

LAW OFFICES
ROSE, SUNDBSTROM & BENTLEY, LLP
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FLORIDA 32301

ORIGINAL

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DIANE D. TREMOR, P.A.
JOHN L. WHARTON
ROBERT M. C. ROSE, OF COUNSEL
WAYNE L. SCHIEFELBEIN, OF COUNSEL

(850) 877-6555
FAX (850) 656-4029
www.rsbatorneys.com

REPLY TO ALTAMONTE SPRINGS

04 OCT 22 AM 10:24
CENTRAL FLORIDA OFFICE
600 S. NORTH LAKE BLVD., SUITE 160
ALTAMONTE SPRINGS, FLORIDA 32701-6177
COMMISSION CLERK
(407) 830-8522
FAX (407) 830-8522

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

Re: Docket No. 030444-WS; Application by Bayside Utility Services, Inc., for Rate Increase in Bay County, Florida
Our File No.: 30057.57

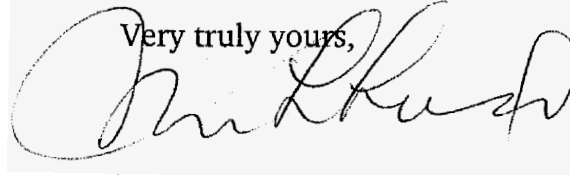
Dear Ms. Bayo:

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.

CMP _____
COM 3
CTR org
ECR _____
GCL 1
OPC 1 VLL/mp
MMS _____ Enclosures

Very truly yours,


VALERIE L. LORD
For the Firm

cc: Stephen C. Reilly, Associate Public Counsel (w/enclosures) (via Federal Express)
SCR _____ Ralph Jaeger, Esquire (w/enclosures) (via Hand Delivery on 10/22/04)
SEC 1 W. C. Henry, Esquire (w/enclosures) (via Federal Express)
OTH _____ Mr. Steven M. Lubertozi (w/enclosures)
Mr. Patrick C. Flynn (w/enclosures)

DOCUMENT NUMBER-DATE

11424 OCT 22 3

PPSC-COMMISSION CLERK

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

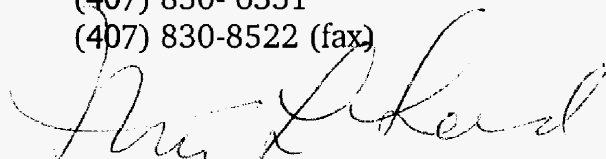
DOCKET NO. 030444-WS

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 22nd 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

DOCUMENT NUMBER-DATE

11424 OCT 22 8

FPSC-COMMISSION CLERK

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 22nd 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



MARTIN S. FRIEDMAN
VALERIE L. LORD
For the Firm

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-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

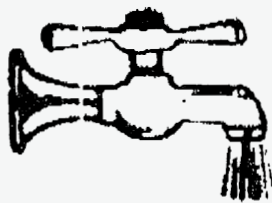
BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

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

Test Year Ended December 31, 2002

694.3.2



the water spigot, inc.

NELAP Laboratory Certification #E81105

FINAL REPORT OF ANALYSES

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

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

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

Page 1

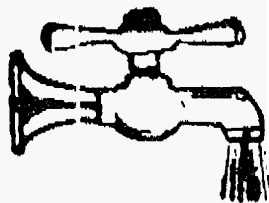
ANALYSIS	METHOD	ANALYSIS			DET.		DATA		
		DATE	TIME	BY	RESULT	UNITS	LIMIT	UNITS	QUA
Chlorine residual	330.3	09/10/02	1700CST	DW	0.2	PPM		PPM	
TOTAL COLIFORM (MMO-MUG)	SM9223	09/10/02	1715CST	CR	A			A	

These test results meet all the requirements of NELAC.

A=Absent

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

PRESIDENT *David Jordan*



the water spigot, inc.

NELAP Laboratory Certification #E81105

FINAL REPORT OF ANALYSES

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

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

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

Page 1

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

These test results meet all the requirements of NELAC.

A=Absent

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

PRESIDENT

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

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

Test Year Ended December 31, 2002



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH YEAR OF February 2001

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1					17				
2	1.0				18				
3					19	1.3			
4					20	1.0			
5	1.0				21	1.0			
6	1.0				22	1.1	2	0.5	
7	0.9				23	1.3			
8	1.0				24				
9	1.0				25				
10					26	1.0			
11					27	1.3			
12	1.3				28	1.0			
13	1.0				29				
14	1.1				30				
15	1.0				31				
16	1.5				Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Robert Potter 3-201
Signature and Date

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

* Attach a letter of authorization.

PCF-1 000030



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF March 2001

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

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

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

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

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Robert Potter 4-3-01
Signature and Date

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

* Attach a letter of authorization.

PCF-1 000031



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH YEAR OF April 2001

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1					17	0.5			
2	0.8				18	0.6			
3	0.3				19	0.7			
4	1.5				20	2.8			
5	0.4				21				
6	0.4				22				
7					23	0.8			
8					24	0.7			
9	0.5				25	0.7			
10	2.5				26	0.7	2	0.3	
11	0.5				27	1.0			
12	0.5				28				
13	0.7				29				
14					30	0.7			
15					31				
16	0.5				Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

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



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH YEAR OF May 2001

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1					17	1.0			
2	0.9				18	1.0			
3	1.0				19				
4	1.0				20				
5					21	1.0			
6					22	1.0			
7	0.9				23	1.0			
8	1.0				24	1.0			
9	1.0				25	1.1			
10	1.0				26				
11	1.0				27				
12					28	1.0			
13					29	1.0			
14	1.1				30	0.9			
15	1.0				31	1.0	2	0.3	
16	1.0				Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Robert Potter 6-7-01
Signature and Date

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

• Attach a letter of authorization.

PCF-1 000033



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH-YEAR OF June 2001

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	1.0				17				
2					18	1.0			
3					19	1.1			
4	1.0				20	1.0			
5	1.0				21	0.7			
6	1.0				22	0.5			
7	1.0				23				
8	1.0				24				
9					25	0.6			
10					26	0.8			
11	0.8				27	0.4			
12	1.1				28	0.7	2	0.1	
13	1.3				29	0.5			
14	1.0				30				
15	1.1				31				
16					Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Robert Potter
Signature and Date

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

• Attach a letter of authorization.

