ORIGINAL

Consolidated Water Works

2915 E. Baya Ave
P.O. Box 191
Lake City, Fl. 32056

Phone (904)752-6729
Fax (904) 755-1174

October 31,2000

FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD BLVD.
TALLAHASSEE, FLORIDA 32399

001682-WU

ATTENTION: Troy Rendell
REFERENCE: Staff Assisted Rate Case Application

Dear Mr. Rendell,

Enclosed, please find the Rate Case Application for Consolidated Water Works. It is unfortunate that it has taken me this long to prepare the application since I spoke to you and you kindly sent the application. I have only been with Consolidated Water Works since March 13th, 2000, so I was in the unfortunate position of learing all about the systems at the time of my request. There was a tremendous change over of office help during the periods of 1996 until the time of my arrival in March 2000, consequently the record keeping for those periods left a lot to be desired. I eventually, as I got my feet wet, started with the beginning of the year 2000, because I was able to scour the files that were readily available. All of this is to explain why I am only enclosing costs for the year of January through September 2000.

On a monthly basis I have tracked all of the expenses and all of the income for the three water subdivision of Azalea Park, Shady Oaks and 242 Village. The three do not support themselves, and the owner Jack Espenship has been putting money from his construction company and personal funds to keep the bills paid. We are currently under a Consent Order from the DEP because there needs to be a lot of repair work done and equipment replacement that can not occur because the funds are not available. The Company desperately needs to increase revenue in order to comply with the DEP and to become a profitable venture.

I am enclosing the application for the Staff Assisted Rate change with the hope that you will give this material your consideration. If you should need further information, please call Pam Dones at (904) 752-6729.

Thank you,

Pam Dones,
Consolidated Water Works, Bookkeeper

Enclosures:3

RECEIVED
FLORIDA PUBLIC SERVICE
COMMISSION
00 NOV -6 PM 2:46
DIVISION OF
ECONOMIC REGULATION

DOCUMENT NUMBER-DATE
14417 NOV-8 00
FPSC-RECORDS/REPORTING

ORIDA PUBLIC SERVICE COMMISSIO

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility Consolidated Water Works

B. Address P,O, Box 191

Lake City, Florida 32056

1. Telephone Nos. (904 752-6729

2. County Columbia Nearest city Lake City

3. General area served Shady Oaks Subdivision (S.O.)

Azalea Park (A.P.) 242 Village (242)

C. Authority:

1. Water Certificate No. 393-W Date received 2/23/83

2. Sewer Certificate No. N/A Date received

3. Date utility started operations: Water 2/23/83 Sewer N/A

D. How system was acquired S.O.-Owner Built, A/P- Owner Built
242-Purchase
If utility was purchased, give date May 1995 Amount Paid $7,375.00

1. Name of Seller Classic Hertigage Homes Inc

2. Was seller affiliated with present owners? No

3. Did you purchase: Stock _____ or assets only XXX

E. Type of legal entity: Corporation, Partnership or Sole

Proprietorship Proprietorship

F. Ownership & Officers:

	Name	Title	Percent Ownership
1.	John M. Espenship	Owner	100%
2.			
3.			
4.			

PSC/WAS 2 (Rev. 11/86)

G. List of Associated Companies and Addresses:

1. _____

2. _____

3. _____

H. If you have retained an attorney and/or a consultant to represent the utility for this application, furnish the name(s) and address(es):

A

II. Accounting Data

A. Outside Accountant

1. Name Virginia Tinner

2. Firm Virginia Tinner Accounting

3. Address P.O. Box 1686, Lake City, Fl. 32056

4. Telephone (904) 758-9808

B. Individual to contact on accounting matters:

1. Name Pam Dones

2. Telephone (904) 752-6729

C. Location of books and records 2915 Baxter Ln., Lake City Fl 32025

D. Have you filed an Annual Report with the Commission? Yes

Date last filed December 1999

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? No

F. Basic Rate Base Data (Most recent two years)

1. Water	2000 XXXXx	19__
Cost of Plant In Service:	$ 42,788.95	$
Less Accumulated Depreciation:		
Less Contributed Plant:	32,184.11	
Net Owner's Investment:	$ 10,004.84	$

2. Sewer

	2000 XX19XX	19__
Cost of Plant In Service:	$ N/A	$
Less Accumulated Depreciation:		
Less Contributed Plant:		
Net Owner's Investment:	$	$

