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LAW OFFICES

ROSE, SUNDSTROM & BENTLEY, LLP

2548 BLAIRSTONE PINES DRIVE TALLAHASSEE, FLORIDA 32301

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FREDERICK L. ASCHAUER, JR.
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WILLIAM E. SUNDSTROM, P.A.
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(850) 877-6555 Fax (850) 656-4029 www.rsbattorneys.com (407) 830-8522

REPLY TO ALTAMONTE SPRINGS

MARTIN S. FRIEDMAN, P.A. VALERIE L. LORD

October 22, 2004

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

Inc

Enclosures

Re:

Docket No. 030444-WS; Application by Bayside Utility Services, Inc., for Rate

Increase in Bay County, Florida

Our File No.: 30057.57

Dear Ms. Bayo:

Enclosed for filing in the above-referenced docket are the original and seven (7) copies of the following:

1. Notice of Filing Exhibits to Direct Testimony of Patrick C. Flynn and Exhibits.

11425-04

2. Notice of Filing Exhibits to Direct Testimony of Frank Seidman and Exhibits.

Should you have any questions concerning the enclosed, please do not hesitate to give me a call.

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GCL	1
OPC	VLL/mp

VALERIE L. LORD

For the Firm

Very truly your

SCR Stephen C. Reilly, Associate Public Counsel (w/enclosures) (via Federal Express)
Ralph Jaeger, Esquire (w/enclosures) (via Hand Delivery on 10/22/04)

SEC \ W. C. Henry, Esquire (w/enclosures) (via Federal Express)

Mr. Steven M. Lubertozzi (w/enclosures)

Mr. Patrick C. Flynn (w/enclosures)

DOCUMENT NUMBER-DATE

11424 OCT 22 8

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MMS

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application of BAYSIDE UTILITY SERVICES, INC., for an increase in water and wastewater rates in Bay County, Florida

DOCKET NO. 030444-WS

NOTICE OF FILING

BAYSIDE UTILITY SERVICES, INC., by and through its undersigned attorneys, hereby gives notice of filing in the above-referenced docket the Exhibits to the Direct Testimony of Patrick C. Flynn which were inadvertently not filed with the Direct Testimony.

Respectfully submitted this 22 day of October, 2004, by:

ROSE, SUNDSTROM & BENTLEY, LLP 600 S. North Lake Boulevard, Suite 160 Altamonte Springs, Florida 32701

(407) 830- 6331

(407) 830-8522 (fax)

VALERIE L. LORD MARTIN S. FRIEDMAN

For the Firm

CERTIFICATE OF SERVICE DOCKET NO. 030444-WS

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by Federal Express this day of October, 2004, to:

Stephen C. Reilly, Associate Public Counsel Office of Public Counsel c/o The Florida Legislature 111 W. Madison Street, Room 812 Tallahassee, FL 32399-1400

Ralph Jaeger, Esquire (via hand delivery on 10/22/04) Office of the General Counsel Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

W. C. Henry, Esquire Burke, Blue & Hutchison 221 McKenzie Avenue Panama City, FL 32401

MĂRTIN S. FRIEDMAN

VALERIE L. LORD

For the Firm

M:\1 ALTAMONTE\UTILITIES INC\BAYSIDE\(.57) BAYSIDE 2003 RATE CASE\NOF - Exhibits to Direct TM of Patrick C. Flynn.wpd

1	BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION
2	DOCKET NO. 030444-WS
3	BAYSIDE UTILITY SERVICES, INC.
4	DIRECT TESTIMONY OF
5	PATRICK C. FLYNN
6	REGARDING THE APPLICATION FOR
7	INCREASE IN WATER AND WASTEWATER
8	RATES AND CHARGES
9	IN
0	BAY COUNTY, FLORIDA
11	EXHIBITS TO
12	DIRECT TESTIMONY OF
13	PATRICK C. FLYNN
14	
15	Exhibit(PCF-1) Additional Engineering Information an Maps required by
16	Rule 25-30.440, F.A.C. (Exhibit 3 to Application)
17	
18	
19	
20	

-

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

Bay County

Test Year Ended December 31, 2002

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

694, 3.2

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

THE WATER SPIGOT, INC Environmental Laboratory 5806 Highway 22 Panama City, Florida 32404 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 Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay Collector: N. Hamm Collector Phone # 407-869-1919 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 An 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. | 1.3 | 7.1 | 180687 | A P = Presence A = Absence

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1 6325 Big Daddy Dr.	0.8	•	1,824.57		İ	
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Address: 6325 Big Daddy Dr. Panama Ci Collector: N.Hamm Sample Site (Iccality or subdivision) Date & Time Collected 02/21/02 0505	Col:	lector	nty Bay Phone # 4	07-869-191	DEP Dis	trict (8)
Environmental Laboratory 5806 Highway 22 Panama City, Florida 32404 [850]871-1900(850)871-1901FAX (yetem Name : Bayside Utilities, Inc.					E81102 em Phone#	850-23 ₄₋₄ 9
THE WATER SPIGOT, INC	ILAM SNIAM	ER - DA	CIERTOTIOG	ICAL ANALY	213	-

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President

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

	ATER SPIGOT, INC						
	Highway 22						
	a City, Florida 32404		1	NELAP CERT	IFICATION	E81105	
(850)	871-1900(850)871-1901FAX (850) 871-93	03				
ystem	Name : Bayside Utilities, Inc.	5	ystem 1	ID# 103401	.6		ED 224-666
							50-234-6668
Colle	ss : 6325 Big Daddy Dr. Panama Ci ctor : L.Bunch	Coll	Lector :	ty вау Phone # 40	7-869-1919	DEA DIRE	TICC NW
	e Site (locality or subdivision) & Time Collected 03-28-02 0800-0		ition				
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туре	Bottled waterOther public of Sample : XXX ComplianceRe	peat _	_Repla	cement _	Main Cle	arance	
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	Sample Point Specific Address	CL2 Res'd	 pH	Sample Number	Analysis Result	Confirmed Total	Confirmed Fecal
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•	ATER SPIGOT, INConsideration						
	diphway 22 a Dity, Florida 32404		ī	NELAP CERT	IFICATION	E01105	
(850) 8	371-1900(850)871-1901FA	x (850)871-93	03				
увсет	Name : Bayeide Utilities, Inc	. s	ystem 1	ID# 103401	6 Svace	m Phone# 8	50-234-666
	ss : 6325 Big Daddy Dr. Panama	City Beach.	FLCount	ty Bay		DEP Dist	
Collector Collector	etor : L.Bunch • Bite (locality or subdivisio		.ector	Phone # 40	7-869-1919		
	a rime Collected 04-25-02 080						
Type	of Supply : XXX Community wate	r system	Noncom	munity war	er system		
	Noitransiant-noncommunity wate	r system _	Priv	ate well	Swin	nming Pool	
Type	Bootled waterOther publof Sample: XXX Compliance	le water syst Repeat	.em Repla	cement _	Main Cle	earance	
	Well Survey	Other (Spe	erta)			/02 1430 E	MAR 40
	vei in Lab : 04/25/02 1420 D: MF XX MTF MMO-MUC		r		sydir Ot/ #2		77 0144
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DRINKING WATER - BACTERIOLOGICAL ANALYSIN 10 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

Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay Collector : L.Bunch Collector Phone # 407-869-1919

DEP District NW

Sample Site (locality or subdivision) : DISTRIBUTION

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

	of Supply : XXX Community water sys Nontransient-noncommunity water sys Bottled waterOther public wa	tem	Priva				
Type	of Sample : XXX Compliance Repe	at	Repla	cement _	Main Cl	earance	
Recei METHO	ved in Lab : 05/23/02 1321 D:MF XX MTFMMO-MUG	Ву ЕР	Aı	nalysis Be PA	gun 05/23	02 1345 1	By SAM
Coll No.	Sample Point Specific Address	CL2		Sample Number	Analysis Result	Confirmed Total	Confirmed 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

Enviro	ATER SPIGOT, INC onmental Laboratory Highway 22 a City, Florida 32404			TELAP CERT	1FICATION	E81105	
(850) System Addre Colle Sampl	871-1900(850)871-1901FAX Name : Bayside Utilities, Inc.	ity Beach, Coll	03 ystem 1 FLCount	ID# 103401 ty Bay	6 Syste	em Phone# DEP Dis	850-234-6668 trict NW
Type Type Recei	of Supply: XXX Community water Nontransient-noncommunity water Bottled water Other public of Sample: XXX Compliance R Well Survey ved in Lab: 06/13/02 1415 D: MF XX MTF MMO-MUG	system water syst speat Other (Spe	Privates om _Replace cify)	ate well	Swin	mming Pool	
	Sample Point Specific Address	CL2 Res'd			Analysis Result		Confirmed Fecal
1	6527 Sunrise Dr.	1 0.3	7.9	1 191527	A		
2	821 Linda Ln.	0.3	8.0	191528	A		
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DRINKING WATER - BACTERIOLOGICAL ANALYSIS AUG 12 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. System ID# 1034016 System Phone# 850-234-6668 Address: 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay DEP District NW Collector: George Patterson Collector Phone # 407-869-1919 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 Swimming Pool Bottled water ___Other public water system Compliance Repeat Replacement XXX Main Clearance Type of Sample : Well Survey Other (Specify) Received in Lab : 07/09/02 1515C8T By LW Analysis Begun 07/09/02 1525CST By CR METHOD: MF MTF XX MMO-MUG PA Coll | Sample Point CL2 |Analysis|Confirmed|Confirmed |Sample No. | Specific Address [Res'd | pH Number |Result |Total |6207 Big Daddy Dr. 193428 Α 2 17103 Sunrise Dr. 1 193429 Α P = Presence

A = Absence

Trish President DRINKING WATER - BACTERIOLOGIES CHISED

DRINKING WATER - BACTERIOL THE WATER SPIGOT, INC. AUG 127911 Environmental Laboratory 5806 Highway 22 Panama City, Florida 32404 (850) 871-1900... (850) 871-1901....FAX (850) 871-9303 System Name : Bayside Utilities, Inc. System ID# 103 System Phone# 850-234-6668 DEP District NW Address: 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay Collector : G.Patterson Collector Phone # 407-869-1919 Sample Site (locality or subdivision) : Subdivision Date & Time Collected 07-10-02 1526-1532 Type of Supply: XXX Community water system Noncommunity water system Private well Swimming Pool Bottled water ___Other public water system Type of Sample : ____Compliance Repeat Replacement XXX Main Clearance Well Survey __Other (Specify) Received in Lab: 07/10/02 1600CST By CR Analysis Begun 07/10/02 1615CST By CR METHOD: __MF __ MTF XX MMO-MUG PA Coll | Sample Point [CL2 [Analysis | Confirmed | Confirmed Sample No. | Specific Address |Fecal Res'd | pH [Result | Total Number 1 |6207 Big Daddy Dr. 1.0 | 1 193700 A 17103 Sunrise Dr. 1.2 | 193701 P = Presence A = Absence

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D.E.P.

Trish Dachmon President

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DRINKING WATER - BACTERIOLOGICAL ANALYSES 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.