PCF-1 000034



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH-YEAR OF July 2001

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1					17	0.7			
2	0.7				18	0.7			
3	0.7				19	0.7	2	0.1	
4	0.7				20	1.0			
5	0.7				21				
6	1.0				22				
7					23	0.8			
8					24	0.7			
9	1.0				25	0.7			
10	1.0				26	0.5			
11	1.0				27	0.7			
12	1.0				28				
13	0.7				29				
14					30	0.7			
15					31	0.7			
16	1.0				Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Robert Potter
Signature and Date

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

* Attach a letter of authorization.



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH-YEAR OF August 2001

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	0.7				17	0.3			
2	2.7				18				
3	1.0				19				
4					20	0.3			
5					21	0.3			
6	1.0				22	0.2			
7	0.7				23	0.3			
8	0.8				24	0.2			
9	0.7				25				
10	0.7				26				
11					27	0.3			
12					28	2.3			
13	0.5				29	0.3			
14	0.3				30				
15	0.3				31				
16	0.3	2	0.2		Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Robert Potter 9-501
Signature and Date

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

* Attach a letter of authorization.

PCF-1 000036



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH YEAR OF

September 2001

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

II. SUMMARY OF DAILY DATA FOR THE MONTH YEAR OF

September 2001

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1					17	0.3			
2					18	0.5			
3	0.2				19	0.3			
4	0.2				20	0	2	0.0	
5	0.2				21	0			
6	0.2				22				
7	0.2				23				
8					24	0.7			
9					25	0.5			
10	0.4				26	1.0			
11	0.3				27	1.0			
12	0.3				28	0.5			
13	0.3				29				
14	0.3				30				
15					31				
16					Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Robert Potter -1-01
Signature and Date

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

* Attach a letter of authorization.

PCF-1 000037



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF JANUARY 2002

- System Name: **Bayside Utility Services, Inc.** PWS Identification No.: 10340
- System Owner
 Name: **Bayside Utility Services, Inc.** Telephone No.: **407/869.1913**
 Address: **200 Weathersfield Avenue** State: **FL** Zip Code: **32714**
 City: **Altamonte Springs**
- System Type: community; non-transient non-community; non-community
- No. of Service Connections at End of Month: **287** Total Population Served at End of Month: _____

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1					17				
2					18				
3					19				
4					20				
5					21				
6					22	1.5			
7					23	1.7			
8					24	1.5			
9					25	1.8			
10					26				
11					27				
12					28	1.4			
13					29	1.4			
14					30	0.2			
15					31	1.0	2	1.3	
16					Total		2		

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

George R. Patterson 2-13-02
Signature and Date

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

* Attach a letter of authorization.



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF FEBRUARY/2002

- System Name: **Bayside Utility Services, Inc.**
- System Owner: **Bayside Utility Services, Inc.**
- 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**
- PWS Identification No.: **1034013**
- Telephone No.: **407/869.1913**
- State: **FL** Zip Code: **32714**
- Total Population Served at End of Month: **11,111**

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	0.8				17				
2					18	0.8			
3					19	1.0			
4	0.5				20	0.4			
5	0.7				21	0.8	2	0.3	
6	1.0				22	0.9			
7	0.8				23				
8	0.8				24				
9					25	1.5			
10					26	0.9			
11	0.5				27	1.0			
12	1.0				28	0.4			
13	0.8				29				
14	0.6				30				
15	1.2				31				
16					Total		2		

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

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

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

* Attach a letter of authorization.



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF MARCH / 2002

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	1.5				17				
2					18	0.8			
3					19	1.2			
4	1.0				20	0.4			
5	0.8				21	0.9			
6	0.8				22	0.9			
7	0.5				23				
8	1.2				24				
9					25	0.7			
10					26	1.0			
11	0.7				27	1.0			
12	1.0				28	1.3	2	1.0	
13	1.2				29	1.0			
14	0.8				30				
15	0.6				31				
16					Total		2		

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

George R. Patterson Jr. 4-17-02
Signature and Date

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

* Attach a letter of authorization



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

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

APRIL / 2002

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

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

APRIL / 2002

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	0.6				17	1.0			
2	1.0				18	0.8			
3	0.8				19	0.6			
4	0.8				20				
5	0.5				21				
6					22	0.5			
7					23	0.3			
8	1.0				24	0.5			
9	1.0				25	0.6	2	0.75	
10	0.7				26	0.8			
11	0.9				27				
12	1.2				28				
13					29	0.7			
14					30	1.0			
15	0.8				31				
16	0.8				Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

George R. Patterson, Jr.
Signature and Date

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

* Attach a letter of authorization.



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

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

MAY/2002

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

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

MAY/2002

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

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

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

George R. Paterson Jr.
Signature and Date

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

* Attach a letter of authorization.



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF JUNE 2002

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1					17	0.7			
2					18	0.6			
3	0.6				19	0.9			
4	0.9				20	0.5			
5	0.7				21	0.4			
6	0.7				22				
7	0.5				23				
8					24	0.4			
9					25	0.3			
10	1.0				26	0.5			
11	0.5				27	0.7			
12	0.4				28	0.6			
13	0.4				29				
14	0.6				30				
15					31				
16					Total				

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Signature and Date: *George R. Patterson Jr.*

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

* Attach a letter of authorization.



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF JULY/2002

- System Name: **Bayside Utility Services, Inc.** PWS Identification No.: 1034016
- System Owner: **Bayside Utility Services, Inc.** Telephone No.: 407/869.1919
- Name: **Bayside Utility Services, Inc.** State: FL Zip Code: 32714
- 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**

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	0.4				17	1.0			
2	0.6				18	0.5			
3	0.6				19	0.4			
4	1.0				20				
5	0.8				21				
6					22	0.4			
7					23	0.3			
8	1.2				24	0.8			
9	0.9				25	0.8			
10	1.0				26	0.6			
11	1.4				27				
12	0.9				28				
13					29	0.5			
14					30	0.4			
15	0.6				31	0.4	2	0.3	
16	0.5				Total		2		

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

George R. Patterson Jr. / 8-08-02
Signature and Date

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

* Attach a letter of authorization



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF SEPTEMBER/2002

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency of Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1					17	1.0			
2	0.6				18	1.0			
3	1.2				19	0.8	2	1.0	
4	0.6				20	0.4			
5	0.8				21				
6	1.0				22				
7					23	1.2			
8					24	1.0			
9	1.2				25	1.0			
10	0.9				26	0.8			
11	1.0				27	0.9			
12	1.2				28				
13	0.9				29				
14					30	1.0			
15					31				
16	0.8				Total		2		

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

George P. Proffers, Jr. 10-8-02
Signature and Date

GEORGE P. PROFFERS, JR. / LEAD OPERATOR
Name and Title (please type or print)

* Attach a letter of authorization.



