

REZ

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# Public Service Commission

March 12, 1998

F. Marshall Deterding, Esquire  
Rose, Sundstrom & Bentley  
2548 Blairstone Pines Drive  
Tallahassee, Florida 32301

**Re: Survey in Docket No. 960545-WS -- Investigation of utility rates and quality of service of Aloha Utilities, Inc., in Pasco County**

Dear Marty:

Pursuant to Order No. PSC-97-1512-FOF-WS, attached is staff's approved cover letter and survey to be sent to Aloha's customers (Seven Springs Division) as soon as possible. Staff has put in a date of April 17, 1998, for the survey's return. If the utility can not mail the survey by March 18, 1998, please increase the return date by each day the survey is delayed past the March 18 mailing date (i.e., give them at least 30 days to respond). If the return date falls on a Saturday or Sunday, then make the return date for the following Monday.

If you have any questions or problems, please contact me at (850) 413-6234, or John Starling at (850) 413-6952, immediately.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIT \_\_\_\_\_
- OPC \_\_\_\_\_
- WH \_\_\_\_\_
- SEC \_\_\_\_\_
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DOCUMENT NUMBER - DATE  
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PSC RECORDS/REPORTING

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Sincerely,



Ralph R. Jaeger  
Senior Attorney

RRJ/lw  
Enclosure

cc: **Division of Records and Reporting**  
Division of Water and Wastewater (Starling, McRoy, Crouch)  
James Goldberg  
OPC (McLean)  
Representative Mike Fasano

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## WATER QUALITY SURVEY

In connection with recent proceedings before the Florida Public Service Commission, the Commission found that the quality of water provided by Aloha Utilities, Inc., meets applicable federal and state drinking-water standards. However, during those proceedings, the Commission heard complaints from numerous customers about the color and odor of the water, and about low water pressure. By Order No. PSC-97-1512-FOF-WS, the Commission directed the utility to conduct a survey of its customers concerning the level of customer satisfaction with water quality as relates to odor, taste, pressure and clarity (color).

The survey response should be returned to the Public Service Commission for processing and evaluation. The Commission and the utility will use this survey to aid them in determining what actions, if any, should be undertaken. It is **imperative** that you accurately respond to all applicable questions and return the survey whether you are satisfied or dissatisfied with the current level of service. Returning the completed survey will assist in a determination of Aloha's quality of service. **If you do not return the survey, it will be presumed by staff to mean you are satisfied with the quality of water service you currently receive.**

Once you have completed the survey, please mail it in the attached self-addressed stamped envelope to:

CHARLES H. HILL, DIRECTOR  
RE: WATER QUALITY SURVEY IN DOCKET NO. 960545-WS  
DIVISION OF WATER AND WASTEWATER  
FLORIDA PUBLIC SERVICE COMMISSION  
2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850

Please return only one survey per billing location. All responses should apply only to the location billed for water service and **SHOULD BE RETURNED** to the above address **NO LATER THAN APRIL 17, 1998.**

If you have any questions about the survey, you may contact the Commission Staff set forth below:

Ralph R. Jaeger, Senior Attorney, 850-413-6234  
John Starling, Staff Engineer, 850-413-6952  
James McRoy, Staff Engineer, 850-413-7009

**WATER QUALITY SURVEY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Subdivision: \_\_\_\_\_

1. In the last 24 months, have you observed discolored water in your home or business?

- a. \_\_\_\_\_ Yes
- b. \_\_\_\_\_ No

**If yes**, please respond to questions 1a through 1j. Otherwise, skip to question 2.

1a. Which color best describes your water.

- a. \_\_\_\_\_ Black
- b. \_\_\_\_\_ Grey
- c. \_\_\_\_\_ Brown
- d. \_\_\_\_\_ Red
- e. \_\_\_\_\_ Blue
- f. \_\_\_\_\_ Green
- g. \_\_\_\_\_ Milky white
- h. \_\_\_\_\_ Other (Please describe): \_\_\_\_\_

1b. Where in the home or business have you observed the discolored water? (Check all that apply.)

- a. \_\_\_\_\_ Kitchen
- b. \_\_\_\_\_ Master Bathroom (Tub)
- c. \_\_\_\_\_ Master Bathroom (Sink)
- d. \_\_\_\_\_ Laundry Room
- e. \_\_\_\_\_ Spare Bathroom (Tub)
- f. \_\_\_\_\_ Spare Bathroom (Sink)
- g. \_\_\_\_\_ Toilet tank(s)
- h. \_\_\_\_\_ Other (Please indicate): \_\_\_\_\_

1c. Where in the home or business is the discoloration most noticeable?

- a.  Kitchen
- b.  Master Bathroom (Tub)
- c.  Master Bathroom (Sink)
- d.  Laundry Room
- e.  Spare Bathroom (Tub)
- f.  Spare Bathroom (Sink)
- g.  Toilet tank(s)
- h.  Other (Please indicate): \_\_\_\_\_
- i.  Can't tell where it is most noticeable

1d. When did you first observe the discoloration?

- a.  Prior to 1990
- b.  Between 1990 and 1994
- c.  In 1995 (Please indicate the month): \_\_\_\_\_
- d.  In 1996 (Please indicate the month): \_\_\_\_\_
- e.  In 1997 (Please indicate the month): \_\_\_\_\_

1e. Have you noticed any improvement in the past twelve months?