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 : J.Porcelli

Type of Supply: XXX Community water system ____Noncommunity water system

Sample Site (locality or subdivision) : Remote tap

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

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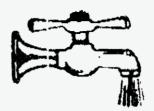
	Nontransient-noncommunity water sys Bottled waterOther public wa of Sample : XXX ComplianceRepe	ter syst	em				
Recei		her (Spe	ecify)		egun 08/01.		ST By CR
	Sample Point Specific Address				Analysis Result	Confirmed Total	Confirmed Fecal
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2	1063 Bay Cir.	0.3	7.9	195518	•		
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DRINKING WATER - BACTERIOLOGICAL ANALYSIS THE WATER SPIGOT, INC Environmental Laboratory 5806 Highway 22 Panama City, Florida 32404 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 Address : 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay DEP District NW Collector : L.Bunch Collector Phone # 407-869-1919 Sample Site (locality or subdivision) : BAYSIDE Date & Time Collected 08/15/02 0838CST Type of Supply: XXX Community water system 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: 08/15/02 1410CST By EP Analysis Begun 08/15/02 1430CST By CR METHOD: __MF XX MTF __MMO-MUG PA Coll | Sample Point CL2 Sample |Analysis | Confirmed | Confirmed No. | Specific Address Res'd pH Number Result | Total Fecal 1 6325 Big Daddy Dr. 1.0 7.4 197098 Α 2 |917 Marina Dr. 0.5 | 7.5 | 197099 A

P = Presence

A = Absence

Copy Sent To DEP



the water spigot, inc.

NELAP Laboratory Certification #E81105

FINAL REPORT OF ANALYSES

SANDY CREEK UTILITY SERVICES

2405 Hay 2297

Panama City, FL 32404-

Actn: FATRICK FLYNN

REPORT DATE: 09/11/02

CLIENT NUMBER: 9

SAMPLE NUMBER- 1993"1 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

TIME RECEIVED- 1715CST DELIVERED BY- David Swift

RECEIVED BY- SM

Page 1

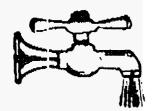
		ANALYSIS				DE	T.	DX,	ca
BIEYLIANA	METHOD	DATE	TIME	BA	RESULT	UNITS	LIMIT	UNITS	ΩΩA.
Chlorine residual	330.3	09/10/02	1700CST	DW	0.2	ррм		РРМ	
TOTAL COLIFORM (MMO-MUG)	SM9223	09/10/02	1715CST	CR	A		A.		- 1

These test results meet all the requirements of NELAC.

A=Absent

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

wspigot@comcest.net - 5806 East Rwy. 22 - Penama 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 DET. DATA ANALYSIS METHOD DATE TIME BY RESULT UNITS LIMIT UNITS QUA

Chlorine residual 330.3 09/10/02 1352CST GP 0.4 PPM 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 total coliforn bacteria.

wspigot@comcast.net • 5806 East Hwy. 22 • Panema City, Florida 32404 • (850) 871-1900 • Fax (850) 871- 9303

SANDY CREEK 16/10/02 11:00 PAGE 03

Enviro	ATTR SPIGOT, INC onmental Laboratory	ing wate	R - BAG	Teriologi	CAL ANALY	SIS	-
Panama (850)	Highway 122 a lity, Florida 32404 g/1-1900(850)871-1901FAX (85 Mamma : Bayside Utilities, Inc.		03	NELAP CERT	6		850-234-6668
Collec	es: 6325 Big Daddy Dr. Panama City etor: L.Bunch e Site (locality or subdivision) : & Fime Collected 09/19/02 08	Coll Baysids	FLCount ector	ry Bay Phone # 40	-	DEP Dis	crict NW
Type Recei	of Supply: XXX Community water sys Nontransient-noncommunity water sys Bottled water Other public wa of Sample: XXX Compliance Rape Well Survey Ot vei in Lab: 09/19/02 0900CST D: MF XX MTF MMO-MIG	tem ter syst at her (Spe	Private Replace (Cify)	ete well cement	Swi Main Cl sgun 09/19	mming Pool	
No.	Sample Point . Specific Address	Ecw.q		Sample Number	Result	Total	Confirmed Feosl
<u>.</u>	6527 Sunrise Dr.	1.0	8.0	200298	A.	[1
	821 Linda La.	1.0	7.9	200299	A		
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SANDY CREEK	

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Enviro	nmental Laboratory Hohway 22			0507	0E FOATTON	Engan Alf	
Panama (850)8	City, Florida 32404 71-1900(850)871-1901FAX (8	50)871-93	03	IELAP CERT		FRTIDE	
*	Name : Bayside Utilities, Inc.				SVSER	m Phone# 8	50-234-6668 rict NW
Addres Collec Sample Date &	is : 6325 Big Daddy Dr. Panama Cit etor : G.Patterson e Site (locality or subdivision) : 4 Time Collected 10-08-02 1825	Coll 1029 Bay	ector F	Phone # 40	7-869 - 1919) - QCX U 30	, 100 /
C	of Supply: XXX Community water sy Nontransient-noncommunity water sy Bottled waterOther public w	コフレジ ペムサムい	· can				
Type c	of Sample:ComplianceRep Well SurveyC vec in Lab : 10/08/02 1850CST	eat ther (Soe	_Replac ecify)	cement X	XX Main Cl	learance	
Receiv METHOL	vec in Lab : 10/08/02 1850CST D:MFMTF XX MMO-MUG	By SM	A	nalysis Be	gun 10/08/ A	/02 1850CS	ST By CR
Coll No.	Sample Point Specific Address	CL2 Resid	PH	Sample Number		Confirmed Total	Confirmed Fecal
Y	1029 Bay Circle	0.7		201968	A	*WAFASK	
			4 	, M. M. M. M. M. M. M. M. M. M. M. M. M.	, , , , , , , , , , , , , , , , , , ,		
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-		Moduli encommencia encorre		· · · · · · · · · · · · · · · · · · ·			
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					4		angungan proportion, Adinharden con and could be
76741 WHITE SHAPE	ACTION AND ANGESTERNISE TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO		#MERITATION				\$100,000 STEELS STATE OF STATE
****	dia tutto de la companya del companya de la companya del companya de la companya del la companya de la companya					ALL AND ALL AND AND AND AND AND AND AND AND AND AND	Authoritett Transport
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P ~ P	resence A = Absence	1	<u></u>			<u>L</u>	ALLES OF ANY CONTRACTOR

These sest results meet all the requirements of NELAC.

Trish Jackson. Presignt

684.3.2

•	T, INC aboratory		103	NELĄP CERT	ification	g81105	- 350-234-6668
Collector : L.B Sample Site (lo	Big Daddy Dr. Panama unch cality or subdivision lected 10-17-02 082	Coll on) : Distribu	Lector	ty Bay Phone # 40		DEP Dist	
Nontransie Bottled wa Type of Sample Received in Lab	: XXX Community water nt-noncommunity water terOther public : XXX ComplianceWell Survey : 10/17/02 1406CS3 XX MTFMMO-MUC	er system lic water systRepeatOther (Spe	Priv cem Repla e cify)	ate well cement	Swin	mming Pool	
Coll Sample R	: Address				Analysis Result	Confirmed Total	Confirmed Fecal
1 1063 Bay	Cir.	0.7	7.3	202746	l A		
2 1045 Bay	Cir.	0.7	7.3	202747	A		
= Presence	A = Abse	nce				 	

These test results meet all the requirements of NELAC.

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

	TER SPIGOT, INC nmental Laboratory						
บอกสเพล	Tighway 22 a City, Florida 32404	n\ 871 - 93		ELAP CERT	IFICATION	E81105	
System	71-1900(850)871-1901FAX (850)	S	узсөт 1		6 Syste	m Phone# 8 DEP Dist	50-234-6668 rict NW
Collec	ss : 6325 Big Daddy Dr. Panama City ctor : R.Wise Site (locality or subdivision) : & Time Collected 11-25-02 1200-121	Coll Distribu	ector 1	Phone # 40	7-869-1919	l	
ľ	of Bupply : XXX Community water sys Nontransient-noncommunity water sys Bottled waterOther public wa	tem _	Priv	munity wat ate well	er system \$win	nming Pool	
Type	of Sample : XXX Compliance Repe Well Survey Ot	at hør (Spe	Repla cify)				N. D (12)
Recei	ved in Lab : 11/25/02 1240CST D: MF XX MTF MMO-MUG	By EP	A	nalysis Be PA	igun 11/25,	/02 1320Ci	ET BY CK
	Sample Point Specific Address	CL2 Res'd		Sample Number		Confirmed Total	
1	6325 Big Daddy Dr.	0.8	7.5	205520	A	 	
2	917 Marina Dr.	0.8	7.5	205521	A		1
-,			, **********************************	\ 	 -	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
and the second distribution of the second		- 1	1		{ -1	1	
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M.R.C. C.			l				
	-1	1		1	1	1	
	1]	
							e To
	Presence A = Absence					D.E.	P.
These	test results meet all the requirer	ments of	NELAC.	da	Dapo.	J	
		Tris	h Jacks	on. Presid	dent		

PAGE 12/16/02 10:08am P. 001

694.3.2

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 System Name: Bayside Utilities, Inc. Syst NELAP CERTIFICATION E81105 System ID# 1034016 System Phone# 850-234-6668 Address: 6325 Big Daddy Dr. Panama City Beach, FLCounty Bay Collector: G.Patterson Collector Phone # 407-869-1919 DEP District NW 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 Received in Lab: 12/14/02 0965CST By CR Analysis Begun 12/14/02 0966CST By CR Analysis By CR Analysis By CR Analysis By CR Analysis By CR By C Analysis Begun 12/14/02 0956CST By CR Sample Point CL2 Res'd COLL |Analysis|Confirmed|Confirmed |Sample Specific Address pH Number Total No. Result Feca1 7103 Sunrise Dr. 2.3 7.4 207169 ī Α 6511 Sunrise Dr. 1.9 7.4 207170 Α P - Presence A - Absence These test results meet all the requirements of MELAG. Trish Jackson, Preside

DRINKING WATER - BACTERIOLOGICAL ANALYSIS

THE WATER SPIGOT, INC Environmental Laboratory 5806 Highway 22

Panama City, Florida 32404

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

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

Collector : Riane Wise Collector Phone # 407-869-1919

Sample Site (locality or subdivision) : Distribution

Date & Time Collected 12-11-02 1250

pe of Supply : XXX Community was Nontransient-noncommunity was Bottled waterOther pu	ater system	Priv	munity wa vate well	ter system	n imming Poo)]
pe of Sample : XXX Compliance Well Survey	Repeat Other (Sp	Repla	-			
eceived in Lab: 12/11/02 13400 THOD: MF XX MTF MMO-	CST By EP	Δ	malysis B	egun 12/11 A	1/02 1400	OCST BY CR
oll Sample Point						ed Confirmed
). Specific Address	Res'd	pH	Number	Result	Total	Fecal
6527 Sunrise Dr.	1.2	7.8	206775	i A	} 	
821 Linda Ln.	1.5	7.5	206776	1 A		1
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P = Presence

A = Absence

These test results meet all the requirements of NALAC.