G. Basic Income Statement (Most recent two years):

1. Water

	2000 XX19XX	19__
Revenues (By Class):		
a.	$ 32,184.11	$
b.		
c.		
Total Operating Revenues:	$ 32,184.11	$
Less Expenses:		
a. Salaries & Wages - Employees	$ 9,326.70	$
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	0	
c. Employee Pensions & Benefits	0	
d. Purchased Water	0	
e. Purchased Power	2,910.86	
f. Fuel for Power Production	0	
g. Chemicals	4,975.38	
h. Materials & Supplies	5,286.10	
i. Contractual Services	1,400.00	
j. Rents	0	
k. Transportation Expenses	0	
l. Insurance Expense	0	
m. Regulatory Commission Expense	0	
n. Bad Debt Expense	0	
o. Miscellaneous Expense	17,092.95	
p. Depreciation Expense		
q. Property Taxes	405.95	
r. Other Taxes		
s. Income Taxes		
Operating Income (Loss)	$ (9,213.83)	$

2. Sewer

	2000 XXXX	19__
Revenues (By Class):		
a. _____	$ N/A	$ _____
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	$ N/A	$ _____
Less Expenses:		
a. Salaries & Wages - Employees	$ N/A	$ _____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Sewage Treatment	_____	_____
e. Sludge Removal Expense	_____	_____
f. Purchased Power	_____	_____
g. Fuel for Power Production	_____	_____
h. Chemicals	_____	_____
i. Materials & Supplies	_____	_____
j. Contractual Services	_____	_____
k. Rents	_____	_____
l. Transportation Expenses	_____	_____
m. Insurance Expense	_____	_____
n. Regulatory Commission Expense	_____	_____
o. Bad Debt Expense	_____	_____
p. Miscellaneous Expense	_____	_____
q. Depreciation Expense	_____	_____
r. Property Taxes	_____	_____
s. Other Taxes	_____	_____
t. Income Taxes	_____	_____
Operating Income (Loss)	$ N/A	$ _____

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	Columbia County Bank	10/31/86	67,006.69	11%	11/30/09
2.					
3.					
4.					

I. Indicate Type of Tax Return Filed:

_____	Form 1120 - Corporation
_____	Form 1120S - Subchapter S Corporation
_____	Form 1065 - Partnership
XXX	Form 1040 - Schedule C - Individual (Proprietorship)

III. Engineering Data

A. Outside Engineering Consultant:

1. Name _____

2. Firm _____

3. Address _____

4. Telephone (___)_____

B. Individual to contact on engineering matters:

1. Name _____

2. Telephone (___)_____

C. Is the utility under citation by the Department of Environmental Regulation (DER) or county health department? If yes, explain. Yes

Please see attached Consent Order

D. List any known service deficiencies and steps taken to remedy problems. See attached

E. Name of plant operator(s) and DER operator certificate number(s) held. Budget Utilities DEP# C 6824, DEP # C 8051

F. Is the utility serving customers outside of its certificated area? _____ If yes, explain. _____

G. Wastewater:

1. Gallons per day capacity of treatment facilities existing _____ _____ under construction _____ proposed _____

2. Type and make of present treatment facilities _____

3. Approximate average daily flow of treatment plant effluent _____

4. Approximate length of sewer mains:

Size (diameter)	_____	_____	_____	_____	_____
Linear feet	_____	_____	_____	_____	_____

5. Number of manholes _____

6. Number of liftstations _____

7. How do you measure treatment plant effluent? _____

8. Is the treatment plant effluent chlorinated?_____ If yes, what is the normal dosage rate? _____

9. Tap in fees - Sewer $_____

10. Service availability fees - Sewer $_____

11. Note DER Treatment Plant Certificate Number and date of expiration: Number _____ Expiration Date _____

12. Total gallons treated during most recent twelve months _____

13. Sewage treatment purchased during most recent twelve months ____

H. Water

1. Gallons per day capacity of treatment facilities existing 340,000 GPD _____ under construction _____ proposed _____

2. Type of treatment Disinfection, Sodium Hypochlorite

3. Approximate average daily flow of treated water 157,000 GPD

4. Source of water supply Wells

5. Types of chemicals used and their normal dosage rates _____ Sodium Hypochlorite, Approx. 3.0 mg/l

6. Number of wells in service 3 Total capacity in gallons per minute (gpm) _____

	S.O.	A.P.	242		
Diameter/Depth	6" / 210	6" / 140	6"/140		
Motor horsepower	5HP/10HP	5HP/10HP	5HP/10HP		
Pump capacity (gpm)	125	125	125		