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF OCT/2002

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	0.4				17	0.5	2	0.7	
2	0.5				18	0.5			
3	0.5				19				
4	0.8				20				
5					21	0.7			
6					22	0.7			
7	1.0				23	0.5			
8	0.7				24	0.9			
9	0.7				25	0.5			
10	0.5				26				
11	0.7				27				
12					28	0.9			
13					29	1.0			
14	0.4				30	0.7			
15	0.4				31	0.5			
16	0.4				Total		2		

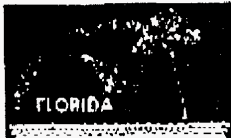
III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Signature and Date: *George R. Peterson Jr.* 11-10-02

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

* Attach a letter of authorization.



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

I. GENERAL WATER SYSTEM INFORMATION FOR THE MONTH/YEAR OF NOV / 2002

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	0.6				17				
2					18	1.2			
3					19	0.8			
4	1.0				20	0.7			
5	0.5				21	1.0			
6	0.5				22	0.8			
7	0.8				23				
8	0.8				24				
9					25	0.6	2	0.8	
10					26	0.6			
11	0.7				27	1.0			
12	1.1				28	0.5			
13	0.8				29	0.8			
14	1.0				30				
15	0.6				31				
16					Total		2		

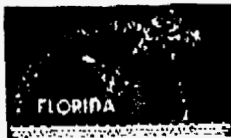
III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

Signature and Date: *George R. Patterson Jr.*

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

* Attach a letter of authorization.



Department of Environmental Protection

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

INSTRUCTIONS: See Page 2.

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

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

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

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

Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions	Day of the Month	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)			Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	No. of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1					17	0.9			
2	1.1				18	0.6			
3	1.5				19	0.9			
4	0.8				20	1.0			
5	1.0				21				
6	1.0				22				
7					23	1.3			
8					24	1.0			
9	1.2				25				
10	1.0				26	0.6			
11	0.9	2	1.2		27	0.8			
12	1.1				28				
13	1.2				29				
14					30	0.8			
15					31	0.5			
16	0.5				Total		2		

III. STATEMENT BY OWNER OR AUTHORIZED REPRESENTATIVE OF WATER SYSTEM

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

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

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

* Attach a letter of authorization.

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

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

Test Year Ended December 31, 2002

cc: DR w/encl. 2002

181 694

181694

UTILITIES INC.



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 18, 2002

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

Dear Mr. Flynn:

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

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

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

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

Sincerely,

Gary L. Shaffer
Environmental Administrator

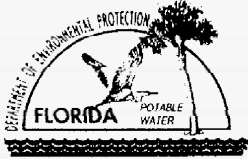
GLS:kb

cc: John Pope - DEP Pensacola
George Patterson

"More Protection, Less Process"

Printed on recycled paper.

PCF-1 000052



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SANITARY SURVEY REPORT
 COMMUNITY SYSTEMS

SYSTEM AND OWNER INFORMATION

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

INSPECTION AND CONTACT INFORMATION

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

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

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

SERVICE AREA

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

EMERGENCY MEDIA CONTACT NUMBERS

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

AUXILIARY POWER REQUIREMENTS (62-555.320)

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

TYPES OF AUXILIARY POWER USED

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

PERMANENT SOURCES OF RAW WATER:

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

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

<input type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> pH Adjustment	<input type="checkbox"/> Chlorination
<input type="checkbox"/> Filtration	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> T&O Control	<input type="checkbox"/> Chlorination-Pre	<input type="checkbox"/> Filt. Hi-Rate
<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Settling	<input type="checkbox"/> Chlorination-Post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> Reverse Osmosis
<input type="checkbox"/> Zeolite Softener	<input type="checkbox"/> Coagulation	<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> Aqua Mag	<input type="checkbox"/> Other-Specify

Any additional treatment is needed? N/A For control of what deficiencies? N/A

DISTRIBUTION SYSTEM

Material of mains? PVC System looped? Yes Any fire hydrants < 6" lines? Yes No N/A
 Operation pressure 55 psi Max. pipe diameter 6" Min. pipe diameter 3/4"
 Number of dead ends 0 How often flushed? Monthly Blowoff lines below grade None