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

25.30-440(4) Operation Reports

Test Year Ended December 31, 2002



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

INS	STRUC	TIONS: See	Page 2.							
1.	GENE	RAL WATE	ER SYSTEM INFO	ORMATION F	OR THE M	ОПТН	YEAR OF	January	100€	7
• \$	ystem	Name:	Bayside Utili	ty Service	s, Inc.			PWS Identification		16
_	lame:	Utiliti	es, Inc. of H	lorida				Telephone No.: (407) 869-1	919
A	Address	: 200 Wea	thersfield Av	enue				W. s. s. s. s. s. s. s. s. s. s. s. s. s.		
			te Springs					State: <u>FL</u> Zip	Code: <u>3271</u>	4
• 8	System	Type: 🖾 co	mmunity; 🗆 non-tr	ansient non-co	ommunity; 🗆	non-d	ommunity	Served at End of N	40-m. 104	37)
	10. Of S	service Conf	nections at End of	Month:	00	lotal	Population :	Served at End of h	Nonth:	,
	SUM	MARY OF	DAILY DATA FOR	THE MONT	H/YEAR O	= 1	anyaru	100-6		
								Name of Street, or other Designation of the Owner,		
			isinfectant Maintair	ned in Distribut	tion System	: XX fre	e chlorine;	☐ combined chlori	ne (chloramine);
			Nata for Months							
Г	Junina	iry or Daily L	Jata for Month:		I	1		and the second s		
		Residua	al Disinfectant in Distribut	on System			Residu	al Disinfectant in Distribut	ion System	
System Na System Ov Name: Address: City: System Ty No. of Ser II. SUMM. Type of Re Chlorine Summary Day of the Month Co	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)	or Abriormal	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	
İ	1	1.1				17	1.0			
	2	10				18	1.0			
	3	1.2				19	D			
	4	1.3				20				
Ì	5	1,3				21				
ĺ	6					22	1.0			
ĺ	7					23	0			
[8	0 '				24	1,0			
	9	1.1				25	1.1	2	0.3	ļ
	10	1.0'				26	1,0			,
	11	1.0				27				
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	13					29	10		1	
	14					30	10			
	15	103				31	1.0		***************************************	
	16	1.1				Total				

200	AUDIE A										_ /			
2000		A 77. A		_		CHAIRIES	AM ALIE	THORIZED	DEDDECE	ニトリティデリソ	$- \cap c \wedge$	/ A T E D	CVC	$\Gamma = N$
211		$\leq 1 \land$	411 THE	201	. H Y	() VV NI - H	$OR \Delta O$			FINITALIV		/AIGN	010	
4.5		_ , _												
	tick for													

I, the undersigned owner or authorized representative* ofBa	ayside Utility Services, Inc.
certify that, to the best of my knowledge and belief, the informati	ion provided in this repect is true and accurate.
Dalrad Poltas 2-9-01	Robert Potter Derator
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. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH YEAR OF	February 2001
System Name: Bayside Utility Services, Inc. System Owner	PWS Identification No.: 1034016
Name: <u>Utilities</u> , Inc. of Florida Address: 200 Weathersfield Avenue	Telephone No.: (407) 869-1919
City: Altamonte Springs	State: FL Zip Code: 32714
	Served at End of Month: 1050
II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF FUNDAR	2001

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

!	Residua	al Disinfectant in Distribut	ion System	Reported Emergency or Abnormal Operating Conditions		Residu	al Disinfectant in Distribut	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)		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 Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)
1					17				
2	0:1				18				
3					19	1.3			
4					20	1.0			
5	1,10				21	1.0			
6	1.0				22	1.1	2	0.5	ļ
7	0.9				23	1.3			
8	0				24	•			
9	1.0				25				
10					26	10			
11					27	1.3			
12	1.3				28	1.0			ļ
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 authoriz	ed representative* of	Bayside Utility Services, In	ıc.
certify that, to the best of my knowledge	ge and belief, the infor	mation provided in this report is true and	accurate.
Thaten total	3-2-01	mation provided in this report is true and	D.Deratos
Signature and Date		Name and Title (please type or p	rint) V

^{*} Attach a letter of authorization.



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

INSTRUCTIONS: See Page 2.

I. GENE	ERAL WATE	ER SYSTEM INFO	ORMATION F	OR THE M	ONTH	YEAR OF	March	2001		
 System 	Name:	Bayside Utili	ty Service	s, Inc.			PWS Identification	n No.: 10340	16	
	Utiliti s: 200 Wea	es, Inc. of Hathersfield Av	florida venue				Telephone No.: (***************************************		
City: _		ite Springs	····				State: <u>FL</u> Zip	Code: 32/1	4	
		mmunity; non-tr					Served at End of N	Month: 105	Ō	
♥ 100. Of 3	Service Con	nections at End of	MOITUI,		_ IVIAI	ropulation	Served at Life Of the	71011u1.	<u> </u>	
II. SUM	MARY OF	DAILY DATA FOR	THE MONT	H/YEAR OI		Narch	2001			
• Type of	f Residual Di	isinfectant Maintair	ned in Distribut	tion System	: XX free	e chlorine; i	combined chlori	ne (chloramine);	
	rine dioxide			·						
• Summa	ary of Daily D	Data for Month:								
	Residua	al Disinfectant in Distributi	on System			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	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 Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Errargancy or Abnormal Operating Conditions
1	1.3				17				L	
2	10				18					
3					19	13				
4					20					
5	10				21	· 0				
6	10				22	LD.				
7	1.5				23	109			<u> </u>	
8	1.3				24				1	
9	1.0				25		ļ	ļ		
10					26	0.7				
11					27	0			 	
12	1.0				28	0.9				
13	1.5				29	0.3		<u> </u>	 	
14	1-0				30	0.5				
15	1.0	2	1.0		31	***************************************	<u></u>			
16	1.7				Total		8			

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 infor	rmation provided in this report is true and accu	urate.
Hover Gotton 4-3-01	Yoser Yotel	Operator
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

STRUC	TIONS: See	Page 2.							
GEN	RAL WAT	ER SYSTEM INFO	ORMATION F	OR THE M	ONTH	YEAR OF	Brack	2-001	
System	Name:	Bayside Utili	ty Service	s, Inc.			PWS Identificati		16
	Owner								
Name:	Utiliti 200 Wea	es, Inc. of Fathersfield Av	lorida Jenue	·····			Telephone No.:	(407) 869-1	919
City:		ite Springs	Citae		×		State: FL Z	ip Code: 3271	4
System	Type: M cor	mmunity: non-tr	ansient non-c	ommunity; C	non-c	ommunity			
No. of S	Service Con	nections at End of	Month:	0	Total	Population :	Served at End of	Month:	
. SUM	MARY OF	DAILY DATA FOR	R THE MONT	H YEAR OI	=	(Pril	2001		
-			1: 0: 1:	. 0					\-
• •	i Residual Di i ne dioxide	isinfectant Maintair	ned in Distribut	tion System	: AA TO	e chiorine;	⊔ combined chio	rine (chioramine);
		Data for Month:							
		al Disinfectant in Distributi	ion System			Residu	al Disinfectant in Distrib	ution System	
	Lowest	No. of Instances	Lowest Residual	Reported	D	Lowest	No. of Instances	Lowest Residual	Reported Emergency
Day of the	Residual Disinfectant	Where Residual Disinfectant	Disinfectant Concentration at	or Abnormal	Day of the	Residual Disinfectant	Where Residual Disinfectant	Disinfectant Concentration at	or Abnormal
Month	Concentration at Remote Point (mg/L)	Measurements Taken at Total Coliform Sempling Points	Total Coliform Sampling Points (mg/L)	Operating Conditions	Month	Concentration at Remote Point (mg/L)	Measurements Taker at Total Coliform Sampling Points		Operating Conditions
1			W-5-7		17	₽.5			
2	0.8		_		18	06			
3	(A3				19	0.7			
4).5				20	9.8			ļ
5	0.4				21				<u> </u>
6	04				22	17 7			
7		-			23	0.3			
8			-		24 25	0.7			
10	10.5				26	12	2	03	
11	r 5			-	27	10		 	
12	03				28				
13	0)				29				i
14					30	0.9			ļ
15					31				***********
16	0.5				Total				
	ATENENT I			DEDDECE	NITATI	VE OF WA	TED CVCTEM		
/ 100		BY OWNER OR A	<u>. 63. –</u>						
I, the	undersigned	owner or authorize	ed representat	ive* of Ba	yside	Utility	Services, I	nc.	
ertify th	at, to the be	est of my knowledg	je and belief, t	he informati	on prov	ided in this	report is true and	accurate.	
JA AK	yest.	Potton	5-3-01		X	obert	49tte	Opera	tor
anatur	e and Date	<u> </u>			Nan	ne and Title	(please type or p	orint) \	

Attach a letter of authorization.

REGfiles: 4/97



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

INSTRUCTIONS: See Page 2.

le	GENE	ERAL WAT	ER SYSTEM INFO	ORMATION F	OR THE M	ОИТН	YEAR OF	may	7001	
• \$	ystem	Name:	Bayside Utili	ty Service	s, Inc.			PWS Identification	n No.: 10340	16
1	lame: Address	s: 200 Wea	es, Inc. of E	florida venue	111.10	Telephone No.: (407) 869-1919				
City: Altamonte Springs State: FL Zip Code: 32							Code: <u>3271</u>	4-		
System Type: ☑ community; ☐ non-transient non-community; ☐ non-community No. of Service Connections at End of Month:										
11.	SUM	MARY OF	DAILY DATA FOR	THE MONT	H/YEAR OI		navi	2001		
 Type of Residual Disinfectant Maintained in Distribution System: ₩ free chlorine; □ combined chlorine (chloramine); □ chlorine dioxide Summary of Daily Data for Month:);
		Residua	al Disinfectant in Distributi	on System			Residu	al Disinfectant in Distribut	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					17	1.0			
	2	2.7				18	I,D			
	3	1.0				19				
	4	1.D				20				
	5			1	1	21	10			1

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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	ation provided in this report is true and according to the control of the control	irate. 1906 Cato
	6-'-01	Robert totte	Operator
Signature and Date		Name and Title (please type or print)	\ .

Attach a letter of authorization.

PCF-1 000033

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

NS7	TRI.	ICTI	ONS:	See	Page	2.
1110	111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U11U.	000	1 040	-

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH YEAR OF	June 2001
• System Name: Bayside Utility Services, Inc.	PWS Identification No.: 1034016
• <u>System Owner</u> Name: <u>Utilities, Inc. of Florida</u> Address: <u>200 Weathersfield Avenue</u>	Telephone No.: (407) 869-1919
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:	Served at End of Month: 1050
II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF JUNE	2001
The state of Division and the state of the s)

- 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				Residue					
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	[O.]				17				
2					18	[.]			
3					19	1.1			
4	1-0.				20	1:0			
5	1.0				21	0.7			
6	(.D -				22	0.3			
7	1.0				23				
8	[J.]				24				
9					25	0.6			
10					26	OS 08			
- 11	0.8				27	0.4			
12	ادا				28	0.7	2_	<i>D</i> .1	<u> </u>
13	i è				29	0.7			<u> </u>
14	1.0				30			ļ	
15					31			000000000000000000000000000000000000000	annin minin
16					Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* ofBa	yside Utility Services, Inc.
certify that, to the best of my knowledge and belief, the information	on provided in this report is true and accurate.
Signature and Date	Name and Title (please type or print)

PCF-1 000034

Attach a letter of authorization.



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

IN:	STRUC	TIONS: See	Page 2.							
I.	GENE	RAL WATE	R SYSTEM INFO	DRMATION F	OR THE M	ONTH	YEAR OF	July 2	1001	
• {	System	Name:	Bayside Utili	ty Service	s, Inc.			PWS Identification	n No.: 10340	16
1	Name: Address	: 200 Wea	es, Inc. of Fi thersfield Av	lorida enue				Telephone No.: ((407) <u>869</u> –1	919
. (City:	Altamon	ite Springs				•.	State: FL Zip	Code: <u>3271</u>	4
• :	System No. of S	Type: थ cor Service Conr	mmunity; □ non-tractions at End of	ansient non-co Month: <u>30</u>	ommunity; C	i non-c _ Total	ommunity Populatio n (Served at End of N	Month: 1050	<u> </u>
	. SUM Type of □ chlor	MARY OF I Residual Di ine dioxide	DAILY DATA FOR	R THE MONT	H YEAR O	- Ju	nly a	-00/		
• :	Summa		Data for Month:	on System			Residu	at Disinfectant in Distribut	ion System	
	Day of the Month	Lowest Residual Olsinfectant 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	0.7			
	2	0.9				18	ט ל			
	3	0.25				19	0.7	2	0.\	
	4	n. 🥎				20	1.0			
	5	1:2				21				
	6	1. û ·				22				
	7					23	0.8			
	8					24	30. 7			
	9	1.0				25	0.7			
	10	1.0				26	0.5			
	11	J. D				27	0.7			
	12	6.1				28				
	13	6.7				29				ļ
	1	,		l .		11	1 40 0	1	1	1

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of certify that, to the best of my knowledge and belief, the info	Bayside Utility Services, Inc.	
certify that, to the best of my knowledge and belief, the info	rmation provided in this report is true and accurate.	
thatest Patter	Name and Title (please type or print)	
Signature and Date	Name and Title (please type or print)	

31

Total

1.0

PCF-1 000035

15

^{*} Attach a letter of authorization.



