination-Post Fluoridation Reverse Osmosis

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 6" Min. pipe diameter 3/4"
 Number of dead ends 0 How often flushed? Monthly Blowoff lines below grade None

Chlorine & pH	Remote 1	Remote 2	Remote 3	Remote 4
Chlorine Residual	1.1			
pH				
Location	2153 Big Daddy Dr			

CROSS CONNECTION CONTROL

Written Cross Connection Control Plan Meet Requirements? Yes No Comment: Backflow prevention device installed at each service connection.
 Frequency of Testing? _____ Tracking used: Hard Copy CPU # of BFDs: ___ BFD on Hydrant Meters? Yes No
 Date of Last Audit (commercial or residential): _____ Name of Certified BFD Tester: _____

COMPLIANCE MONITORING

Compliance Schedule: The following parameters are due during the year shown.

Nitrate/Nitrite		Inorganics		UOC Group 1		Secondaries	
VOCs		Pb & Cu	2002	UOC Group 2		THMs	
Radiologicals		PCBs/Pesticides		UOC Group 3		Asbestos	

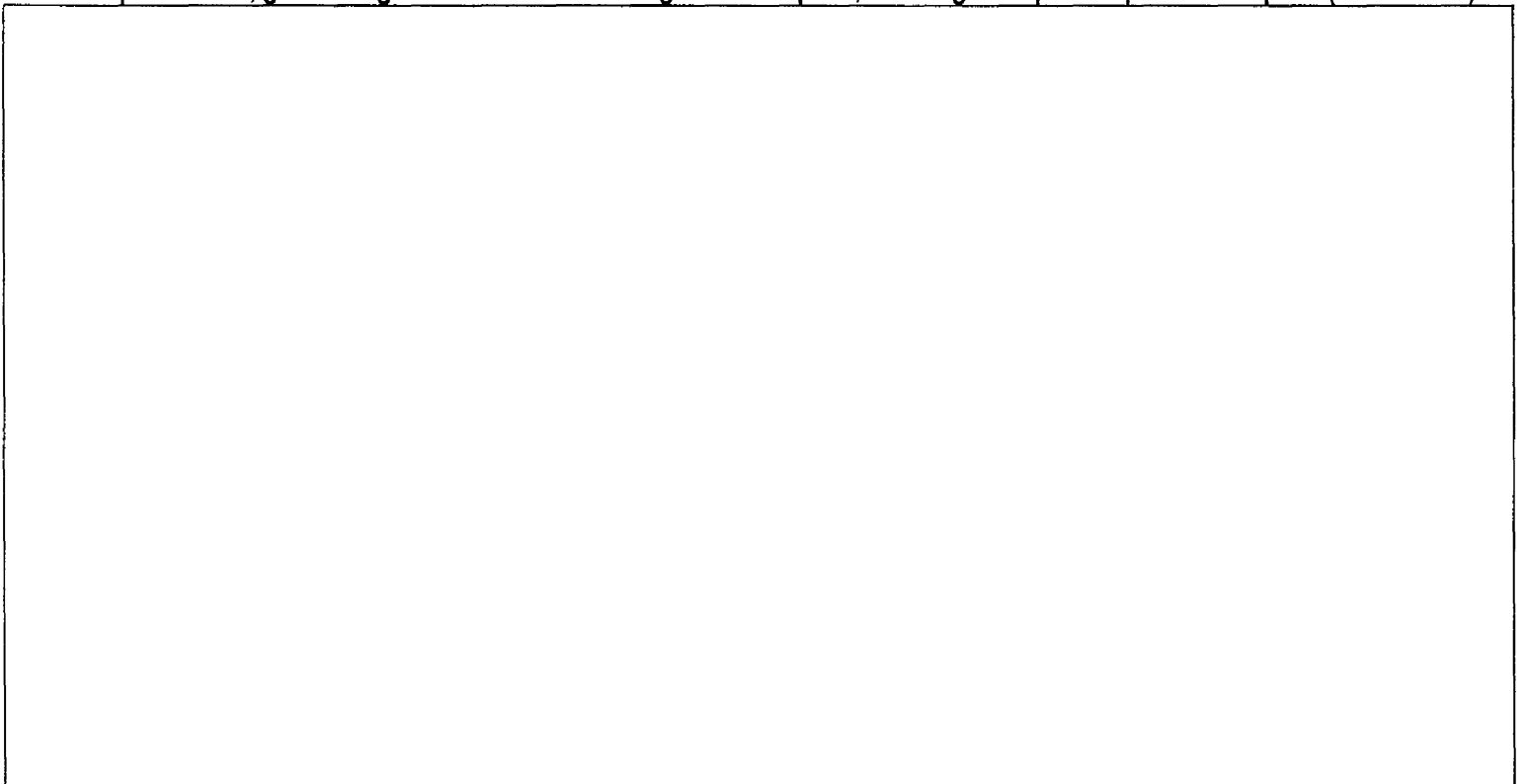
System out of compliance with any of the above parameters? None

Violations of sampling or MCL requirements: _____

Bacteriological Sampling Plan Contains: Schedule Procedures Map Contacts No Plan on File

Laboratories utilized by water system System Lab State Lab Contract Lab- lab name: The Water Spigot

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):



SCHEDULE OF DEFICIENCIES

BAYSIDE UTILITY SERVICES, INC. WATER SYSTEM

PWS ID # 1034016

There were no deficiencies noted during the inspection.