7. Reservoirs and/or hydropneumatic tanks:

Description	Steel Tank	Steel Tank	Steel Tank		
Capacity	1500/2000	1500/2000	1500/2000		

8. High service pumping:

Motor horsepower	N/A				
Pump capacity (gpm)					

9. How do you measure treatment plant production? Metered

10. Approximate feet of water mains:

	S.O.	A.P.	242		
Size (diameter)	4"	4"	4"		
Linear feet	8970	6210	5940		

11. Note any fire flow requirements and imposing government agency
N/A

12. Number of fire hydrants in service N/A

13. Do you have a meter change out program? No

14. Meter installation or tap in fees - Water $ 15.00

15. Service availability fees - Water $ 0

16. Has the existing treatment facility been approved by DER?
Currently under a Consent Order for Shady Oaks & Azalea Park

17. Total gallons pumped during most recent nine months Insuffient Data

18. Total gallons sold during most recent nine months 22,330,408

19. Gallons unaccounted for during most recent twelve months Insuffient data

20. Gallons purchased during most recent twelve months N/A

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Jack Espenship

2. Telephone Number (904 752-6729

B. Schedule of present rates (**Attach additional sheet** if more space is needed): ****Please see attached

1. Water:

a. Residential Water
b. General Service
c. Special Contract
d. Other

2. Sewer: N/A

a. Residential Sewer
b. General Service
c. Special Contract
d. Other

C. Number of Customers (Most recent two years):

	2000 XXXX	19__
1. Water Metered		
a. Residential	230	
b. General Service		
c. Special Contract		
d. Other - specify		
2. Water Unmetered	19__	19__
a. Residential	N/A	
b. General Service		
c. Special Contract		
d. Other - specify		
3. Sewer	19__	19__
a. Residential	N/A	
b. General Service		
c. Special Contract		
d. Other - specify		

V Affirmation

I, Jack Espenship the undersigned owner, officer, or partner of the above named public utility, doing business in the State of Florida and subject to the control and jurisdiction of the Florida Public Service Commission, certify that the statements set forth herein are true and correct to the best of my information, knowledge and belief.

Signed Jack Espenship

Title Owner

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.

BEFORE THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ..... IN THE OFFICE OF THE NORTHEAST DISTRICT

Complainant, ... OGC FILE NO. 99-1397

vs.

JACK ESPENSHIP, individually, and
CONSOLIDATED WATER WORKS, Inc.,

Respondent.
_____/

CONSENT ORDER

This Consent Order is made and entered into between the State of Florida Department of Environmental Protection ("Department") and Jack Espenship, individually and Consolidated Water Works, Inc. ("Respondent") to reach settlement of certain matters at issue between the Department and Respondent.

The Department finds and the Respondent admits the following:

1. The Department is the administrative agency of the State of Florida charged with the duty to administer and enforce the provisions of the Florida Safe Drinking Water Act, Sections 403.850, et seq., Florida Statutes, and the rules promulgated thereunder, Florida Administrative Code Title 62. The Department has jurisdiction over the matters addressed in this Consent Order.

2. Respondent is a person within the meaning of Section 403.852(5), Florida Statutes.

3. Respondent is the owner of two community water systems: Azalea Park Subdivision, ("Azalea Park"), PWS #2120047, located at 30°07'36.107" North and 82°38'50.053" West; and Shady Oaks Subdivision, ("Shady Oaks"), PWS #2121023, located at 30°07'15.512" North and 82°43'57.899" West.

4. Rule 62-555.350, 602.360(1)(e), F.A.C. requires all suppliers of water to maintain the plant in good operating condition. As a result of customer complaints, operator reports, and inspections, the Department is aware that Azalea Park has a well supply that is pumping sand, a severely corroded hydropneumatic tank, inadequate chlorination equipment, and an inoperable flow meter. The Department received customer complaints on February 9 and June 4, 1999. The Department performed inspections on May 19, July 21, September 1, October 20, 1998, and January 5, February 9, June 7, July 21, and August 19, 1999.

5. Rule 62-555.350, 602.360(1)(e), F.A.C. requires all suppliers of water to maintain the plant in good operating condition. As a result of customer complaints, operator reports, and numerous Department inspections, the Department is aware that Shady Oaks also has a well supply that is pumping sand, and a severely corroded hydropneumatic tank that has a previously patched weak spot that continually leaks. The Department received customer complaints on November 30, 1998, and January 4 and April 27, 1999. The Department performed inspections on May 19 and December 1, 1998, and January 5, June 7, and August 19, 1999.