N	Treat Their Water Systems that Do Not								
INSTRUC	TIONS: See	Page 2.							
I. GENE	ERAL WAT	ER SYSTEM INFO	ORMATION F	OR THE M	ONTH	YEAR OF	80 Arkir	7 200)
 System 	Name:	Bayside Utili	ty Service	s, Inc.			PWS Identification		
• System	Owner								
Name:	Utiliti	<u>les, Inc. of E</u> thersfield Av	<u> Ilorida</u>	<u> </u>			_Telephone No.: <u>(</u>	407) 869-1	919
City:		ite Springs	rende				State: FL Zip	Code: 3271	4
		mmunity; □ non-tr	ansient non-co	ommunity;	non-c	community	- Oldio 21	7 00d0. <u>3272</u>	-
• No. of S	Service Con	nections at End of	Month:		Total	Population:	Served at End of N	Month:	
III SUM	MARY OF	DAILY DATA FOR	R THE MONT	H-YEAR O	=	Auguel	- 200		
		isinfectant Maintair	ned in Distribut	tion System	: XX fre	e chlorine;	□ combined chlori	ne (chloramine);
	rine dioxide erv of Dailv (Data for Month:							
	1				f				
•	Residua	al Disinfectant in Distributi	on System			Residu	al Disinfectant in Distribut	ion System	Reported
Day of	Lowest Residual	No. of Instances Where Residual	Lowest Residual Disinfectant	Reported Emergency	Day of	Lowest Residual	No, of Instances Where Residuai	Lowest Residual Disinfectant	Emergency
the Month	Disinfectant Concentration	Disinfectant Meastrements Taken	Concentration at Total Coliform	or Abnormal Operating	the Month	Disinfectant Concentration	Disinfectant Measurements Taken	Concentration at Total Coliform	or Abnormal Operating
	at Remote Point (mg/L)	at Total Coliform Sampling Points	Sampling Points (mg/L)	Conditions		at Remote Point (mg/L)	at Total Coliform Sampling Points	Sampling Points (mg/L)	Conditions
1	0.7	Company Com	(11924		17	0.3	7-19		
2	27				18				
3	1.0				19				
4					20	0.3		<u> </u>	
5	•	14			21	0.3			
6	1 0				22	0.2			
7	97	<u> </u>			23	23			
8	2.3 8.3	<u> </u>			25	100-			1
10	0.7				26				
11	L'				27	0.3			
12				1	28	03			

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

0.2

I, the undersigned owner or authorized	representative* of Bay	side Utility Services,	Inc.
certify that, to the best of my knowledge	and belief, the information	n provided in this report is true ar	nd accurate.
certify that, to the best of my knowledge	9201	Later Dotto	DOEGOTAL
Signature and Date	Lant	Name and Title (please type or	print)
orginature and bate		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • •

29 30

31

Total

PCF-1 000036

13

14 15

16

^{*} Attach a letter of authorization.



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

INSTRUCTIONS:	See	Page	2.
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I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH YEAR OF	Scotember 2001
• System Name: Bayside Utility Services, Inc.	PWS Identification No.: 1034016
• System Owner Name: Utilities, Inc. of Florida Address: 200 Weathersfield Avenue	Telephone No.: (407) 869-1919
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:	Served at End of Month: \050
II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF	Dec 2001
● Type of Residual Disinfectant Maintained in Distribution System: ※※ free chlorine; □ chlorine dioxide	□ combined chlorine (chloramine);

Summary of Daily Data for Month:

Residual Disinfectant in Distribution System		ion System			Residu				
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	0.3			
2					18	0.5			· .
3	0.2				19	0.3			
4	0.2				20	i Q	2	0. D	
5	0.2				21	1.0			
6	0.2				22				
7	0.2				23				
8					24	0.)			
9					25	11.5			
10	0.4				26	1.0			
11	0.3				27	1.0			
12	0.3				28	05			
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* ofBay	side Utility Services, Inc	· .
certify that, to the best of my knowledge and belief, the information	n provided in this report is true and a	accurate.
Signature and Date	Robert Rotter O Name and Title (please type or prin	Decator
Signature and Date	Name and Title (please type or prin	rkt)

PCF-1 000037

^{*} Attach a letter of authorization.



Monthly Operation Report for Consecutive Public Water Systems that Do <u>Not</u> Treat Their Water

INSTF JCTIONS: See Page 2.

	JUNO. S								
I. cl≡k	ERAL WAT	ER SYSTEM INF	ORMATION F	OR THE	TNON	HIYEAR OF	JANUAR	Y 2002	idinidii at at tuti
• Systa	m Name : B m Owner	ayside Utility 9	Services, Inc				PWS Identi	ification No.: 1	5 34 8%
Name	: Baysicle	Utility Services					Telephone N	o.: 407/869. 1:	84 3
	ess: 200 We Altamo <u>nt</u> e	eathersfield Av	enue				State: FL Zip	Code: 3274#	
· Systa	m Type: 🔀c	ommunity; non-t			non-	community	State. The alp	Code, 327 14	
		nnections at End				Tot	al Population Se	rved at End of	Monsts "** '
	MINARY OF	DAILY DATA FO	OR THE MONT	H/YEAR	OF	JANUA	RY 2002		
• Typ∈ chlo	of Residual	Disinfectant Mair Data for Month:				free chlori	ne; combined c	hlorine (chlora	mine);
	Residual Disinfectant in Distribution System					Residual I	Disinfectant in Distrib	ution 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)	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 Collform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Open ting
<u>.</u>					17 18				
3					19		***		
۷۱.					20				
Ei Ei					21			<u> </u>	
7			<u> </u>		23	1.7			
ξ.	+		1		24	1.50			
Éi	v ~				25	1.8			
1)					26				
11					27				
1.2					28	1.4		 	
1.4	**			 	30	0.2		 	A. m spt.
15					31	1.0	2	1,3	
16					Total		2		
I, the	undersigne	BY OWNER OR downer or authorest of my knowle	rized represen	tative* of I	Baysi	de Utility S	ervices, Inc.,	and accurate.	A CONTRACTOR OF THE CONTRACTOR
Signati	ire and Date		-13-02				? Pangesow Je le (please type o		9 .72/ed.

DEP Form 62-555,900(4) Effective Discember 10, 1996

* Attach a letter of authorization.



Monthly Operation Report for Consecutive Public Water Systems that Do Mail Treat Their Water

INSTRUCTIONS: See Page 2.

ERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF FEBRUARY/2002 System Name: Bayside Utility Services, Inc. " System Owner PWS Identification No.: 1034018 Name: Bayside Utility Services, Inc. Address: 200 Weathersfield Avenue Telephone No.: 407/869.1919 On/: 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 Eng of Argan, 1718

UMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

FEBRUARY /2002

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

· Summary of Daily Data for Month:

Cray of the Month	Residual Disinfectant in Distribution System			Reported		Residual Disinfectant in Distribution System			Andrews of the second of the s
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L) O.8	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	Lowest Residual Disinfectant Concentration	No. of Instances Where Residual Disinfectant Measurements Taken at Total Collform Sampling	Lowest Resignal Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	of Abron g
2					17		Dalain		
					18	0.8			
a	2.5				19	1.0			
5	2.7				20	0.4			
6	1.0				21	1.8	2	0.3	
	0.8				22	09			
8	0.8		-		23				
9					25				
10					26	1.5			
11	0.5				27	0.9			
12	1.0				28	2.4			
13	28				29	6.9			
15	Rela				30				-
	1.2				31				
16					Total	IIIIIIIII		Thuman in	7.7777 F. 5

TEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

the understand owner				
I the undersigned owner or at certify that, to the best of my known	uthorized representative	of Bayside Utility	Continen Imm	
certify that, to the best of my known	Owledge and helief the	information associated	services, inc.,	
1 000	The second second in the	imormation provided	in this report is true an	d accurate.
- Siens & Galling la	3-8-02		,	

A sould my knowledge and belief,	the ir
Signature and Date 3-8-02	
Signature and Date	

GEORGE R. PANTERSON JE / REPRESENTATIVE Name and Title (please type or print)

* Attach a letter of authorization.

DEP Forti 62-555.900(4) Effective December 10, 1666

Page 1



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

INSTRUCTIONS: See Page 2.

I CENEDA!	こいハナドウ ぐくぐてだい いご	FORMATION FOR	THE MONTH/YEAR OF

MARCH /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: **M**community; non-transient non-community; non-community

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

Total Population Served at End of Month: 718

IL SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

MARCH /2002

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

Summary of Daily Data for Month

	Residual I	Residual Disinfectant in Distribution System				Residual Disinfectant in Distribution 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 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	1.5				17				
2					18	0.8			
3		· · · · · · · · · · · · · · · · · · ·			19	1.2			
4	1.0				20	0.4			
5	0.8				21	0,9		 	ļ <u> </u>
6	0.8				22	0.9			
7 8	05		<u> </u>		23				
9	1.2	**************************************			24				<u> </u>
10					26	1.0			
11	0.7				27	1.0			
12	10				28	1.3	2	1.0	
13	1.2				29	1.0			-
14	0.8				30		- I I I I I I I I I I I I I I I I I I I		
15	Re Ge				31				
16					Total		7		9////////

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

1-13-02

	owner of authorized represent		
certify that, to the bes	t of my knowledge and belief,	the information provided	in this report is true and accurate

Signature and Date

GEORGE R PATTERSON JE Name and Title (please type or print)

* Attach a letter of authorization

DEP Form 62-565-900(4) Effective December 10, 1996



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

Telephone No.: 407/869.1919

System Name: Bayside Utility Services, Inc.

System Owner

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

City: Altamonte Springs

State: FL Zip Code: 32714

AZRIL / 2002

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

APRIL / 2002

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

Summary of Daily Data for Month:

Sum	Residual Disinfectant In Distribution System			Reported		Residual i	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 Coliform Sampling Points (mg/L)	Emergency Abnormal Operating Conditions	the	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	0.6				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			
7				-	23	0.3			
8	1.0				24	0.5			
9	1.0				25	0.4	1	2.75	
10	0.7			4.0- 4	26	0.8			
11	0.9				27				
12	1.2				28				
13		A Laboratoria de la Companyo de la C			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 accur	ate.

GEORGE R. PATIERSON JE / LEAD OFERATOR Name and Title (please type or print)

Attach a letter of authorization.

DEP Form 52-555,900(4) Effective December 10, 1996



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

MAY/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: Dommunity; 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

Summany of Daily Data for Month

Day of the Month	Residual Disinfectant In Distribution System			Reported		Residual i	Reported		
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Collform Sampling	Lowest Reaidual Disinfectant Concentration at Total Collform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions	the Month	Residual	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	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
2	. 1.5				18				
3	1.0	- in the state of			19				
4					20	1.5			
5					21	0.8			
6	0,9				22	1.0		L. Myca page	
7	/,2_	TTO FEED AND AND AND AND AND AND AND AND AND AN			23 -	1.2-	2	1.5	
8	0.7				24	1.2		ļ	
9	1.0	17 - 14 Marian			25				
10	1,2				26				
11					27	1.0	ANILL 2011		
12					28	0.9		manufacture.	
13	0.6				29	1.0			
14	0.8	10.19			30	1.2	THE TAX AND ADDRESS OF THE PARTY OF THE PART		
15	1.5				31	1.4		(100	
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

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

* Attach a letter of authorization.