INSPECTOR

Kathie Butkus

DATE:

11/18/02

SUPERVISOR

Nancy Kinney

DATE:

11-18-02

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

25.30-440(6)
Permits
N/A

Test Year Ended December 31, 2002

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

**25.30-440(7)
Notices
N/A**

Test Year Ended December 31, 2002

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

**25.30-440(8)
Field Employees**

Test Year Ended December 31, 2002

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.

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

**25.30-440(9)
Vehicles**

Test Year Ended December 31, 2002

BAYSIDE UTILITY SERVICES, INC.

<u>Assigned to:</u>	<u>Vehicle #</u>	<u>Description</u>	<u>VIN#</u>	<u>Owned or Leased</u>	<u>Original Cost</u>
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.

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

**25.30-440(10)
Customer Complaints**

Test Year Ended December 31, 2002

#10

FILE

694-001044-1 21.5
2002-694

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

Consumer Information <i>ROY</i> Name: <u>ROYAL STEPHENS</u> Business Name: Svc Address: <u>6421 BIG DADDY DRIVE</u> County: <u>Bay</u> Phone: <u>(850)-236-8399</u> City/Zip: <u>Panama City Beach / 32407-</u> Account Number: Caller's Name: <u>ROYAL STEPHENS</u> Mailing Address: <u>6421 BIG DADDY DRIVE</u> City/Zip: <u>PANAMA CITY BEACH, FL 32407-</u> Can Be Reached: <u>(850)-914-9876</u> E-Tracking Number:	Florida Public Service Commission - Consumer Request 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 850-413-6100	PSC Information Assigned To: <u>JOY ANDERSON</u> Entered By: <u>SDW</u> Date: <u>03/25/2002</u> Time: <u>15:55</u> Via: <u>PHONE</u> Prefirm Type: <u>IMPROPER DISCONNECTS</u> PO:
	Utility Information Company: <u>BAYSIDE UTILITY SERVICES, INC.</u> Attn: <u>Carl J. Wenz445217W</u> Response Needed From Company? <input checked="" type="checkbox"/> X Date Due: <u>04/15/2002</u> Interim Report Received: <u>//</u> Reply Received: <u>//</u> Reply Received Timely/Late: Informal Conf.: <input checked="" type="checkbox"/> X	Supmntl Rpt Req'd: <u>//</u> Certified Letter Sent: <u>//</u> Certified Letter Rec'd: <u>//</u> Closed by: Date: <u>//</u> Closeout Type: Apparent Rule Violation: <input checked="" type="checkbox"/> X

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 and provide 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
smccray@psc.state.fl.us

Please forward your response to:

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

PAGE NO: 1

NET Satisfaction Tot: Carl J. Wenz445217W
From: JOY ANDERSON
3-25-02 3:59pm p. 2 of 3

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

NET Satisfaction To: Carl J. Vent445217W From: JOY ANDERSON

3-25-02 3:59pm p. 3 of 3

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

PAGE NO: 2

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.

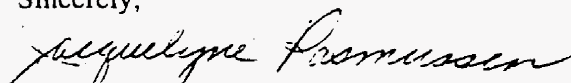
In investigating this request, I noticed that there were a few water outages affecting various parts of this subdivision. On planned outages, it is our policy to tag or post signs to let the customers know the reason for the outage and to give them an estimate of the time it will take to restore service.

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 Rasmussen
Regional Office Manager

/jr

cc: Roy Stephens
Patrick Flynn, Regional Operations Manager

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: 4/11/2002 15:59 PM

Company: Florida Public Service Commission

Fax #: 850-413-7168

From: Jacquelyne Rasmussen

Pages: 2 including this cover page.

Subject: Request #445217W

URGENT

For Your Review

For your
Information

Please
Reply

Original: will not be sent
 via U.S. Mail

As Requested

Please Comment



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 UNITS	INSTALLD SIZE CONV	TYPE DIGS
ADDR BAYSIDE UTILITY SERVICES, INC	NO WATER	OPERATOR FERRI			
ZIP	METER NO-	DUE DATE 02/12/02	LOC -	COM -	

INSTRUCTIONS

NUMEROUS CALLS TO ANSWERING SERVICE BETWEEN 9:10 AND 9:39 PM COMPLAINING OF NO WATER.
PLEASE PROVIDE RESOLUTION

RESOLUTION DATE-02/27	CODE-	HOURS-	MATERIAL COST-
DESCRIPTION			

LEAK REPAIRED AND SERVICE RESTORED.

?/FT

11:24:21 09 APR 2002

Mari Brech - 2 calls to dispatched

*6706
6717
7164 - LOT 7
6523
6509*

*additional
calls to
answering service*

*water off to pack
to make repair*

Not sent to PSC

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

Not sent

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	MAIN BREAK WATER	OPERATOR KIM	694 1	5/8 1 'S
ZIP PANAMA CITY FL 32407	METER NO- 617340	DUE DATE 02/02/01	LOC -	COM -

INSTRUCTIONS

CUSTOMER CALLED DUE TO WATER MAIN BREAK IN FRONT OF 829 & 830 LINDA LN.
 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

Not Sent