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

CROSS CONNECTION CONTROL

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

COMPLIANCE MONITORING

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

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

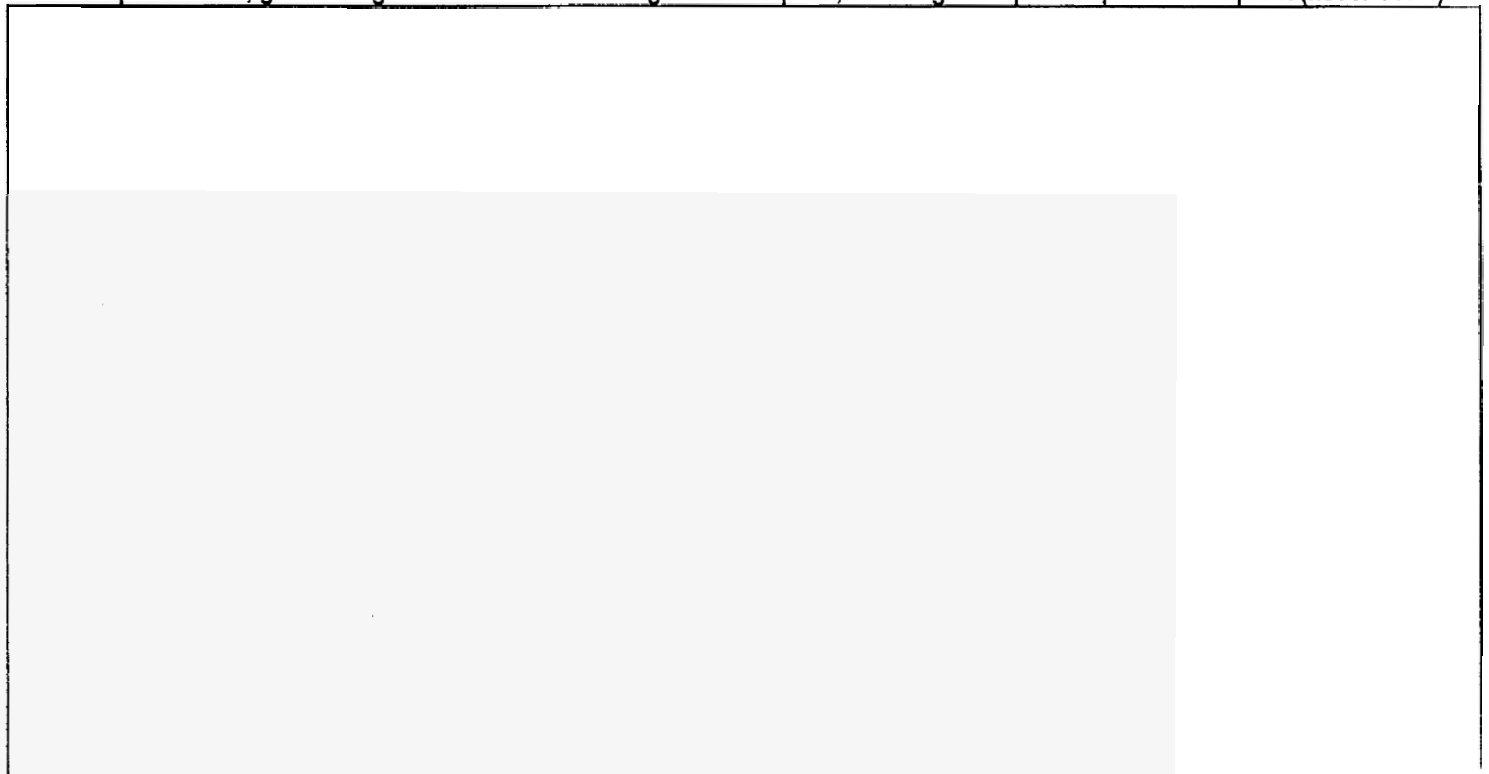
System out of compliance with any of the above parameters? None

Violations of sampling or MCL requirements: _____

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

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

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



SCHEDULE OF DEFICIENCIES

BAYSIDE UTILITY SERVICES, INC. WATER SYSTEM

PWS ID # 1034016

There were no deficiencies noted during the inspection.

INSPECTOR

Kathie Butcher

DATE:

11/18/02

SUPERVISOR

Nancy Kennedy

DATE:

11-18-02

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

25.30-440(6)
Permits
N/A

Test Year Ended December 31, 2002

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

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

Test Year Ended December 31, 2002

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

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

Test Year Ended December 31, 2002

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

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

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

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

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

Field Employees:

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

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

Duties and Responsibilities:

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

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

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

**25.30-440(9)
Vehicles**

Test Year Ended December 31, 2002

BAYSIDE UTILITY SERVICES, INC.

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

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

BAYSIDE UTILITIES, INC.

Docket No. 030444-WS

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

Test Year Ended December 31, 2002

SUBDIVISION :. 00694
ROUTE :.
SERVICE ORDER# :. 591661
ACCOUNT# :. 006940011301
CUSTOMER NAME :. ,
SERVICE ADDRESS :.
DDATE :. 02/04/02
DTYPE :. 36
DOPER :.
DCOMMENT :. PAGED TO DAVID SWIFT
WILLIAM 850-233-5904 HAS A SEWER BACK-UP.
RESOLUTION :. LINE FULL OF GREASE.
FIXED
SWIFTY/FT 2:20 PM
RDATE :. 02/04/02

SUBDIVISION :. 00694
ROUTE :.
SERVICE ORDER# :. 593270
ACCOUNT# :. 006940011651
CUSTOMER NAME :. ,
SERVICE ADDRESS :.
DDATE :. 02/11/02
DTYPE :. 36
DOPER :.
DCOMMENT :. CUSTOMER CALLED AND STATED THAT HE HAVE A CLOGGED SEWER
PAGED DAVID S
RESOLUTION :. 2/11/02 HAD LINE CLEANED.
DT/FT
RDATE :. 02/11/02

SUBDIVISION :. 00694
ROUTE :.
SERVICE ORDER# :. 594117
ACCOUNT# :. 006940000000
CUSTOMER NAME :. ,
SERVICE ADDRESS :.
DDATE :. 02/12/02
DTYPE :. 43
DOPER :.
DCOMMENT :. NUMEROUS CALLS TO ANSWERING SERVICE BETWEEN 9:10 AND 9:39 PM COMPLAINING
OF NO WATER.
PLEASE PROVIDE RESOLUTION
RESOLUTION :. LEAK REPAIRED AND SERVICE RESTORED.
?/FT
RDATE :. 02/13/02

SUBDIVISION :. 00694
ROUTE :.
SERVICE ORDER# :. 664329
ACCOUNT# :. 006940000000
CUSTOMER NAME :. ,
SERVICE ADDRESS :.
DDATE :. 11/25/02
DTYPE :. 32
DOPER :.
DCOMMENT :. ON BIG DADDY THE SMELL IS EXTREME PLEASE RESOLVE & NOTE RESULTS

RESOLUTION : . & WHAT OCCURRED
: PG TO GEORGE MR CALDWELL- 850-2490627 PH US
: HUNG A 9,072g ODOR BLOCK IN LIFTSTATION.
: GP/KIM
DATE : . 11/25/02

SUBDIVISION : . 00694
ROUTE : . 694
SERVICE ORDER# : . 585238
ACCOUNT# : . 006940011471
CUSTOMER NAME : . ISENBARGER, JOHN
SERVICE ADDRESS : . 6605 SUNRISE DR
DATE : . 01/07/02
TYPE : . 35
FOPER : .
COMMENT : . MR. CALLED STATING HE CUT A SEWER LINE.

RESOLUTION : . I PAGED IT TO DAVID AND GAVE DAVE THE CUSTOMERS PHONE NUMBER. HE WILL
: CALL HIM.
: REPAIRED SEWER LINE
DATE : . 01/07/02

SUBDIVISION : . 00694
ROUTE : . 694
SERVICE ORDER# : . 587975
ACCOUNT# : . 006940010601
CUSTOMER NAME : . PATSY, BRENDEL
SERVICE ADDRESS : . 6510 SUNRISE DR
DATE : . 01/17/02
TYPE : . 36
FOPER : .
COMMENT : . MS. CALLED DUE TO CLOGGED LINE
: SHE IS WASHING A LOAD OF CLOTHES AND THE WATER IS BACKING UP INTO HER
: COMMODE AND BATHTUB.