- a.  Yes
- b.  No

1f. Which of the following apply?

- a.  The discoloration appears in hot water only.
- b.  The discoloration appears in cold water only.
- c.  The discoloration appears equally in both hot and cold water.
- d.  The discoloration appears in both hot and cold water but is worse in the hot water.
- e.  The discoloration appears in both hot and cold water but is worse in the cold water.

1g. How often do you experience discoloration problems?

- a.  Daily
- b.  Weekly
- c.  Monthly
- d.  Other (Please indicate): \_\_\_\_\_

1h. When you experience incidents of discolored water, how long is the duration of the discoloration?

- a.  Less than one minute
- b.  Between one and five minutes
- c.  Between five and fifteen minutes
- d.  Between fifteen minutes and one hour
- e.  Longer than one hour

1i. Is the discoloration worse if the fixture has not been used for two days or more?

- a.  Yes
- b.  No

2. In the past twelve months, have you found the odor and taste of the water delivered to your home or business acceptable?

- a.  Yes
- b.  No

**If no**, please respond to questions 2a and 2b. Otherwise, skip to question 3.

2a. Please describe the odor.

- a.  Rotten Egg (Hydrogen sulfide)
- b.  Chlorine
- c.  Musty
- d.  Other (Please describe): \_\_\_\_\_

2b. How often do you notice the unpleasant taste or odor?

- a.  Daily
- b.  Weekly
- c.  Monthly
- d.  Other (Please indicate how often): \_\_\_\_\_

3. In the last twelve months, have you found the pressure of the water delivered to your home or business to be acceptable?

- a.  Yes
- b.  No

**If no**, please respond to questions 3a through 3c. Otherwise, skip to question 4.

3a. When do you typically experience pressure problems?

- a.  Between 6 am - 10 am
- b.  Between 10 am - 4 pm
- c.  Between 4 pm - 8 pm
- d.  Between 8 pm - 6 am

3b. How often do you experience pressure problems?

- a.  Daily
- b.  Weekly
- c.  Monthly
- d.  Other (Please indicate): \_\_\_\_\_

3c. When you experience low pressure, what is the length of time it lasts?

- a.  Less than one hour
- b.  One hour to two hours
- c.  Two hours to three hours
- d.  More than three hours

4. Would you be willing to pay increased rates to improve the water quality?

- a.  Yes
- b.  No

**If yes**, please respond to question 4a.  
Otherwise, skip to question 5.

4a. How much of an increase in your water bill would you be willing to pay for improved water quality?

- a.  0%-50%
- b.  50%-100%
- c.  100%-200%
- d.  200%-300%
- e.  Greater than 300%

5. Which of the following best describes your billing location.

- |   |   |
|---|---|
| a. <input type="checkbox"/> House             | e. <input type="checkbox"/> Townhouse       |
| b. <input type="checkbox"/> Apartment         | f. <input type="checkbox"/> Condominium     |
| c. <input type="checkbox"/> Manufactured Home | g. <input type="checkbox"/> Office/Business |
| d. <input type="checkbox"/> Duplex or Triplex | h. <input type="checkbox"/> Other: _____    |

6. When was your home or business constructed?
- a.  Prior to 1975
  - b.  1975 to 1980
  - c.  1981 to 1985
  - d.  1986 to 1990
  - e.  1991 to 1995
  - f.  1996 to present
  - g.  Don't know
7. How long have you lived in your home or operated the business?
- a.  Less than one year
  - b.  One year to three years
  - c.  Three years to five years
  - d.  Five years to ten years
  - e.  More than 10 years
8. What is the approximate living area of your home or size of your business?
- a.  1,000 sq. ft or less
  - b.  From 1,001 to 1,500 sq. ft.
  - c.  From 1,501 to 2,000 sq. ft.
  - d.  From 2,001 to 3,000 sq. ft.
  - e.  From 3,001 to 4,000 sq. ft.
  - f.  Greater than 4,000 sq. ft.
9. How many people live in your home?
- a.  One
  - b.  Two
  - c.  Three
  - d.  Four
  - e.  Five or more
  - f.  Not applicable
10. On average, how much time during the year are you away from home?
- a.  Two weeks or less
  - b.  More than two weeks but less than one month
  - c.  More than one month but less than three months
  - d.  More than three months but less than six months
  - e.  More than six months
  - f.  Not applicable



11. How many bathrooms does your home or business have?

- a.  1
- b.  1½
- c.  2
- d.  2½
- e.  3 or more

12. What type of water system piping is in your home or business?  
[Please note that many homes have PVC piping for undersink drains which you should not consider in answering the question.]

- a.  All Copper
- b.  All CPVC
- c.  Both CPVC and copper
- d.  Other (Please indicate): \_\_\_\_\_
- e.  Don't know

13. Have you ever used a home water treatment unit or water softener in your home or business?

- a.  Yes
- b.  No
- c.  Don't know

13a. If the answer to 13 is yes, please identify the type of water treatment unit.

- a.  Water Softener
- b.  Reverse Osmosis
- c.  Carbon Filtration
- d.  Other (Please identify): \_\_\_\_\_
- e.  Don't know

14. Does your home or business have an underground lawn sprinkler system?

- a.  Yes
- b.  No

14a. If yes, how is water supplied to that system?

- a.  Aloha Utilities
- b.  Private well
- c.  Other (Please identify): \_\_\_\_\_
- d.  Don't know