DEP Form 62-555,900(4) Effective December 10, 1996





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

PWS Identification No.: 1034016

TIME /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

Telephone No.: 407/869.1919

Total Population Served at End of Month: 718

JUNE /2002

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

• 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 Dieinfectant in Distribution System			Reported		Residual	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)	Emergency or Abnormel Operating Conditions	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residuel Disinfectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Congribus
1					17	0.7		***************************************	
2					18	0.6			
3	Dile				19	0.9			
4	0.9				20	0.5			
5	2.7				21	0.4			
6	0.7				22				
. 7	A.S.				23				
8				,	24	P14			
8		- Linux			25	0.3			
10	1.0				26	0.5			
11	0,5				27	0.7			
12	0,4				28	0.4			
13	0.4				29				
14	Dela	***			30				
15					31				
16				-	Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Signature and Date

GEDELE R PATTERSON JR/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

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: **Community: 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 MONTHIYEAR OF JULY /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 (Disinfectant in Distribution 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 Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnomnal Operating Conditions	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 Colliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions
1	0,4				17	10			
2	0.4				18	0.5			
3	Re				19	1.4			
4	1.0				20		1 7 10 10 10 10 10 10 10 10 10 10 10 10 10		
5	0.8				21				
6		······			22	0.4			
7					23	0.3			
В	12				24	2.8			
. 9	0.9				25	A.8			
10	1.0				26	11.6			
11	1.4				27				
12	0.9				28				
13		and the state of t			29	2.5			
14					30	Bet			- :
15	Rele				31	0.4	2	0.3	
16	8.5				Total		7_		<i>\\\\\\\\</i>

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

 I, the undersigned owner. 	or authorized represent	tative* of Bayside Utility	/ Services	, Inc.,
certify that, to the best of my				

Signature and Date

Name and Title (please type or print)

* Attach a letter of authorization

DEP Form 62-555,800(4) Effective December 10, 1996



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

Telephone No.: 407/869,1919

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

State: FL Zip Code: 32714

Total Population Served at End of Month: 718

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

	Residual Diainfectant in Distribution System			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 Contentration at Total Coliform Sampling Points (mg/L)	Operating	the Month	Residual	No. of Instances Where Residual Distribution 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				
2	2.5				18				
3					19	1.0			
4					20	0.7			
5	0.3				21	0.7			AURI AU
6	2.3				22	2.9			
7	0.4				23	- Oct			
8	0.4				24			 	<u> </u>
9	0.7				25				
10		- Alakanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kan			26 27	0.5			
11	20		 		28	0.7			
12	08				29	0.7			
14	D.V			**************************************	30	0.9			
15	0.4	2	0,5	<u> </u>	31				
16	0.8				Total	VIIIIIIIIIII	Z.		

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 n	ny knowledge and bellef, the information provided in this report is true and accurate.	

TRAVERSON JR/LEAD OPERATOR Name and Title (please type or print)

Attach a letter of authorization.

DEP Form 82-555.900(4) Effective December 10, 1996

Page 1



SANDY CREFK

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

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

State: FL Zip Code: 32714

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

Total Population Served at End of Month: 718

SUMMARY OF DAILY DATA FOR THE MONTH/YEAR OF

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

	Residual Disinfectant in Distribution System			Reported		Residual (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 Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (rhg/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 Abhormal Operating Conditions
1					17	1.0			
2	D.C				18	10			
3	1.2				19	2.6	2	1.0	
4	0,6				20	2.4			
5	08				21				
6	1.0		l		22				
7					23	1,2			
8	,				24	1.0			
9	42				25	1.0		<u> </u>	ļ
10	0.9				26	28		<u> </u>	
11	1.0	The state of the s			27	0.4			
12	1,2				28				
13	0.9				29	. Appropriate			<u> </u>
14					30	1.0			
15					31		-1		
16	0.13				Total		,		<i>V////////////////////////////////////</i>

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

I, the undersigned owner or authorized representative* of	of Bayside Utility Services, Inc.,
certify that, to the best of my knowledge and belief, the info	ormation provided in this report is true and accurate.
Signature and Date	LEDGUE P PARTIES OF TELESP OPERATOR
Signature and Date	Name and Title (please type or print)

* Attach a letter of authorization.

DEP Form 62-565.900(4) Effective December 10, 1996

Page 1



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

System Name: Bayside Utility Services, Inc.

System Owner

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

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: 718

State: FL Zip Code: 32714

Telephone No.: 407/869,1919

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

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

Summary of Daily Data for Month:

	Residual Disinfectant in Distribution System					Residual Disinfectant in Distribution System			
Day of the	Lowest Residual	No. of Instances Where Residual	Lowest Residual	Reported Emergency or	athe	Lowest	No. of Instances Where Residual	Lowest Residual	Reported Emergency or Abnormal
Month	Disinfectant Concentration at Remote Point (mg/L)	Disinfectant Measurements Taken at Total Collform Sampling	Concentration at Total Coliform Sampling Points (mg/L)	Abnormal Operating Conditions	Month	Disinfectant Concentration at Remote: Point (mg/L)	Disinfectant Measurements Taken at Total Collform Sampling	Concentration at Total Coliform Sampling Points (mg/L)	Conditions
1	0.4	Admitted at the second	nakatikin na matana istikkin manaka kana da	alending a configuration of	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	B.7			
7	1.0				23	8.5			,'d
8	1.7				24	2,9			
9	_27				25	0.5		<u> </u>	
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	115			
16	0.4				Total		ノ		

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

i, the undersigned owner or authorized	i representative" of Bavside (Julity Services, Inc.
certify that, to the best of my knowledge	and belief, the information pro-	vided in this report is true and accur

Signature and Date

GEALGE RETURNED ON LEAD WESTERNICK Name and Title (please type or print)

Attach a letter of authorization.

DEP Form 62-555.900(4) Effective December 10, 1996



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

NOV / 2002

System Name: Bayside Utility Services, Inc.

System Owner

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

City: Altamonte Springs

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

No. of Service Connections at End of Month: 287

Telephone No.: 407/869.1919

PWS Identification No.: 1034016

State: FL Zip Code: 32714

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

Summery of Daily Data for Month:

	Residual Disinfectant in Distribution System			Reported		Residual I	ution System	Reported	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Distrifectant Measurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency of Abnormal Operating Conditions	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		7. Martin Sandard St. 1917 (1917) Angliston on Sandard St. 1917 (1917)			19	0.8			<u></u>
4	1.0			ļ	20	0.7		<u> </u>	
5	0.5				21	1,0			
7	0.5		And the second s	 	23	0.8			
8	0.8				24				
9		A CONTRACT OF THE PROPERTY OF			25	0.4	2	0.8	
10					26	0.4			
11	0.7				27	1.0			
12	1.1				28	0.5			
13	0.8			ļ	29	0.8			<u> </u>
14 15	1.0		<u> </u>		30				
16	0.6				31 Totaí	VIIIIIIIIII		Villian III	anninini

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

 the undersigned owner or aut 	thorized representative* of Bays	ide Utility Services.	, inc.,
certify that, to the best of my know	wledge and belief, the information	n provided in this repor	t is true and accurate

GEORIE R PATERION JR LEAR PROTOR Name and Title (please type or print)

* Attach a letter of authorization

DEP Form 62-555.900(4) Effective December 10, 1996



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

INSTRUCTIONS: See Page 2.

	NEORMATION FO	and the same of th	1111/E & D (AP)
 **************************************			HIVE AR INC
1 E E Z Y Z I E IVI I	MEDIKIWA INDA		

PWS Identification No.: 1034016

System Name: Bayside Utility Services, Inc.

Telephone No.: 407/869.1919

 System Owner Name: Bayside Utility Services, Inc.

Address: 200 Weathersfield Avenue

State: FL Zip Code: 32714

DEC.

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

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

1002

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

Sumi	nary or Daily	Data for Month:			1				
	Residual Disinfectant in Distribution System			Reported		Residual Disinfectant in Distribution System			Reported
Day:of the Month	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Méasurements Taken at Total Coliform Sampling	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Emergency or Abnormal Operating Conditions	the Month	Residual	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					17	0.9			
2	1.1				18	2.4			
3	1.5	4			19	0.9			
4	0.8				20	1.0			
5	40	10 A A A A A A A A A A A A A A A A A A A			21				
6	1.0				22				
7				ļ	23	1.3			
8	7				24	1.0		ļ	
9	1.1.				25				, n. e
10	1.0				26	Q.le			
11	0.9		1.2		27	28			
12	4				28				
13	1.2	**************************************			29				
14					30	0.8			
15					31	0.5			
18	25				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.

nature and Date

GEORGE R PATTERON IK. LIGAR OPERATER Name and Title (please type or print)

Attach a letter of authorization.

DEP Form 62-555.900(4) Effective December 10, 1996

Docket No. 030444-WS

25.30-440(5) Inspection Reports



Jeb Bush Governor

Environmental Protection

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

Phone: (850)-872-4375

Fax: (850 872-7790)

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.

Environmental Administrator

GLS:kb

cc: John Pope - DEP Pensacola George Patterson



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SANITARY SURVEY REPORT-

	Соммин	ITY SYST	E M S	
SYSTEM AND	OWNER INFORMAT	ION		
System Bayside	Utility Services, Inc	. County	Bay PWS ID	# 1034016
Address 7104 Big	Daddy Drive		City Panama (City Beach
Phone (850) 234-6	6668 Fax	Email		-
Owner Bayside U	tility Services, Inc.		Phone 1-80	00-272-1919
	chersfield Avenue, Al	tamonte Springs, FL 3	2714	
INSPECTION A	AND CONTACT INF	ORMATION		
Date of this inspection	October :			ugust 30, 2001
Person(s) Contacted	Mr. George Patters		Pager/Cell	
Certified Operator:	es No Not Required	Certified operator(s) and cert #	Not requi	red
	and the same of th	TRAIN .	MER MARTITE '10	
DIRECTIONS	O PLANT OR OFF	I C E (provide general directions	to the office and/or plant)	
		oast Hathaway take a righ		oout 1 mile,
take a right on	Big Daddy Drive, the sub	xdivision is on the right	•	
SERVICE ARE	Λ	EMERGEN	ICY MEDIA CONTACT NUM	IBERS
Service Area Characterist			NAME	
Col vice / i ca cital actorist		Television	The state of the s	
Population Served	718 Basis Cen	sus Radio FM		
Service Connections	287 % Metered	1.00 Radio AM		(050) 515 5000
	N/A	*Newspaper ::-	NEWSHERALD	(850)747-5000
Design Capacity (gallons)	N/ FL		Y POWER REQUIREMENT	<u></u>
Storage Capacity	N/A		Power Plan: Yes No	☐ Not Required
(gallons)	•	Auxiliary Su	pply Percentage of Max. Day _	N/A
	/A % Design Capacity	N/A Auxiliary equi	ipment operated under load 4	☐Yes ☐No
(GPD)		Commenter	N/A	
Ave Day (GPD) N	% Storage Capacity	N/A	UXILIARY POWER USED	
				Portable Aux Motor
PERMANENT SOUR	CES OF RAW WATER:	t-m-4	nt Electric Power P	ortable Electric
☐Ground* F	low Many Wells	Power	nects (1070014 and	
Surface**	Source	GPM)		
⊠Purchased***	PWS No. 103005		<u></u>	
	N USE AT THIS PL		LL THAT APPLY)	
Aeration	E.D.	☐Iron Removal	pH Adjustment	Chlorination
Filtration Recarbonation	☐Lime Softening ☐Settling	☐T&O Control ☐Chlorination-Post	Chlorination- <u>Pre</u> Fluoridation	Filt. Hi-Rate Reverse Osmosis
Zeolite Softener	Coagulation	Orthophosphate	Aqua Mag	Other-Specify
Any additional treatment i	•	, .	· •	N/A