RESOLUTION : . PAGE TO DAVE
: JETTED & CLEANED SEWER SERVICE WAS CLOGGED
DATE : . 01/17/02

SUBDIVISION : . 00694
ROUTE : . 694
SERVICE ORDER# : . 590185
ACCOUNT# : . 006940011111
CUSTOMER NAME : . POWELL, JOHN
SERVICE ADDRESS : . 7029 SUNRISE DR
DATE : . 01/26/02
TYPE : . 36
FOPER : .
COMMENT : . CUSTOMER CALLED ANSWERING SERVICE AT 4:21 PM SAT 1/26/02 TO STATE
: SEWER IS BACKING UP AND RUNNING OUT OF HIS SEWER CLEAN OUT.

RESOLUTION : . PLEASE PROVIDE RESOLUTIONS.
: DAVE SWIFT HAD LINE CLEANED AND JETTED.
: FT

DATE : 01/26/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 592549
 ACCOUNT# : 006940011352
 CUSTOMER NAME : WHITLOW, MARK
 SERVICE ADDRESS : 6721 SUNRISE DR
 DATE : 02/07/02
 TYPE : 36
 FOPER :

COMMENT : CUSTOMER HAS CLOGGED SEWER LINE, BACKUP IN COMODE AND BATHTUB,
 PLEASE RESOLVE.

RESOLUTION : CALLING OUT TO FIELD.
 HAD SERVICE LINE CLEANED AND JETTED.
 DT/FT

RDATE : 02/07/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 592601
 ACCOUNT# : 006940011361
 CUSTOMER NAME : ERDMAN, SHARON
 SERVICE ADDRESS : 6717 SUNRISE DR
 DATE : 02/07/02
 TYPE : 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 PROBLEM. HE WILL NOT BE PAYING
 ANY MORE BILLS UNTIL IT IS OVER THE AMOUNT OF HIS CLEAN UP COST.
 PLEASE CHECK OUT PROBLEM.

RESOLUTION : 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
 BEFORE AND THIS IS WHY HE ACTED THIS WAY.
 DT/FT

RDATE : 02/07/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 597295
 ACCOUNT# : 006940010862
 CUSTOMER NAME : BROMLEY, JOAN
 SERVICE ADDRESS : 6806 SUNRISE DR
 DATE : 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 : 02/27/02

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

CUSTOMER NAME :. BLAIR,SALLY
 SERVICE ADDRESS: 7104 BIG DADDY DR B-9
 DDATE :. 03/04/02
 DTYPE :. 43
 DOPER :.
 DCOMMENT :. SALLY BLAIR 850-234-2427 SAYS THAT SHE SIGNED UP ON 2/28/02 TO HAVE
 SERVICE STARTED ON 3/1/02 AND SAYS THAT SHE STILL HAS NO WATER.
 PAGED TO SWIFTY.
 RESOLUTION :. TURNED ON READ 536350 SWIFTY/FT
 . 2/4/02 3:35PM
 DDATE :. 03/04/02
 SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 598558
 ACCOUNT# :. 006940010542
 CUSTOMER NAME :. MORABITO,STEVE
 SERVICE ADDRESS: 6412 SUNRISE BLVD
 DDATE :. 03/06/02
 DTYPE :. 32
 DOPER :.
 DCOMMENT :. MR. CALLED WANTING HIS WATER TESTED BECAUSE IT SMELLS AND TASTES LIKE
 SEWAGE (WHEN HE FIRST TURNS IT ON).
 .
 . TAG DOOR WITH YOUR FINDINGS
 RESOLUTION :. WE CANNOT TEST WATER ACCORDING TO HANDBOOK.
 . SWIFTY/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 BID 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
 DDATE :. 03/06/02
 SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 598636
 ACCOUNT# :. 006940010913
 CUSTOMER NAME :. LEBLANC,LEE
 SERVICE ADDRESS: 6824 SUNRISE DR
 DDATE :. 03/05/02
 DTYPE :. 36
 DOPER :.
 DCOMMENT :. PLEASE CHECK FOR CLOGGED SEWER.
 PH. 850-236-7330
 RESOLUTION :. COLLECTION BOX WAS FULL OF SAND. CLEANED OUT. NO MORE CLOG. NEEDS
 MORE WORK. AWAITING APPROVAL. SWIFTY/FT
 DDATE :. 03/05/02
 SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 600353
 ACCOUNT# :. 006940011282
 CUSTOMER NAME :. MCGEE,TERRY
 SERVICE ADDRESS: 6823 SUNRISE DR
 DDATE :. 03/12/02

TYPE : 36
 OPER :
 COMMENT : CUSTOMER CALLED COMPLAINING OF CLOGGED SEWER
 RESOLUTION : HAD PARKER SEPTIC TO JET LINE DUE TO GREASE IN LINE.
 LINE CLEAR/
 SWIFTY/PT
 RDATE : 03/12/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 601002
 ACCOUNT# : 006940011282
 CUSTOMER NAME : MCGEE, TERRY
 SERVICE ADDRESS : 6823 SUNRISE DR
 RDATE : 03/18/02
 TYPE : 36
 OPER :
 COMMENT : CUSTOMER CALLED AND STATED THAT HE HAVE CLOGGED SEWER
 PAGED DAVID S
 RESOLUTION : JETTED LINE 3:00 SWIFTY/PT
 RDATE : 03/18/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 601699
 ACCOUNT# : 006940011282
 CUSTOMER NAME : MCGEE, TERRY
 SERVICE ADDRESS : 6823 SUNRISE DR
 RDATE : 03/20/02
 TYPE : 36
 OPER :
 COMMENT : SEWER IS BACKED UP
 PAGED TO SWIFTY

RESOLUTION : JETTED LINE. LOTS OF GREASE. NO PROBLEM. SPOKE WITH CUSTOMER AND
 TOLD THEM TO STOP DUMPING GREASE INTO DRAIN
 SWIFTY/PT
 RDATE : 03/20/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 604446
 ACCOUNT# : 006940013012
 CUSTOMER NAME : CULVERHOUSE, MIKE
 SERVICE ADDRESS : 7105 BIG DADDY DR
 RDATE : 04/01/02
 TYPE : 36
 OPER :
 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
 SWIFTY/PT
 RDATE : 04/01/02

