### **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

COUNTY FUNDA FUNDA CENTROL COUNTY SERVICE SERV

DOCUMENT NUMBER-DATE

FPSC-RECORDS/REPORTING

### DRIDA PUBLIC SERVICE COMMISSIO

## APPLICATION FOR A STAFF ASSISTED RATE CASE

A.	Name of utility Consolidated Water Works				
В.	Address P.O. Box 191				
	Laké City, Florida 32056				
	1. Telephone Nos. ( <u>904</u> <u>752-6729</u>				
	2. County <u>Columbia</u>				
	3. General area served Shady Oal	ks Subdivision	( <u>S.O.)</u>		
	Az <u>alea Park (A.P.) 242 Vi</u>	11age (242)			
c.	Authority:				
	1. Water Certificate No. 393	<u>-W</u> Date	receive@/ <u>23/83</u>		
	2. Sewer Certificate No. N/	<u>A</u> Date	received		
	3. Date utility started operation	ns: Water <u>2/</u> er Built, A/P-			
D.	How system was acquired 242-Purch		Owner Bullt		
	If utility was purchased, give date May 1995 Amount Paid \$7.375				
	1. Name of Seller <u>Classic Hertigage Homes Inc</u>				
	2. Was seller affiliated with pre	esent owners?	No		
	3. Did you purchase: Stock	or ass	ets only XXX		
E.	Type of legal entity: Corporation, Partnership or Sole				
	Proprietorship Proprietorship				
F.	Ownership & Officers:		Percent		
	<u>Name</u>	<u>Title</u>	<u>Ownership</u>		
	1. John M. Espenship		100%		
	3.	`			
	4.				
	3 2 (Rev. 11/86) List of Associated Companies and	Talalman and a second			
G.					
G.	1.				
· .					
<b>G.</b>	3.		**************************************		

II.	Acc	Accounting Data				
•	A.	Outside Accountant				
		1. Name <u>Virginia Tinner</u>				
		2. Firm <u>Virginia Tinner Accounting</u>				
		3. Address P.O. Box 1686, Lake City, F1. 32056				
		4. Telephone (904) 758-9808				
•	в.	Individual to contact on accounting matters:				
		1. Name Pam Dones				
		2. Telephone ( <u>904</u> ) <u>752-6729</u>				
	c.	Location of books and records 2915 Baxter Ln., Lake City F1 32025				
	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 XXXX 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 X <b>XX</b>	19
		Cost of Plant In Service:	\$ <u>N/A</u>	\$
		Less Accumulated Depreciation:		
		Less Contributed Plant:	. '	
		Net Owner's Investment:	\$	\$
G.	Basi	c Income Statement (Most recent two	=	
	1.	Water	2000 xx <b>xx</b>	19
		Revenues (By Class): a b	\$ <u>32,184.11</u>	\$
		C Total Operating Revenues:	\$ 32.184.11	\$
		Less Expenses:		
		<ul> <li>a. Salaries &amp; Wages - Employees</li> <li>b. Salaries &amp; Wages - Officers,</li> <li>Directors, &amp; Majority</li> <li>Stockholders</li> </ul>	\$ <u>9,326.70</u> 0	\$
		c. Employee Pensions & Benefits d. Purchased Water e. Purchased Power f. Fuel for Power Production g. Chemicals	0 0 2,910.86 0 4,975.38	
		h. Materials & Supplies i. Contractual Services j. Rents	5,286.10 1,400.00	
		k. Transportation Expenses l. Insurance Expense m. Regulatory Commission Expense n. Bad Debt Expense o. Miscellaneous Expense	0 0 0 0 17,092.95	
		p. Depreciation Expense		
		q. Property Taxes	405.95	
		r. Other Taxes		
		s. Income Taxes		<u></u>
		Operating Income (Loss)	\$ <u>(9,213.83)</u>	\$