DISTRIBUTION	SYSTEM						
Material of mains?	PVC	System looped?	Yes	Any fire hydra	ints < 6" lines?	☐Yes ⊠Nσ ☐N/A	
Operation pressure	55 psi	Max. pipe diameter _		6"	_ Min. pi	pe diameter 3/4"	
Number of dead ends	0	How often flushed?	Mont	thly	Blowoff lin	es below grade None	
Chlorine & pH	Remote 1	Remote 2	2	Remo	ote 3	Remote 4	
Chlorine Residual	1.1						
pH Location	2153 Big Daddy Dr	-					
CROSS CONNEC	TION CONTROL					-	
Written Cross Connection Co			Comr	insta		ention device each service	
Frequency of Testing?	Tracking used: The tracking used:	lard Copy ☐CPU		# of BFDs: _	BFD on Hyd	Irant Meters? ☐Yes ☐No	
Date of Last Audit (commerci	al or residential):	Name of Cert	ified BFD T	ester:			
COMPLIANCE M	ONITORING						
Compliance Schedule:		rs are due during the	year sho	own.			
Nitrate/Nitrite	Inorganics		UOC Gr			Secondaries	
VOCs Radiologicals	Pb & Cu PCBs/Pesticides	2002	UOC Gr		-	THMs Asbestos	
System out of compliance with						1 10000100	
Violations of sampling or MCI	requirements:						
Bacteriological Sampling P	lan Contains:	Schedule Procedure	s \square M	lap 🗖 C	Contacts	☐No Plan on File	
Laboratories utilized by wa							
Laboratories utilized by water system System Lab State Lab Contract Lab- lab name: The Water Spigot							
In the space below, give	e a rough sketch of the flo	ow diagram of the pla	nt, showi	ng all importa	ent parts of the	ne 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 NATURAL 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 #	<u>Description</u>	VIN#	Owned or Leased	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.

PCF-1 000067

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BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

25.30-440(10) Customer Complaints

```
SUBDIVISION :. 00694
COUTE
ERVICE ORDER# :. 591661
CCOUNT# :. 00694001130;
USTOMER NAME :. ,
SERVICE ADDRESS:.
)DATE :. 02/04/02
YPE.
                1. 36
OPER
COMMENT
               :. PAGED TO DAVID SWIFT
                WILLIAM 850-233-5904 HAS A SEWER BACK-UP.
ESOLUTION : LINE FULL OF GREASE.
                , FIXED
               . SWIFTY/FT 2:20 PM
:. 02/04/02
STACS
              :. 00694
NOISIVIGAUS
ETUCS
RERVICE ORDER# 1. 593270
ACCOUNT# :. 006940011651
TUSTOMER NAME :. ,
SERVICE ADDRESS:
           :. 02/11/02
:. 36
CEACC
STYPE
TOPER

CUSTOMER CALLED AND STATED THAT HE HAVE A CLOGGED SEWER

PAGED DAVID S

CUSTOMER CALLED AND STATED THAT HE HAVE A CLOGGED SEWER

COMMENT

CUSTOMER CALLED AND STATED THAT HE HAVE A CLOGGED SEWER

CUSTOMER CALLED AND STATED THAT HE HAVE A CLOGGED SEWER
                 . DT/FT
SDATE
               1. 02/11/02
SUBDIVISION :. 00694
                . .
SERVICE ORDER# :. 594117
ACCOUNT# :. 006940000000
CUSTOMER NAME :.,
SERVICE ADDRESS:.
        :. 02/12/02
STACC
TYPE
                .. 43
FOPER
               :. NUMEROUS CALLS TO ANSWERING SERVICE BETWEEN 9:10 AND 9:39 PM COMPLAINING
COMMENT
                 . OF NO WATER.
                 . PLEASE PROVIDE RESOLUTION
RESOLUTION : LEAK REPAIRED AND SERVICE RESTORED.
                 . 7/FT
RDATE
               :. 02/13/02
SUBDIVISION :. 00694
ROUTE
SERVICE ORDER# :. 664329
ACCOUNT#
ACCOUNT# :. 006940000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 11/25/02
TYPE
                1. 32
COMMENT : ON BIG DADDY THE SMELL IS EXTREME PLEASE RESOLVE & NOTE RESULTS
```

. & WHAT OCCURRED

. PG TO GEORGE MR CALDWELL- 850-2490627 PH US

:. HUNG A 9,072g ODOR BLOCK IN LIFTSTATION. ESCLUTION

. GP/KIM : 11/25/02

DATE

URDIVISION :. 00694 OUTE :. 694 :ERVICE ORDER# :. 585238

CCOUNT# :. 006940011471
USTOMER NAME :. ISENBARGAR, JOHN ERVICE ADDRESS: 6605 SUNRISE DR

:. 01/07/02 :. 35 DATE

YPB.

OPER ٠.

COMMENT .. MR. CALLED STATING NE CUT A SEWER LINE.

. I PAGED IT TO DAVID AND GAVE DAVE THE CUSTOMERS PHONE NUMBER. HE WILL

. CALL HIM.

.. REPAIRED SEWER LINE LESOLUTION

. 1/7/01 DT/FT :. 01/07/02 SDATE

SUBDIVISION : 00694 **(OUTE** :. 694 SERVICE ORDER# :. 587975

ACCOUNT# : 006940010601 CUSTOMER NAME : PATSY, BRENDEL SERVICE ADDRESS: 6910 SUNRISE DR

:. 01/17/02 DATE

TYPE :. 36

FOPER

:. MS. CALLED DUE TO CLOGGED LINE COMMENT

. SHE IS WASHING A LOAK OF CLOTHES AND THE WATER IS BACKING UP INTO HER

. COMMODE AND BATHTUB.

. PAGE TO DAVE

RESOLUTION : JETTED & CLEANED SEWER SERVICE WAS CLOGGED

. DT/FT 1. 01/17/02

RDATE

SUBDIVISION :. 00694 ROUTE : 694 SERVICE ORDER# :. 590185 ACCOUNT# :. 006940011111 CUSTOMER NAME :. POWELL, JOHN SERVICE ADDRESS: 7029 SUNRISE DR

DDATE :. 01/26/02 . 36 TYPE FOPER ÷ .

:. CUSTOMER CALLED ANSWERING SERVICE AT 4:21 PM SAT 1/26/02 TO STATE COMMENT

. SEWER IS BACKING UP AND RUNNING OUT OF HIS SEWER CLEAN OUT.

. PLEASE PROVIDE RESOLUTIONS.

RESOLUTION :. DAVE SWIFT HAD LINE CLEANED AND JETTED.

. FT

DATE :. 01/26/02

SUBDIVICION :. 00694 :. 694 OUTE. ERVICE ORDER# :. 592549 CCCUNT# :. 006940011352
WISTOMER NAME :. WHITLOW, MARK ERVICE ADDRESS: . 6721 SUNRISE DR :. 02/07/02 DATE

: . 36 YPE.

OPER

CDATE

CUSTOMER HAS CLOGGED SEWER LINE, BACKUP IN COMODE AND BATHTUB, :OMMENT

PLEASE RESOLVE.

CALLING OUT TO FIELD.

: . HAD SERVICE LINE CLEANED AND JETTED. RESOLUTION

. DT/FT 02/07/02

SUBDIVISION :. 00694 1. 694 ROUTE SERVICE ORDER# :. 592601 ACCOUNT# :. 006940011361 "USTOMER NAME : ERDMAN, SHARON SERVICE ADDRESS: . 6717 SUNRISE DR STACC 1. 02/07/02

LABE :. 36

FOPER : .

COMMENT A MR SANDS CALLED VERY UPSET THAT THE SEWER IS BACKING UP INTO HIS

BATHROOM. HE SAID HE HAS COMPLAINED 3 TIMES ABOUT THIS SAME PROBLEM AND NOTHING HAS BEEN DONE TO CORRECT THE PROPLEM. HE WILL NOT BE PAYING ANY MORE BILLS UNTIL IT IS OVER THE AMOUNT OF HIS CLEAN UP COST.

. PLEASE CHECK OUT PROBLEM.

HAD SERVICE LINE CLEANED AND JETTED, CUSTOMER WS OK AFTER I EXPLAINED TO HIM ABOUT THE PROBLEM. HE HAS HAD HIS WATER SHUT OFF FOR NON-PMT RESOLUTION

BEFORE AND THIS IS WHY HE ACTED THIS WAY.

DT/FT RDATE :. 02/07/02

NOIBIVIGAUS :. 00694 :. 694 SERVICE ORDER# :, 597295 ACCOUNT# : 006940010862 CUSTOMER NAME : BROMLEY, JOAN SERVICE ADDRESS: . 6806 SUNRISE DR DDATE 1. 02/27/02

TYPE . 43

FOPER

COMMENT CUSTOMER CALLED TO SAY SHE HAS NOT HAD WATER FOR 2 DAYS.

PAGED TO DAVE T.

RESOLUTION . PLUMBER DID NOT TURN MAIN BACK ON AFTER BREAK. WATER IS ON. DT/FT

RDATE 1. 02/27/02

SUBDIVISION :. 00694 ROUTE :. 694 SERVICE ORDER# :. 598221 ACCOUNT# : 006940012493

PCF-1 000071

USTOMER NAME : BLATE, SALLY ERVICE ADDRESS: 7104 BIG DADDY DR 9-9 :. 03/04/02 DATE YPE :. 43 OPER ; . : SALLY BLAIR 850-234-2427 SAYS THAT SHE SIGNED UP ON 2/28/02 TO HAVE OMMENT SERVICE STARTED ON 3/1/02 AND SAYS THAT SHE STILL HAS NO WATER. PAGED TO SWIFTY. :. TURNED ON READ 536350 SWIFTY/FT MOTTETORS . 2/4/02 3:35PM . 03/04/02 DATE SUBDIVISION :. 00694 . 694 OUTE ERVICE ORDER# :. 598558 ACCOUNT# : 006940010542
USTOMER NAME : MORABITO, STEVE SERVICE ADDRESS: . 6412 SUNRISE BLVD :. 03/06/02 DATE TYPE :. 32 FOPER . MR. CALLED WANTING HIS WATER TESTED BECAUSE IT SMELLS AND TASTES LIKE COMMENT . SEWAGE (WHEN HE FIRST TURNS IT ON) . TAG DOOR WITH YOUR FINDINGS: WE CANNOT TEST WATER ACCORDING TO HANDBOOK. RESOLUTION . SWIPTY/FT . 3/15/02 SWIFTY, WHAT DID YOU DO TO ADDRESS THE CUSTOMER'S CONCERNS? 3/15/02 TOOK A 1.2 CL2 RESIDUAL AT HOSE BIB AND THERE WAS NO ODOR . PRESENT IN THE WATER. TAGGED DOOR SUGGESTING FOR THE CUSTOMER TO CHECK HOT WATER TANK. LOC LEFT, READ 566680 CHRIS L/FT RDATE 03/06/02 SUBDIVISION :. 00694 ROTITE : 694 SERVICE ORDER# :. 598636 ACCOUNT# ACCOUNT# :, 006940010913 CUSTOMER NAME :. LEBLANC, LEE SERVICE ADDRESS: . 6824 SUNRISE DR STAGG :. 03/05/02 TYPE :. 36 FOPER ٠. . PLEASE CHECK FOR CLOGGED SEWER. COMMENT PH. 850-236-7330 RESOLUTION : COLLECTION BOX WAS FULL OF SAND. CLEANED OUT. NO MORE CLOG. NEEDS MORE WORK. AWAITING APPROVAL. SWIFTY/FT RDATE 03/05/02

PCF-1 000072

SUBDIVISION

ACCOUNT#

ROUTE

DDATE

:. 00694

: 694

:. 006940011282

SERVICE ORDER# :. 600353

CUSTOMER NAME : MCGEE, TERRY SERVICE ADDRESS: . 6823 SUNRISE DR :. 03/12/02

YPE :. 36 OPER

:. CUSTOMER CALLED COMPLAINING OF CLOGGED SEWER COMMENT

ESOLUTION :. HAD PARKER SEPTIC TO JET LINE DUE TO GREASE IN LINE.