SUBDIVISION : 00694
 ROUTE : 694

SERVICE ORDER# :. 604596
 ACCOUNT# :. 006940012963
 CUSTOMER NAME :. BIBB,WANDA J
 SERVICE ADDRESS :. 7104 BIG DADDY DR I-7
 DATE :. 04/01/02
 TYPE :. 36
 POPER :.
 COMMENT :. CUSTOMER CALLED ANSWERING SERVICE 8:12 3/30/02 COMPLAINING THAT SOMEONE
 CAME OUT YESTEREDAY AND SEWAGE BACKED UP INTO MY BRAND NEW DOUBLE WIDE
 WITH NEW CARPETS.
 RESOLUTION :. JETTED 5-6 TO MAIN LINE. NO WAY THAT THIS COULD AFFECT 7-8.
 TO END PROBLEM HAVING CARPET CLEANED AND WILL BILL US.
 GP/FT
 4/5/02 SERVICE PRO CONTACTED US FOR APPROVAL ON CARPET CLEANING.
 OK'D BY PHONE BY PATRICK F.
 DATE :. 04/01/02

SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 605569
 ACCOUNT# :. 006940013012
 CUSTOMER NAME :. CULVERHOUSE,MIKE
 SERVICE ADDRESS :. 7105 BIG DADDY DR
 DATE :. 04/04/02
 TYPE :. 36
 POPER :.
 COMMENT :. PAGED TO SWIFTY
 SHELBY FROM THE TIKI BAR & LOUNGE CALLED TO REPORT A
 SEWER BACK-UP. 850-236-4088
 RESOLUTION :. THIS IS CUSTOMER'S PROBLEM. THIS USED TO BE A LAUNDRYMAT AND WHEN
 LAUNDRY EQUIPMENT WAS REMOVED SEWER CONNECTIONS WERE NOT CAPPED OFF
 PROPERLY. THE CUSOTMER IS AWARE OF PROBLEM AND WILL HAVE REPAIRED.
 GP/FT
 DATE :. 04/04/02

SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 616954
 ACCOUNT# :. 006940010741
 CUSTOMER NAME :. CRYSEL,ROBERT
 SERVICE ADDRESS :. 6626 SUNRISE DR
 DATE :. 05/21/02
 TYPE :. 36
 POPER :.
 COMMENT :. CUSTOMER CALLED DUE TO SEWER BACKUP
 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
 DATE :. 05/21/02

SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 617942
 ACCOUNT# :. 006940010122

CUSTOMER NAME : CRUZ,EULALIA
 SERVICE ADDRESS : 6905 BIG DADDY DR
 DDATE : 05/28/02
 TYPE : 36
 POPER :
 COMMENT : SEWER BACKING UP INTO THE HOUSE.
 :
 : PAGED TO GEORGE
 RESOLUTION : PULLED CLEAN OUT PLUG. VERIFIED STOPAGE ON OUR END. I CALLED PARKER
 : SEPTIC TO JET THE LINE OUT. SEWER LINE FOUND TO BE BROKE ABOUT 25'
 : FROM CLEAN OUT. I CALLED SALYER PLUMBING TO REPLACE 25" OF SEWER LINE.
 : GP/FT
 RDATE : 05/28/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 621683
 ACCOUNT# : 006940011352
 CUSTOMER NAME : WHITLOW,MARK
 SERVICE ADDRESS : 6721 SUNRISE DR
 DDATE : 06/11/02
 TYPE : 36
 POPER :
 COMMENT : SEWER BACKUP. PAGED TO SWIFTY.
 RESOLUTION : AFTER VERIFYING BLOCKAGE IN UTILITIES LINE, WE CALLED FOR JET TRUCK &
 : 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
 ROUTE : 694
 SERVICE ORDER# : 621628
 ACCOUNT# : 006940011352
 CUSTOMER NAME : WHITLOW,MARK
 SERVICE ADDRESS : 6721 SUNRISE DR
 DDATE : 06/11/02
 TYPE : 38
 POPER :
 COMMENT : CUSTOMER CALLED AND STATED THAT SHE IS HEARING GURGLING SOUNDS IN THE
 : BATHROOM IN THE TOILET
 : PH# 850-249-6721
 : PAGED GEORGE
 RESOLUTION : AFTER VERIFYING BLOCKAGE IN UTILITES LINE. WE CALLED FOR JET TRUCK AND
 : 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
 RDATE : 06/11/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 628282
 ACCOUNT# : 006940010341
 CUSTOMER NAME : SOLT,CHARLES

SERVICE ADDRESS: 6601 BIG DADDY DR
 DATE: 07/08/02
 TYPE: 43
 OPER:
 COMMENT: PAGED TO GEORGE P.
 CUST HAS NO WATER.
 RESOLUTION: GEORGE SAID THAT THE CITY HAD A BREAK THAT IS AFFECTING OUR
 CUSTOMERS.
 GP/KJK
 DATE: 07/08/02

SUBDIVISION: 00694
 ROUTE: 694
 SERVICE ORDER#: 633799
 ACCOUNT#: 006940012021
 CUSTOMER NAME: LACKEY, ROBERT
 SERVICE ADDRESS: 1047 BAY CIR
 DATE: 07/29/02
 TYPE: 33
 OPER:
 COMMENT: MS. CALLED BECAUSE GEORGE TOLD HER AFTER THE LEAK THE LAWN REPAIRS WILL
 BE DONE. HOWEVER, THERE IS A HOLE THAT NEEDS TO BE FILLED.
 RESOLUTION: THIS ADDRESS IS ROAD WORK PRIOR TO DRIVEWAY. I CALLED MS. LACKEY AND
 LET HER KNOW THAT WE ARE WAITING ON A BID FOR HER WORK TO BE DONE. SHE
 SAID OK AND PLEASE KEEP HER INFORMED.
 MG/FT/ANN
 DATE: 07/27/02