Having reached a resolution of the matter Respondent and the Department mutually agree and it is,

ORDERED:

6. Respondent shall comply with the following actions within the stated time periods.

a. Within 30 days of Monday, January 17, 2000 (February 14, 2000), Respondent shall install the new hydropneumatic tank at Azalea Park Subdivision, repair or replace the flowmeter, and replace all corroded piping components.

b. Within 120 days of Monday, January 17, 2000 (May 10, 2000), Respondent shall purchase a hydropneumatic tank to replace the existing tank at the Shady Oaks Subdivision. The new tank shall be the same capacity as the existing tank.

Within 30 days of delivery of the new tank at Shady Oaks, Respondent shall install the new tank and replace all corroded piping components.

c. By June 30, 2000, a 5 Horsepower pump must be installed in the east well (the standby well) at Shady Oaks Subdivision.

d. Within 10 days of the installation of the new pump at Shady Oaks Subdivision, Respondent shall begin the 20 bacteriological analysis results for clearance of the east well.

e. Within 5 days of the receipt of the satisfactory bacteriological results, as mentioned in paragraph 6.d, Respondent shall connect the east well at Shady Oaks to the plant such that raw water from both wells is drawn alternately and treated.

f. Within 24 hours of beginning usage of the east well at Shady Oaks, Respondent shall perform the following chemical analyses at each plant effluent tap at both Shady Oaks and Azalea Park: Primary and Secondary Inorganics, Pesticides and PCBs, Volatile Organic Contaminants (VOCs), and Radionuclide chemical analyses.

g. Within 24 hours of completion of sampling for the chemical analyses listed in part 6.f., Respondent shall disconnect or valve off the east well at Shady Oaks until receipt of the chemical analysis results.

h. Within 10 days of receipt of satisfactory chemical analyses for the east well, Respondent shall contact the Florida Rural Water Association (FRWA) for a well specialist to inspect the west well at Shady Oaks and advise on needed repairs on the well.

i. Within 60 days of consultation by the FRWA well specialist, Respondent shall begin drawing water from the east well, and valve off the west well. Respondent shall begin requested repairs on the west well at Azalea Park.

j. Within 10 days of completion of the requested work on the west well at Shady Oaks, Respondent shall complete two consecutive days of bacteriological analyses to clear it for use.

k. Within 5 days of bacteriological clearance of the west well at Shady Oaks, Respondent shall connect both wells such that water is drawn from both in an alternating fashion for treatment.

l. Within 60 days of completion of the necessary repairs on the west well at Shady Oaks, Respondent shall install a 5 horsepower pump in the north well (standby well) at Azalea Park Subdivision.

m. Within 10 days of the installation of the new pump at Azalea Park Subdivision, Respondent shall begin the 20 bacteriological analysis results for clearance of the north well.

n. Within 5 days of the receipt of the satisfactory bacteriological results, as mentioned in paragraph 6.m, Respondent shall connect the north well at Azalea Park to the plant such that raw water from both wells is drawn alternately and treated.

o. Within 24 hours of beginning usage of the north well at Azalea Park, Respondent shall perform the following chemical analyses at each plant effluent tap at both Shady Oaks and Azalea Park: Primary and Secondary Inorganics, Pesticides and PCBs, Volatile Organic Contaminants (VOCs), and Radionuclide chemical analyses.

p. Within 24 hours of completion of sampling for the chemical analyses listed in part 6.o., Respondent shall disconnect or valve off the north well at Azalea Park until receipt of the chemical analysis results.

q. Within 10 days of receipt of satisfactory results for the chemical analyses on the north well, Respondent shall contact the Florida Rural Water Association (FRWA) for a well specialist to inspect the south well at Azalea Park and advise on needed repairs on the well.

r. Within 60 days of consultation by the FRWA well specialist, Respondent shall begin using the north well, and valve off the south well. Respondent shall begin requested repairs on the south well at Azalea Park.

s. Within 10 days of completion of the requested work on the west well at Shady Oaks, Respondent shall complete two consecutive days of bacteriological analyses to clear it for use.

t. Within 5 days of bacteriological clearance of the west well at Shady Oaks, Respondent shall connect both wells such that water is drawn from both in an alternating fashion for treatment.