. LÎNE CLEAR/ SWIFTY/PT

DATE : 03/12/02

SUBDIVISION :. 00694 OUTE :. 694 ERVICE ORDER# :. 601002 CCOUNT# :. 006940011282
USTOMER WAME :. MCGEE, TERRY SERVICE ADDRESS: . 6823 SUNRISE DR

STACE :. 03/18/02 YPE :. 36

OPER

CUSTOMER CALLED AND STATED THAT HE HAVE CLOGGED SEWER COMMENT

. PAGED DAVID S
N : JETTED LINE 3:00 SWIFTY/PT
: 03/18/02 RESOLUTION

RDATE

SUBDIVISION :. 00694 SOUTE :. 694 SERVICE ORDER# :. 601699 ACCOUNT# :. 006940011282 CUSTOMER NAME :. MCGEE, TERRY PERVICE ADDRESS: 6823 SUNRISE DR :. 03/20/02

LÄBE :. 36

FOPER : .

:. SEWER IS BACKED UP COMMENT PAGED TO SWIFTY

; JETTED LINE. LOTS OF GREASE. NO PROBLEM. SPOKE WITH CUSTOMER AND RESOLUTION

TOLD THEM TO STOP DUMPING GREAGE INTO DRAIN

SWIFTY/FT

RDATE :. 03/20/02

SUBDIVISION :. 00694 ROUTE . 694 SERVICE ORDER# :. 604446 ACCOUNT# :. 006940013012
CUSTOMER NAME : CULVERHOUSE, MIKE

SERVICE ADDRESS: 7105 BTG DADDY DR DDATE

:. 04/01/02 TYPE :. 36

FORER

RDATE

COMMENT . PAGED TO SWIFTY

CUST HAS SEWER BACK-UP & LIFT STATION IS OVERFLOWING.

TIKI LOUNGE 850-236-4088 RESOLUTION . JETTED LINES 4:00 4/1/02

SWIPTY/FT 04/01/02

SUBDIVISION :. 00694 ROUTE :. 694

ERVICE ORDER# :. 604596 CCOUNT# : 006940012963 ERVICE ADDRESS: . 7104 BIG DADDY DR I-7

DATE :. 04/01/02 YPE. :. 36

CRER

OMMENT :. CUSTOMER CALLED ANSWERING SERVICE 8:12 3/30/02 COMPLAINING THAT SOMEONE CAME OUT YESTERBDAY AND SEWAGE BACKED UP INTO MY BRAND NEW DOUBLE WIDE

WITH NEW CARPETS.

:. JETTED 5-6 TO MAIN LINE. NO WAY THAT THIS COULD AFFECT 7-8. ESOLUTION.

TO END PROBLEM HAVING CARPET CLEANED AND WILL BILL US.

2/FT

4/5/02 SERVICE PRO CONTACTED US FOR APPROVAL ON CARPET CLEANING.

OK'ED BY PHONE BY PATRICK F.

CATE :. 04/01/02

UBDIVISION : 00694 ROUTE :. 694 SERVICE ORDER# :. 605569 CCOUNT# :. 006940013012 SUSTOMER NAME : CULVERHOUSE, MIKE SERVICE ADDRESS: . 7105 BIG DADDY DR :. 04/04/02 DATE

CYPE :. 36

CPER

:. PAGED TO SWIFTY COMMENT

. SHELBY FROM THE TIKE BAR & LOUNGE CALLED TO REPORT A

. SEWER BACK-UP. 850-236-4088

:. THIS IS CUSTOMER'S PROBLEM. THIS USED TO BE A LAUNDRYMAT AND WHEN RESOLUTION

LAUNDRY EQUIPMENT WAS REMOVED SEWER CONNECTIONS WERE NOT CAPPED OFF PROPERLY. THE CUSOTMER IS AWARE OF PROBLEM AND WILL HAVE REPAIRED.

. GP/FT

FDATE :. 04/04/02

SUBDIVISION :. 00694 ROUTE :. 694 SERVICE ORDER# :. 616954 ACCOUNT# :. 006940010741
CUSTOMER NAME :. CRYSBL, ROBERT SERVICE ADDRESS: 6626 SUNRISE DR COL :. 05/21/02

TYPE : 36

FOPER

: CUSTOMER CALLED DUE TO SEWER BACKUP COMMENT

. PAGED TO SWIFTY

RESOLUTION . SEWER BACK UP WAS ON OUR SIDE. CALLED GLENN SALYER PLUMBING. THAT

USED ELECTRIC AUGER TO CLEAR BLOCKAGE

GP/FT 5/21/02

RDATE :. 05/21/02

SUBDIVISION :, 00694 : . 694 SERVICE ORDER# :. 617942 ACCOUNT# :. 006940010122 USTOMER NAME : CRUZ, EULALIA ERVICE ADDRESS: . 6905 BIG DADDY DR יאירעם :. 05/28/02 'YPE :. 36 OPER OMMENT :. SEWER BACKING UP INTO THE HOUSE. PAGED TO GEORGE :. PULLED CLEAN OUT PLUG. VERIFIED STOPAGE ON OUR END. I CALLED PARKER ESOLUTION SEPTIC TO JET THE LINE OUT. SEWEAR LINE FOUND TO BE BROKE ABOUT 25' . FROM CLEAN OUT, I CALLED SALYER PLUMBING TO REPLACE 25" OF SEWER LINE. . GP/FT :. 05/28/02 DATE :. 00694 :UBDIVISION STUOS : 694 FERVICE ORDER# :, 621683 CCOUNT# : 006940011352 USTOMER NAME : WHITLOW, MARK SERVICE ADDRESS: 6721 SUNRISE DR .. 06/11/02 STACK CYPE :. 36 7OPER ٠. : SEWER BACKUP. PAGED TO SWIFTY. COMMENT .. AFTER VERIFYING BLOCKAGE IN UTILITIES LINE, WE CALLED FOR JET TRUCK & RESOLUTION PUMP TRUCK. BLOCKAGE AT PRIM. LATERAL, 3 HOMES BACKED UP. CLEAN OUT PRESSURED UP AND FULL. SPILLAGE WOULD HAVE RUN INTO LAGOON IF PUMP , TRUCK NOT THERE TO CATCH IT. GP/FT RDATE . 06/11/02 SUBDIVISION :. 00694 SOUTE :. 694 SERVICE ORDER# : 621628 ACCOUNT# :. 006940011352 CUSTOMER NAME :. WHITLOW, MARK SERVICE ADDRESS: 6721 SUNRISE DR DDATE : 06/11/02 TYPE 1. 38 FOPER : . :. CUSTOMER CALLED AND STATED THAT SHE IS HEARING GURGLING SOUNDS IN THE COMMENT . BATHROOM IN THE TOILET . PH# 850-249-6721 PAGED GEORGE :. AFTER VERIFYING BLOCKAGE IN UTILITES LINE. WE CALLECD FOR JET TRUCK AND RESOLUTION SUCK TRUCK. BLOCKAGE AT PRIM. LATERAL, 3 HOMES BACKED UP. CLEAN OUT PRESSURED UP AND FULL. SPILLAGE WOULD HAVE RUN INTO LAGOON IF SUCK TRUCK NOT THERE TO CATCH IT. GP/FT

SUBDIVISION :. 00694 ROUTE . 694 SERVICE ORDER# :. 628282 :. 006940010341 ACCOUNT#

:. 06/11/02

CUSTOMER NAME : SOLT, CHARLES

RDATE

. GEORGE SAID THAT THE CITY HAD A BREAK THAT IS AFFECTING OUR

. BE DONE, HOWEVE, THERE IS A HOLE THAT NEEDS TO BE FILLED.

. SAID OK AND PLEASE KEEP HER INFORMED.

. THERE IS A SEWER BACK UP IN THE AREA.

:. PLEASE CHECK FOR CLOGGED SEWER.

:. MS. CALLED BECAUSE GEORGE TOLD HER AFTER THE LEAK THE LAWN REPAIRS WILL

. LET HER KNOW THAT WE ARE WAITING ON A BID FOR HER WORK TO BE DONE. SHE

:. CUSTOMER STATES THAT THERE IS A VERY BAD SEWER ODOR WHICH MEANS THAT

:. 8/2/02 THERE IS NO BACK UP. EVERYTHING SLOWS DOWN DUE TO A LOT OF RAIN.

:. 8/5/02 PULLED CLEAN OUT PLUG. VERIFIED (WITH CUSOTMER PRESENT) CLOG ON

:. THIS ADDRESS IS ROAD WORK PRIOR TO DRIVEWAY. I CALLED MS. LACKEY AND

ERVICE ADDRESS: . 6601 BIG DADDY DR

:. 07/08/02 :. 43

> :. 00694 ;. 694

CUSTOMER NAME : LACKEY, ROBERT SERVICE ADDRESS: 1047 BAY CIR :. 07/29/02

. .

RDATE :. 07/27/02

SERVICE ORDER# :. 635870 ACCOUNT# :. 006940012421 CUSTOMER NAME :. BAUER, RICHARD

1. 33

SERVICE ORDER# :. 633799

:. PAGED TO GEORGE P.

. CUSTOMER8. . GP/KJK :. 07/08/02

:. 006940012021

. MG/FT/ANN

. 00694

SERVICE ADDRESS: . 7104 BIG DADDY DR B-2 :. 08/02/02

. PAGED GP

:. 00694

. 694

:. 36

:. 08/05/02

, PH. 850-233-8650

. CUSTOMER SIDE. GP/FT

SERVICE ORDER# :. 636084 ACCOUNT# :. 006940010221 CUSTOMER NAME :. DURSTON, ROY SERVICE ADDRESS:, 6725 BIG DADDY DR

. (INFILTRATION) :. 08/02/02

1. 694

.. 37

. CUST HAS NO WATER.