SUBDIVISION: 00694
 ROUTE: 694
 SERVICE ORDER#: 635870
 ACCOUNT#: 006940012421
 CUSTOMER NAME: BAUER, RICHARD
 SERVICE ADDRESS: 7104 BIG DADDY DR B-2
 DATE: 08/02/02
 TYPE: 37
 OPER:
 COMMENT: CUSTOMER STATES THAT THERE IS A VERY BAD SEWER ODOR WHICH MEANS THAT
 THERE IS A SEWER BACK UP IN THE AREA.
 PAGED GP
 RESOLUTION: 8/2/02 THERE IS NO BACK UP. EVERYTHING SLOWS DOWN DUE TO A LOT OF RAIN.
 (INFILTRATION)
 DATE: 08/02/02

SUBDIVISION: 00694
 ROUTE: 694
 SERVICE ORDER#: 635084
 ACCOUNT#: 006940010221
 CUSTOMER NAME: DURSTON, ROY
 SERVICE ADDRESS: 6725 BIG DADDY DR
 DATE: 08/05/02
 TYPE: 36
 OPER:
 COMMENT: PLEASE CHECK FOR CLOGGED SEWER.
 PH. 850-233-8650
 RESOLUTION: 8/5/02 PULLED CLEAN OUT PLUG. VERIFIED (WITH CUSTOMER PRESENT) CLOG ON
 CUSTOMER SIDE. GP/FT

DATE :. 08/05/02

SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 641952
 ACCOUNT# :. 006940010924
 CUSTOMER NAME :. JONES, TERRI
 SERVICE ADDRESS :. 6826 SUNRISE DR
 DATE :. 08/28/02
 TYPE :. 33
 OPER :.
 COMMENT :. CUSTOMER ASKED THAT WE CHECK OUT A "SINK HOLE" IN FRONT YARD.
 . SHE THINKS IT MAY BE CAUSE BY SEWER
 RESOLUTION :. THIS IS NOT FROM THE SEWER LINES. NONE NEAR THIS HOLE. LAST CUSTOMER
 . HAD DOG THAT DUG THIS HOLE. GP/FT
 RDATE :. 08/28/02

SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 642593
 ACCOUNT# :. 006940010211
 CUSTOMER NAME :. LONG, NANCY
 SERVICE ADDRESS :. 6801 BIG DADDY DR
 DATE :. 08/25/02
 TYPE :. 36
 OPER :.
 COMMENT :. CUSTOMER CALLED ANSWERING SERVICE 8/25/02 AT 13:15 COMPLAINING THAT
 . THERE IS A GURGLING SOUND FOLLOWED BY SEWAGE BACKING UP INTO TUB AFTER
 . FLUSHING
 RESOLUTION :. CALLED SALYER PLUMBING, JET TRUCK USED TO JET LINE.
 . GP/FT
 RDATE :. 08/25/02

SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 652123
 ACCOUNT# :. 006940010401
 CUSTOMER NAME :. HUTTO, GELINDE
 SERVICE ADDRESS :. 6509 BIG DADDY DR
 DATE :. 09/08/02
 TYPE :. 36
 OPER :.
 COMMENT :. CUSTOMER CALLED ANSWERING SERVICE AT 12:40 SUNDAY 9/8/02 COMPLAININ OF
 . SEWAGE BACKING UP INTO TUB.
 RESOLUTION :. SEWER CLOG ON OUR SIDE OF LATERAL. SALYER PLUMBING JETTED LATERAL.
 . GP/FT
 RDATE :. 09/08/02

SUBDIVISION :. 00694
 ROUTE :. 694
 SERVICE ORDER# :. 645556
 ACCOUNT# :. 006940010182
 CUSTOMER NAME :. MORRIS, CINDY
 SERVICE ADDRESS :. 6813 BIG DADDY DR
 DATE :. 09/11/02
 TYPE :. 36
 OPER :.

COMMENT :. CUSTOMER HAS A SEWER BACK UP
 . PAGED GP
RESOLUTION :. CLOG WAS WHERE 3 LATERALS COME TOGETHER JUST ABOVE SEWER MAIN. ONE OF
 . THE LATERALS WAS HELD ON BY TAPE. PARKER SEPTIC REPLACED BAD JUNCTION.
 . 9/11/02 GP/FT
DATE :. 09/11/02

SUBDIVISION :. 00694
ROUTE :. 694
SERVICE ORDER# :. 647209
ACCOUNT# :. 006940011541
CUSTOMER NAME :. HOPPING ,JOHN
SERVICE ADDRESS :. 6507 SUNRISE DR
DATE :. 09/17/02
TYPE :. 34

COMMENT :. MR. CALLED TO REPORT RAW SEWAGE COMING OUT OF THE GROUND IN THE LOT
 . LOCATED ON THE WEST SIDE OF HIS LOT.

RESOLUTION :. CLDL ON OUR SIDE. CALLED JET TRUCK & PUMP TRUCK FROM ROTO ROOTER.
 . (PUMP TRUCK SO NOTHIN WENT INTO LAGOON THAT IS 20' AWAY)
 . GP/FT
DATE :. 09/18/02

SUBDIVISION :. 00694
ROUTE :. 694
SERVICE ORDER# :. 647484
ACCOUNT# :. 006940013012
CUSTOMER NAME :. CULVERHOUSE,MIKE
SERVICE ADDRESS :. 7105 BIG DADDY DR
DATE :. 09/18/02
TYPE :. 39
POPER :

COMMENT :. "MARY" CALLED FROM THE TIKI LOUNGE TO REPORT ALARM SOUNDING AT LIFT
 . STATION BEHIND THE LOUNGE.

RESOLUTION :. PAGED TO GEORGE
 :. 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
DATE :. 09/18/02

SUBDIVISION :. 00694
ROUTE :. 694
SERVICE ORDER# :. 648313
ACCOUNT# :. 006940010992
CUSTOMER NAME :. ADAMS,MARK
SERVICE ADDRESS :. 6920 SUNRISE DR
DATE :. 09/20/02
TYPE :. 36
POPER :