7. Respondent agrees to pay the Department stipulated penalties in the amount of $100 per week for each and every week Respondent fails to timely comply with any of the requirements of paragraph 6 of this Consent Order. A separate stipulated penalty shall be assessed for each violation of this Consent Order. Within 30 days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to "The Department of Environmental Protection" by cashier's check or money order and shall include thereon the OGC number assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, Florida 32256. The Department may make demands for payment at any time after violations occur. Nothing in this paragraph shall prevent the Department from filing suit to specifically enforce any of the terms of this Consent Order. If the Department is required to file a lawsuit to recover stipulated penalties under this paragraph, the Department will not be foreclosed from seeking civil penalties for violations of this Consent Order in an amount greater than the stipulated penalties due under this paragraph.

8. If any event occurs which causes delay or the reasonable likelihood of delay, in complying with the requirements or deadlines of this Consent Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent's due diligence. Economic circumstances shall not be considered circumstances beyond the control of Respondent, nor shall the failure of a contractor, subcontractor, materialman or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name SHADY OAKS SUBDIVISION County Columbia PWS ID # 2121023
Plant Location SR 47 to CR 242 to CR 247; right, 2nd left on dirt road Phone 752-6729
Owner Name Consolidated Water Works Phone 752-6729
Owner Address P.O. Box 191, Lake City 32055
Contact Person Jack Espenship Title Owner Phone 752-6729
This Survey Date 2/22/00 Last Survey Date 3/16/98 Last C.I. Date 1/00

PWS TYPE & CLASS: Community - (5D)—

SERVICE AREA CHARACTERISTICS
Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 97
Population Served 340 Basis avg 3.5/home
Plant Design Capacity 74,000 gpd
Basis well and storage capacity
Average Day (from MORs) 85,000 gpd
Max. Day (from MORs) 150,000 gpd
Total Storage Capacity 2,000 gallons
Comments

LOCATION
Latitude 30° 07' 15" North
Longitude 82° 43' 57" West
GPS: Yes Date: 3/27/97
Directions I10 west to 75 south to SR 47 west to CR 242, left, to CR 247, right, to 2nd left, all way back on dirt road.

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Dan Houston C-006223

O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 2 *Actual* 2
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Chlorine and flow readings need to be recorded three additional days per week

***Please see page 5 section "D"[1]

RAW WATER SOURCE
☒ GROUND; Number of Wells 2
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE
☐ Yes ☐ None ☒ Not Required
Source
Capacity of Standby (kW)
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load
What equipment does it operate?
☐ Well pumps
☐ High Service Pumps
☐ Treatment Equipment
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments

TREATMENT PROCESSES IN USE
Hypo-Chlorination

What additional treatment is needed?
NA
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type Accu-meter, 4"
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections
Written Cross-connection Control Program: No
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 2121023

GROUND WATER SOURCE Date 22-Feb-00

Well Number (PWS Identification)		2121023	2121023		
Well Name (System Identification)		1, standby	2, Northwest		
Year Drilled		1974	1974		
Depth Drilled		210'	210'		
Latitutude		30° 07' 15.5" N	30 07' 15.5" N		
Longitude		82°43' 37.9" W	82 43' 56.7" W		
GPS (Y or N) / Date (if applicable)		3/27/97	3/27/97		
Florida Well ID		AAC1204	AAC1205		
Static Water Level		60'	60'		
Actual Yield (if different than rated capacity)		Unk	Unk		
Strainer		Unk	Unk		
Length (outside casing)		180'	180'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Steel	Steel		
Well Contamination History					
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	Ok	Ok		
	Reuse Water	Ok	Ok		
	WW Plumbing	Ok	Ok		
	Other Sanitary Hazard	Ok	Ok		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Barnes	Franklin		
	Model Number				
	Rated Capacity (gpm)	100	50		
	Motor Horsepower	10	5		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Needs repair	needs repair		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		No	No		
Well Vent Protection		Not used	Not used		

COMMENTS Electrical wiring on well in use needs conduit, and small leak on top of well.
Standby well now has working pump installed; to be connected as per Consent Order.