٠,

DATE

OPER

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ROUTE

DATE TYPE

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COMMENT

RESOLUTION

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PCF-1 000076

:. 08/05/02 DATE SUBDIVISION :. 00694 :OUTE :. 594 ERVICE ORDER# :. 641952 CCOUNT# :. 006940010924
USTOMER NAME :. JONES, TERRI ERVICE ADDRESS: . 6826 SUNRISE DR DATE :. 08/28/02 YPE :. 33 CPER :. : CUSTOMER ASKED THAT WE CHECK OUT A "SINK HOLE" IN FRONT YARD. :OMMENT . SHE THINKS IT MAY BE CAUSE BY SEWER :. THIS IS NOT FROM THE SEWER LINES. NONE NEAR THIS HOLE. LAST CUSTOMER RESOLUTION . HAD DOG THAT DUG THIS HOLE. GP/FT :. 08/28/02 :DATE CONTRACTOR :. 00694 LOTTE . 694 SERVICE ORDER# :. 642593 ACCOUNT# :. 006940010211 CUSTOMER NAME :. LONG, NANCY BRVICE ADDRESS: 6801 BIG DADDY DR :. 08/25/02 STACC CABE :. 36 FOPER . . :. CUSTOMER CALLED ANSWERING SERVICE 8/25/02 AT 13:15 COMPLAINING THAT COMMENT . THERE IS A GURGLING SOUND FOLLOWED BY SEWAGE BACKING UP INTO TUB AFTER . FLUSHING :. CALLED SALYER PLUMBING, JET TRUCK USED TO JET LINE. RESOLUTION . GP/FT :. 08/25/02 RDATE MOISIVIGEDE . 00694 1. 694 ROUTE SERVICE ORDER# :. 652123 :. 006940010401 ACCOUNT# CUSTOMER NAME : HUTTO, GELINDE SERVICE ADDRESS: . 6509 BIG DADDY DR STAGE :. 09/08/02 TYPE :. 36 FOPER COMMENT :. CUSTOMER CALLED ANSWERING SERVICE AT 12:40 SUNDAY 9/8/02 COMPLAININ OF . SEWAGE BACKING UP INTO TUB. : SEWER CLOG ON OUR SIDE OF LATERAL. SALYER PLUMBING JETTED LATERAL. RESOLUTION . GP/FT :. 09/08/02 STATE SUBDIVISION :. 00694 ROUTE :. 694 SERVICE ORDER# :. 645556 ACCOUNT# : 006940010182 CUSTOMER NAME : MORRIS , CINDY

SERVICE ADDRESS:, 6813 BIG DADDY DR

:. 36

: .

DDATE :. 09/11/02

TYPE

FOPER

CMMENT :. CUSTOMER HAS A SEWER BACK UP PAGED GP :. CLOG WAS WHERE 3 LATERALS COME TOGETHER JUST ABOVE SEWER MAIN. ONE OF :ESOLUTION . THE LATERALS WAS HELD ON BY TAPE. PARKER SEPTIC REPLACED BAD JUNCTION. . 9/11/02 GP/FT :. 09/11/02 DATE NOISIVIGED :. 00694 OUTE 1. 694 ERVICE ORDER# :. 647209 ICCOUNT# :. 006940011541 CUSTOMER NAME : HORPING , JOHN SERVICE ADDRESS: , 6507 SUNRISE DR :. 09/17/02 DATE ZYY. :. 34 :. MR. CALLED TO REPORT RAW SEWAGE COMING OUT OF THE GROUND IN THE LOT T/MMENT . LOCATED ON THE WEST SIDE OF HIS LOT. . (PUMP TRUCK SO NOTHIN WENT INTO LAGOON THAT IS 20' AWAY)
. GP/FT :. CLDL ON OUR SIDE. CALLED JET TRUCK & FUMP TRUCK FROM ROTO ROOTER. RESOLUTION :. 09/18/02 STATE MOISIVICEUR :. 00694 ROUTE :. 694 SERVICE ORDER# :. 647484 ACCOUNT# :. 006940013012 JUSTOMER NAME :. CULVERHOUSE, MIKE SERVICE ADDRESS: . 7105 BIG DADDY DR :. 09/18/02 CDATE TYPE :. 39 SOPER : . :. "MARY" CALLED FROM THE TIKE LOUNGE TO REPORT ALARM SOUNDING AT LIFT COMMENT . STATION BEHIND THE LOUNGE. . PAGED TO GEORGE RESOLUTION :. 9/18/02 HIGH LEVEL LIGHT ON WHEN I ARRIVED. CUSTOMER STANDING BY TO . INFORM MET THAT THE SEWER LINE IS SEEPING OUT AS CLEAN-OUTON OTHER SIDE . OF BUILDING. VERIFIED SEEPAGE AT CLEAN OUT AND CALLED FOR JET TRUCK. , HIGH LEVEL LIGHT AT LIFTSTATION OFF AND WATER LEVEL IN PIT DROPPING . STEADILY. . GP/FT :. 09/18/02 RDATE MOISIVICAUR .. 00694 SOUTE .. 694 SERVICE ORDER# :. 648313 ACCOUNT# :. 006940010992 CUSTOMER NAME :. ADAMS, MARK SERVICE ADDRESS: . 6920 SUNRISE DR :. 09/20/02 DDATE :. 36 TYPE FOPER

:. TOLIETS & SINKS BACKING UP DUE TO POSSIBLE SEWER BACKUP

:. CLOG FOUND TO BE ON CUSTOMER NOTIFIED. 9/20/02

PCF-1 000078

: .

PLEASE RESOLVE

COMMENT

RESOLUTION

. GP/FT :. 09/20/02 DATE :UBDIVISION :. 00694 :OUTE :. 694 ERVICE ORDER# : 652414 CCOUNT# : 006940011951 TYSTOMER NAME : LATIOLAIS, LISA M ERVICE ADDRESS:. 1029 BAY CIR DATE .. 10/08/02 YPE i. 30 CPER .. CUST HAS WHITE FLAKES IN HIS WATER. COMMENT . PAGED TO GEORGE P. :. 10/8/02 CUSTOMER SHOWED ME THE WHITE PLAKES GETTING CAUGHT IN HIS (ESOLUTION . FAUCET SCREEN. I TOLD HIM THE CITY TREATS THE WATER AND THEY USE GAS . CL2. HE SAID HE WOULD CHECK HIS PLUMBING. . GP/FT (DATE :. 10/08/02 SUBDIVISION :. 00694 arcos :. 694 SERVICE ORDER# :. 658049 CCOUNT# :. 006940010211
USTOMER NAME :. LONG, NAMCY ERVICE ADDRESS: . 6801 BIG DADDY DR STAGG :. 11/01/02 CYPE :. 37 FOPER COMMENT :. CUSTOMER STATEA THAT THERE MIGHT BE A SEWER LEAK IN HER BACK YARD . BECAUSE IT SMELLS VERY BAD. . PLEASE CHECK OUT SITUATION AND TAG HOSUE WITH THE FINDINGS. :. 11/01/02 TALKED WITH CUSOTMER. WHEN WE GET HEAVY RAIN THE SYSTEM FILLS RESOLUTION . WITH RAIN WATER. WITH THE TWO NEW PUMPS INSTALLED AT THE FRONT (TIKI) , LIFT STATION IT SHOULD HELP A LOT. SHE AGREED AND SAID THE SNELL WAS . NOT AS BAD AS IT WAS YESTERDAY. THE PUMPS WERE INSTALLED YESTERDAY. . GP/FT :. 11/01/02 RDATE SUBDIVISION 1. 00694 ROUTE :. 694 SERVICE ORDER# :. 661097 SCCOUNT# :. 006940010401
CUSTOMER NAME :. HUTTO,GELINDE SERVICE ADDRESS: . 6509 BIG DADDY DR :. 11/12/02 DDATE TYPE .. 36 FOPER ٠. .. SEWER BACK UP COMMENT . PAGED GEORGE . 11:55 PM RESOLUTION :. 11/12/02 VERIFIED CLOG ON OUR SIDE. CALLED PARKER SEPTIC, JETTED

LATERAL, JET HEAD UNCOVERED BROKEN DOWN SPOUT LOCATED AT 6514 SUNRISE . , REPLAED BROCKEN SECTION OF DOWN SPOUT. GP/FT

RDATE :, 11/12/02

SUBDIVISION :. 00694

:. 694 ERVICE ORDER# :. 663181

CCOUNT# :. 006940013002 :USTOMER NAME :. BAYSIDE MARINA, ERVICE ADDRESS: 6325 BIG DADDY DR

DATE :. 11/20/02

1, 27 39Y

OPER

: LINE BREAK AT THE MARINIA THEMMO:

:ESOLUTION

. PAGED GEORGE @ 10:35 AM
1. 4" T CRACKED. LOCATED IN BOAT STORAGE GRAVEL DRIVEWAY. CALLED ROTO ROOTER & REPLACED 4"T WITH A STRAIGHT 4" SCH 40 PVC. WHERE IT WAS T'ED . WAS FOR FUTURE GROWTH. IT WILL BE CORRECTED WHEN WE CAN SCHEDULE MECH.

. AND BACKHOE AND MANPOWER.

. APPROXIMATLY 85 CUSTOMERS AFFECTED

. NOTIFIED DEPT OF ENVIRONMENTAL PROTECTION

NOTIFIED HEALTH DEPT FOR PUBLIC SERVICE ADDRESS

GP/FT

:. 11/20/02 3DATE

is records listed.

	PIE	э.Ч ⊿АТ(
912)	SERVICE OF		
SUB		so	COUNT
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38 records listed.

	From: JOY ANDERSON	SatisFAXtion To: Carl J. Wenz4452178	SatisFAXtion To:
	UTILITIES, INC.	16:31	MAR-26-2002 16:31

Request No. 445217W Name STEPHENS , RO	DYAL MR. Business Name	
Consumer Information ROY Name: BOYAT 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
County: Bay Phone: (850)-236-8399	Utility Information	Via: PHONE
City/Zip: Panaina City Beach / 32467— Account Number: Caller's Name: ROYAL SIEPHENS	Company: Bayside UTLITY SERVICES, INC. Altn. Carl J. Wenz445217W	Prefirm Type: IMPROPER DISCONNECTS PO:
Mailing Address: 6421 Bic DADDY DRIVE	Response Needed From Company? Date Due: 04/15/2002	Supmntf Rpt Regid: // Certified Letter Sent: //
City/Zip: PANANA CITY BEACH ,FL 32407-	Interim Report Received: //	Certified Letter Rec'd: //
Can Be Reached: (850)-914-9876 —Tracking Number:	Reply Received: // Reply Received Timety/Late: Informal Conf.: **	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 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:

equest No. 445217W	87	STEPHENS , ROYAL MR.		
edese Ho: IIstii	Name	SIDIADIS INTAL ER.	Business Name	

PAGE NO:

1

3-25-02

From: JOY ANDERSON

3159pm

p. 3

Request N 445217W Name STEPHENS , ROYAL MR. Business Name
PAGE NO: 2

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

101AL P. B4

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

Page I of I

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

acquelyne fromusaen

SERVICE ORDER ACCOUNT NUMB - 0069	4 000000 0 SUB- E	BAYSIDE UTILITY SERVI	CES, IN PHONE -	_	
NAME ADDR BAYSIDE UTILITY SERVICES, IN	TYPE Q43 IC NO WATER METER NO-		RTE SEQN I	OW UNITS INSTALLD SIZE	CONV TYPE DIGS
INSTRUCTIONS NUMEROUS CALLS TO ANSWERING SERVI OF NO WATER. PLEASE PROVIDE RESOLUTION					
RESOLUTION DATE-027 CO DESCRIPTION LEAK REPAIRED AND SERVICE RESTORED		JRS- MATER	ZIAL COST-		

?/FT 11:24:21 09 APR 2002

Main Brech - 2 cells to Impetebol

6706

6717

164 - WT7

abditional

calls to

6523

6508

anwering service

witer off to pack to make regain

not sent to ps.

Docket No. 030444-WS
P. Flynn Exhibit No. _____
Detailed System Map

1	BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION
2	DOCKET NO. 030444-WS
3	BAYSIDE UTILITY SERVICES, INC.
4	DIRECT TESTIMONY OF
5	PATRICK C. FLYNN
6	REGARDING THE APPLICATION FOR
7	INCREASE IN WATER AND WASTEWATER
8	RATES AND CHARGES
9	IN
10	BAY COUNTY, FLORIDA
11	EXHIBITS TO
12	DIRECT TESTIMONY OF
13	PATRICK C. FLYNN
14	
15	Exhibit (PCF-2) Detailed System Maps (Exhibit 4 to Application)
16	
17	
18	
19	

11424-04