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

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

GP/FT
 DATE : 09/20/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 652414
 ACCOUNT# : 006940011951
 CUSTOMER NAME : LATIOLAIS, LISA M
 SERVICE ADDRESS : 1029 BAY CIR
 DATE : 10/08/02
 TYPE : 30
 OPER :
 COMMENT : CUST HAS WHITE FLAKES IN HIS WATER.
 PAGED TO GEORGE P.
 RESOLUTION : 10/8/02 CUSTOMER SHOWED ME THE WHITE FLAKES GETTING CAUGHT IN HIS
 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
 ROUTE : 694
 SERVICE ORDER# : 658049
 ACCOUNT# : 006940010211
 CUSTOMER NAME : LONG, NANCY
 SERVICE ADDRESS : 6801 BIG DADDY DR
 DATE : 11/01/02
 TYPE : 37
 OPER :
 COMMENT : CUSTOMER STATED THAT THERE MIGHT BE A SEWER LEAK IN HER BACK YARD
 BECAUSE IT SMELLS VERY BAD.
 PLEASE CHECK OUT SITUATION AND TAG HOUSE WITH THE FINDINGS.
 RESOLUTION : 11/01/02 TALKED WITH CUSTOMER. WHEN WE GET HEAVY RAIN THE SYSTEM FILLS
 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 SMELL WAS
 NOT AS BAD AS IT WAS YESTERDAY. THE PUMPS WERE INSTALLED YESTERDAY.
 GP/FT
 DATE : 11/01/02

SUBDIVISION : 00694
 ROUTE : 694
 SERVICE ORDER# : 661097
 ACCOUNT# : 006940010401
 CUSTOMER NAME : HUTTO, GELINDE
 SERVICE ADDRESS : 6509 BIG DADDY DR
 DATE : 11/12/02
 TYPE : 36
 OPER :
 COMMENT : SEWER BACK UP
 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
 DATE : 11/12/02

SUBDIVISION : 00694

ROUTE : 694
 SERVICE ORDER# : 663181
 ACCOUNT# : 006940013002
 CUSTOMER NAME : BAYSIDE MARINA,
 SERVICE ADDRESS: 6325 BIG DADDY DR
 DATE : 11/20/02
 TYPE : 27
 OPER :
 COMMENT :
 : LINE BREAK AT THE MARINIA
 : PAGED GEORGE @ 10:35 AM
 RESOLUTION : 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.
 : APPROXIMATELY 85 CUSTOMERS AFFECTED
 : NOTIFIED DEPT OF ENVIRONMENTAL PROTECTION
 : NOTIFIED HEALTH DEPT FOR PUBLIC SERVICE ADDRESS
 GP/FT
 DATE : 11/20/02

19 records listed.

TOTAL P.014

SERVICE ORDER KSL

SUB	ROUTE	SO TYP	COUNT
10694		32	1
10694		36	2
10694		43	1
10694			4
10694	694	27	1
10694	694	30	1
10694	694	32	1
10694	694	33	2
10694	694	34	1
10694	694	35	1
10694	694	36	20
10694	694	37	2
10694	694	38	1
10694	694	39	1
10694	694	43	3
10694	694		34
10694			38

			38

38 records listed.

#10

FILE

694-001044-1 21.5
2002-694

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

Consumer Information Name: <u>ROYAL STEPHENS</u> Business Name: Svc Address: <u>6421 BIG DADDY DRIVE</u> County: <u>Bay</u> Phone: <u>(850)-236-8399</u> City/Zip: <u>Panama City Beach / 32407-</u> Account Number: Caller's Name: <u>ROYAL STEPHENS</u> Mailing Address: <u>6421 BIG DADDY DRIVE</u> City/Zip: <u>PANAMA CITY BEACH, FL 32407-</u> Can Be Reached: <u>(850)-914-9876</u> -Tracking Number:		Florida Public Service Commission - Consumer Request 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 850-413-6100	PSC Information Assigned To: <u>JOY ANDERSON</u> Entered By: <u>SDW</u> Date: <u>03/25/2002</u> Time: <u>15:55</u> Via: <u>PHONE</u> Prefirm Type: <u>IMPROPER DISCONNECTS</u> PO: Suppmtl Rpt Req'd: <u>//</u> Certified Letter Sent: <u>//</u> Certified Letter Rec'd: <u>//</u> Closed by: Date: <u>//</u> Closeout Type: Apparent Rule Violation: <u>N</u>
		Utility Information Company: <u>BAYSIDE UTILITY SERVICES, INC.</u> Altn. <u>Carl J. Wenz445217W</u> Response Needed From Company? <u>Y</u> Date Due: <u>04/13/2002</u> Interim Report Received: <u>//</u> Reply Received: <u>//</u> Reply Received Timely/Late: Informal Conf.: <u>N</u>	

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

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

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

Inquiry taken by Shonna McCray
smccray@psc.state.fl.us

Please forward your response to:

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

PAGE NO: 1

MAR-26-2002 16:31 UTILITIES, INC. FROM JOY ANDERSON 847 498 6498 P.03/04 3-25-02 3:59pm p. 2 of 3

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

MAR-26-2002 16:31 UTILITIES, INC.
RE: Satisfaction To: Carl J. Weisz445217W From: JOY ANDERSON

847 498 6498 P.04/04

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

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

TOTAL P.04

BAYSIDE UTILITY SERVICES, INC.

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

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

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

Sent via US Mail & Fax

April 11, 2002

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

Reference: Request No. 445217W - Acct. #694-001044-1
Roy Stephens - 6421 Big Daddy Drive

Dear Ms. Anderson:

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

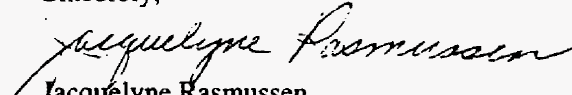
In investigating this request, I noticed that there were a few water outages affecting various parts of this subdivision. On planned outages, it is our policy to tag or post signs to let the customers know the reason for the outage and to give them an estimate of the time it will take to restore service.

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

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

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

Sincerely,


Jacquelyne Rasmussen
Regional Office Manager

/jr

cc: Roy Stephens
Patrick Flynn, Regional Operations Manager

SERVICE ORDER ACCOUNT NUMB - 00694 000000 0 SUB- BAYSIDE UTILITY SERVICES, IN PHONE -

NAME	TYPE Q43	FOLLOW-UP	RTE SEQN DW UNITS	INSTALLD SIZE CONV TYPE DIGS
ADDR BAYSIDE UTILITY SERVICES, INC	NO WATER	OPERATOR FERRI		
ZIP	METER NO-	DUE DATE 02/12/02	LOC -	COM -

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

RESOLUTION DATE- CODE- HOURS- MATERIAL COST-
 DESCRIPTION

LEAK REPAIRED AND SERVICE RESTORED.

?/FT

11:24:21 09 APR 2002

Main Break - 2 calls to dispatched

6706

6717

764 - LOT 7

6523

6509

additional
calls to
answering service

water off to park
to make repair

Not sent to PSC

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
10/28/04