PWS ID # 2121023
Survey Date 22-Feb-00

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
Make Stenner Capacity 10 gpd
Chlorine Feed Rate 100 %
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 0.6 Remote 0.0
Remote tap location S & S
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points before hydro tank
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)

Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H		
Capacity (gal)	2000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	No		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	No		
Fittings for Sight Glass	Yes		
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	30-50		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Tank is very rusty, has two patches and leaks. Tank replacement in process, as per Consent Order.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

PWS ID # 2121023
Survey Date 22-Feb-00

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS serving < 3300 persons			
CONTAMINANT	**Last Sampled**	**Due Date**	**COMMENTS**
Microbiological (Bacti)	xxxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)
Volatile Organic Contaminants	1997	2000	
Pesticides & PCBs	1997	2000	2 quarterly samples required
Nitrate & Nitrite (as N)	1999	2001	
Inorganic Contaminants	1997	2000	
Asbestos	W	W	Samples taken from distribution. Waiver available if no asbestos pipe in the distribution system.
Secondary Standards	1997	2000	
Radionuclides	1997	2000	
Group I UOCs	W	W	Waiver available if systems serves less than 350 persons and 150 connections
Group II UOCs	W	W	Waiver available if systems serves less than 350 persons and 150 connections
Group III UOCs	W	W	Waiver available if systems serves less than 350 persons and 150 connections
Lead and Copper	1-6/99	1-6/00	Sample locations are from pre-approved sample plan

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.

SCHEMATIC:

PWS ID # 2121023
Survey Date 2/22/00

MONITORING VIOLATIONS	MCL VIOLATIONS
None	

DEFICIENCIES:

There was a leak on the bottom of the hydro tank in the plant building, causing constant standing water in the building.

Hydro tank is rusty and corroded.

The electrical wiring to the well is not protected and needs proper conduit.

The chlorine residual and daily flows need to be checked 3 additional days per week.

Inspector Melissa J. Irby Title Engineer III Date

Approved by Blanca R Rodriguez Title Date

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name AZALEA PARK County Columbia PWS ID # 2120047
Plant Location Off 47, west of 75, on rt. Phone 752-6729
Owner Name Jack Espenship Phone 752-6729
Owner Address Post Office Box 191 Lake City 32055
Contact Person Daniel Houston Title Operator Phone 961-6619
This Survey Date 5/19/98 Last Survey Date 1/17/96 Last C.I. Date

PWS TYPE & CLASS: Community -

SERVICE AREA CHARACTERISTICS
94-home subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 94
Population Served 329 Basis 94 x 3.5
Plant Design Capacity 192,000 gpd
Basis well and storage capacities
Average Day (from MORs) 21,000 gpd
Max. Day (from MORs) 27,000 gpd
Total Storage Capacity 1500 gallons
Comments

LOCATION
Latitude 30° 07' 36.11" North
Longitude 82° 38' 50.05" West
GPS: Yes Date: 3/27/97
Directions I 10 west to 75 south to 47 east. Take a right at church; plant is on left.

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mr. Daniel R. Houston

O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 2 *Actual* 2
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Need 5 days of recordings.

COMET: SITE ID PROJECT ID

RAW WATER SOURCE
☒ GROUND; Number of Wells 2
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE
☐ Yes ☐ None ☒ Not Required
Source
Capacity of Standby (kW)
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load
What equipment does it operate?
☐ Well pumps
☐ High Service Pumps
☐ Treatment Equipment
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments

TREATMENT PROCESSES IN USE
chlorination

What additional treatment is needed?
none
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type Acu-meter
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections see below
Written Cross-connection Control Program: No
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Flow meter is stuck.
Tap on tank is threaded; needs vacuum breaker.

PWS ID # 2120047
Survey Date 19-May-98

GROUND WATER SOURCE

Well Number (PWS Identification)		2120047	2120047		
Well Name (System Identification)		1, North	2, South		
Year Drilled		1974	1974		
Depth Drilled		140'	140'		
Latitutude		30° 07' 36.1" N	30 07 36.6 N		
Longitude		82° 38' 50" W	82 38 50 W		
GPS (Y or N) / Date (if applicable)		3/27/98	3/27/98		
Florida Well ID					
Static Water Level					
Actual Yield (if different than rated capacity)					
Strainer		yes	yes		
Length (outside casing)		80'	78'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		steel	steel		
Well Contamination History		none	none		
Is inundation of well possible?		no	no		
6' X 6' X 4" Concrete Pad		yes	see below		
SET BACKS	Septic Tank	near	near		
	Reuse Water	ok	ok		
	WW Plumbing	ok	ok		
	Other Sanitary Hazard	ok	ok		
PUMP	Type	submersible	submersible		
	Manufacturer Name	Barnes	Sta-Rite		
	Model Number	H190P6L3 6	607 5-3		
	Rated Capacity (gpm)	90	175		
	Motor Horsepower	5	10		
Well casing 12" above grade?		no	no		
Well Casing Sanitary Seal		open	open		
Raw Water Sampling Tap		good	good		
Above Ground Check Valve		below ground	below ground		
Fence/Housing		none	none		
Well Vent Protection		not used	not used		

COMMENTS Only well #2, South well is in use. Well #2 has a concrete pad, but there is a large hole, or cave under concrete (making it obsolete). Schrader valve leaks, and whole well head is slimy. Both well casing seals are open and need replacement; both check valves are under ground.

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
Make Culligan Capacity 10 gpd
Chlorine Feed Rate 1.5
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 0.4 Remote 0.0
Remote tap location church on 47
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points before hydro tank
Booster Pump Info n/a
Comments chlorinator runs continuously; needs to be connected to pressure switch.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe. & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	South	North	
Capacity (gal)	1500	1500	
Material	steel	steel	
Gravity Drain	Yes	Yes	
By-pass Piping	No	No	
Pressure Gauge	Yes	Yes	
Sight Glass or Level Indicator	No	No	
Fittings for Sight Glass	Yes	Yes	
Protected Openings	N/A	N/A	
PRV/ARV	ARV	ARV	
On/Off Pressure		32-50	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments South is empty and not in use; full of rust. Both are rusty and need to be replaced. North tank is leaking; leak at chlorine injection point.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

COMPLIANCE MONITORING
COMMUNITY PUBLIC WATER SYSTEMS
serving < 3300 persons

CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacti)	xxxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)
Volatile Organic Contaminants	8/97	2000	
Pesticides & PCBs	8/97	2000	2 quarterly samples required
Nitrate & Nitrite (as N)	3/98	1999	
Inorganic Contaminants	8/97	2000	
Asbestos	waiver	waiver	Samples taken from distribution. Waiver available if no asbestos pipe in the distribution system.
Secondary Standards	8/97	2000	
Radionuclides	8/97	2000	
Group I UOCs	waiver	waiver	Waiver available if systems serves less than 350 persons and 150 connections
Group II UOCs	waiver	waiver	Waiver available if systems serves less than 350 persons and 150 connections
Group III UOCs	waiver	waiver	Waiver available if systems serves less than 350 persons and 150 connections
Lead and Copper	8/97	1-6/98	Sample locations are from pre-approved sample plan

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.

SCHEMATIC:

PWS ID # 2120047
Survey Date 19 May-98

MONITORING VIOLATIONS	MCL VIOLATIONS
None.	

DEFICIENCIES:

The earth is washed away under the South well; please locate cause for this and eliminate; repair hole. Rule 62-555.315(2)(b)5, F.A.C.

Both tanks are rusty and in bad condition. The tank in use has a leak on the underside. Please repair/replace tanks. Rule 62-555.350, F.A.C.

The tap on the tank in use is threaded. Please install a vacuum breaker. Rule 62-555.330(2), F.A.C.

The chlorinator is running continuously, the chlorine residual at one point in the distribution was 0.0 mg/l, the chlorine supply had scum and debris in the tank, and there was a leak at the chlorine injection point. The chlorine system should be optimized such that the chlorine supply is fresh and free from contamination, the chlorination system is free of leaks, the chlorinator should be connected to the pressure switch for the pump, and a minimum of 0.2 mg/l chlorine residual should be maintained throughtout the distribution system. Rule 62-555.350, 62-555.350(3), F.A.C.

Both sanitary seals on the well heads are open to the environment, allowing contamination. Please repair the casing seals. Rule 62-555.315(2)(b)6, F.A.C.

Inspector Melissa J. Irby (COPY) Title Engineer I Date

Approved by Blanca R. Rodriguez Title Environmental Manager Date

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name 242 VILLAGE SUBDIVISION County Columbia PWS ID # 2124295
Plant Location 242, west of 41 Phone 752-6729
Owner Name Consolidated Water Works; Jack Espenship Phone 752-6729
Owner Address PO Box 191 Lake City, FL 32056
Contact Person Daniel Houston Title Operator Phone 961-6019
This Survey Date 1/12/99 Last Survey Date 1/23/96 Last C.I. Date

PWS TYPE & CLASS: Community - (5D)

SERVICE AREA CHARACTERISTICS
Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 48
Population Served 120 Basis
Plant Design Capacity gpd
Basis
Average Day (from MORs) 45,000 gpd
Max. Day (from MORs) 80,000 gpd
Total Storage Capacity 900 gallons
Comments

LOCATION
Latitude 30° 07' 31.34" North
Longitude 82° 57' 31.67" West
GPS: Yes Date: 3/27/97
Directions I10 west to 41 south through Lake City turn right on 242 (by Oasis Lounge). Plant is on right behind fence.

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Dan Houston

O & M Log: ☐ Yes ☒ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 2 *Actual* 2
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
need 5 days/wk

COMET: SITE ID PROJECT ID

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE
☐ Yes ☐ None ☒ Not Required
Source
Capacity of Standby (kW)
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load
What equipment does it operate?
☐ Well pumps
☐ High Service Pumps
☐ Treatment Equipment
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments

TREATMENT PROCESSES IN USE
chlorination

What additional treatment is needed?
none
For control of what deficiencies?
none

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 2" Master Meter
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections
Written Cross-connection Control Program: No
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

Survey Date 12-Jan-99

GROUND WATER SOURCE

Well Number (PWS Identification)		2124295			
Well Name (System Identification)		1			
Year Drilled		1987			
Depth Drilled		150'			
Latitutude		30° 07' 10" N			
Longitude		82° 57' 31" W			
GPS (Y or N) / Date (if applicable)		3/27/97			
Florida Well ID					
Static Water Level		unk			
Actual Yield (if different than rated capacity)					
Strainer					
Length (outside casing)		unk			
Diameter (outside casing)		4"			
Material (outside casing)		steel			
Well Contamination History					
Is inundation of well possible?		no			
6' X 6' X 4" Concrete Pad		yes			
SET BACKS	Septic Tank				
	Reuse Water	n/a			
	WW Plumbing				
	Other Sanitary Hazard	none noted			
PUMP	Type	submersible			
	Manufacturer Name				
	Model Number				
	Rated Capacity (gpm)	50			
	Motor Horsepower	3			
Well casing 12" above grade?		yes			
Well Casing Sanitary Seal		ok			
Raw Water Sampling Tap		good			
Above Ground Check Valve		good			
Fence/Housing		fence			
Well Vent Protection		not used			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
Make Stenner Capacity 10 gpd
Chlorine Feed Rate 60%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 0.6 Remote 0.3
Remote tap location house
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points before tank & before flowmeter
Booster Pump Info n/a
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe. & Mn Removal)

Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H		
Capacity (gal)	900		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	No		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	30-60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max Water Level	N/A		

Comments

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS serving < 3300 persons			
CONTAMINANT	**Last Sampled**	**Due Date**	**COMMENTS**
Microbiological (Bacti)	xxxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)
Volatile Organic Contaminants	1997	2000	
Pesticides & PCBs	1997	2000	2 quarterly samples required
Nitrate & Nitrite (as N)	1998	1999	
Inorganic Contaminants	1997	2000	
Asbestos	W	W	Samples taken from distribution. Waiver available if no asbestos pipe in the distribution system
Secondary Standards	1997	2000	
Radionuclides	1997	2000	
Group I UOCs	W	W	Waiver available if systems serves less than 350 persons and 150 connections
Group II UOCs	W	W	Waiver available if systems serves less than 350 persons and 150 connections
Group III UOCs	W	W	Waiver available if systems serves less than 350 persons and 150 connections
Lead and Copper	7-12/97	1-6/99	Sample locations are from pre-approved sample plan

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.

SCHEMATIC:

PWS ID # 2124295
Survey Date 27-Jan-99

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Plant effluent tap needs a vacuum breaker.

Well casing vent is not used.

Plant needs to be visited 5 times per week, two by operator.

Inspector Melissa J. Irby (COPY) Title Engineer II Date

Approved by Blanca R. Rodriguez Title Environmental Manager Date

Consolidated Water Works
P.O. Box 191
Lake City, Florida 32056
(904) 752-6729
(904) 755-1174 (fax)

October 31, 2000

Attachment for page 5

IV. B-1	Shady Oaks Subdivision	Minimum Base for 1000 Gals.	$ 7.24
		Each 1000 after first 1000 Gals	$ 1.30
	Azalea Park	Minimum Base for 1000 Gals	$ 7.24
		Each 1000 after first 1000 Gals	$ 1.30
	242 Village	Minimum Base first 8000 Gals	$ 17.79
		Each 1000 after first 8000 Gals	$ 2.00