	2. Se	ewer	2000 XIX <u>9X</u> X	19
		venues (By Class):	\$ N/A	\$
	b.		3 11/11	7
	c.			
	Tot	al Operating Revenues:	\$ N/A	\$
	Les	ss Expenses:	•	
	a.	Salaries & Wages - Employees	\$ <u>N/A</u>	\$
	b.		T	
	c.	Employee Pensions & Benefits		
	d.			
	e.			
	f.	Purchased Power		
	g.			
	h.			
	i. j.			
	k.		***************************************	
	1.		***************************************	
	m.	Insurance Expense		
	n.	Regulatory Commission Expense		
	٥.	Bad Debt Expense		,
	p.	Miscellaneous Expense		
	q.	Depreciation Expense	· · · · · · · · · · · · · · · · · · ·	
	r.	Property Taxes		
	s.	Other Taxes		
	t.	Income Taxes		
	Ope	erating Income (Loss)	\$ <u>N/A</u>	\$
н.	Outsta	nding Debt:	Tobacca to	Expiration
		Date Balar Creditor Borrowed Du	nce Interest <u>Rate</u>	
	1. <u>Co</u>	lumbia County Bank 10/31/86 6	<u>67,006</u> .69 11%	
	3.			
	4.			
I.	Indica	te Type of Tax Return Filed:		
		Form 1100		
		Form 1120 - Corporation Form 1120S - Subchapter S	Corporation	
	A	Form 11205 - Subchapter S Form 1065 - Partnership	3 Corporation	
	XXX	Form 1040 - Schedule C -	- Individual (Prop	rietorship)
		THE THE PARTY OF T	,F	

## III. Engineering Data

Out	side Eng_ering Consultant:
1.	Name
2.	Firm
3.	Address
4.	Telephone ()
Ind	ividual to contact on engineering matters:
1.	Name
2.	Telephone ()
	the utility under citation by the Department of Environmental ulation (DER) or county health department? If yes, explain. $\underline{\text{Ye}}$
<u>P16</u>	ease see attached Consent Order
pro	t any known service deficiencies and steps taken to remedy blems. See attached
Nam hel	e of plant operator(s) and DER operator certificate number(s) d. Budget Utilities DEP# C 6824, DEP # C 8051
Is	the utility serving customers outside of its certificated area?  If yes, explain
Was	tewater:
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)
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, w 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						
н.	Wate	er						
	1.	Gallons per day capacity of treatment facilities existing 340,000 under construction proposed	GPD					
	2.	Type of treatmentDisinfection, 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 ratesSodium Hypochlorite, Approx. 3.0 mg/1	•					
	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  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.  Size (diameter) 4"  Lipear feet 2070  Color Table						

		11.	Note any fire flow requirements and imposing government agency N/A
		12.	Number of fire hydrants in serviceN/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 \$ <u>0</u>
		16.	Currently under a Consent Order for Shady Oaks &Azalea Park
		17.	nine Total gallons pumped during most recent <b>KWANXX</b> months <u>Insuffie</u> nt Data
		18.	nine Total gallons sold during most recent XXXXXXX months 22.330.408
		19.	Gallons unaccounted for during most recent twelve months <a href="Insuffient data">Insuffient data</a>
		20.	Gallons purchased during most recent twelve months N/A
IV.	Rat	e Dat	<u>:a</u>
	A.	Indi	vidual to contact on tariff matters:
		1.	Name <u>Jack Espenship</u>
		2.	Telephone Number ( <u>904</u> 752-6729
	в.	Sche	edule of present rates (Attach additional sheet if more space is led): ***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.	Num	ber o	f Customers (Most	recent	_	
	1.	Wate	r Metered	•	2000 X <b>XX</b> X	19
•		b.	Residential General Service Special Contract Other - specify	- - - -	230	
	2.	Wate	r Unmetered	_	19	19
		b. c.	Residential General Service Special Contract Other - specify	- - - -	N/A	
	3.	Sewe	r		19	19
		b. c.	Residential General Service Special Contract Other - specify	-	N/A	
V <u>Affir</u>	<u>mati</u>	<u>on</u>				·
I,	Jack	c Esp	enship		_ the undersigned o	wner, officer, or
partner	of t	he ab	ove named public	utility,	doing business in	the State of
Florida	and	subje	ct to the control	and ju	risdiction of the F	lorida Public
Service	Comm	issio	n, certify that t	he state	ements set forth he	rein are true
and corr	rect	to th		rmation,	knowledge and bel	ief.
			5.	тапеа (-	- file Colf	

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.

Title Owner

## BEFORE THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

OF ENVIRONMENTAL PROTECTION	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.

- e. 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.
- I. 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 Azalca 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 ro	ad	Phone	752-6729
Owner Name Consolidated Water Works			Phone	752-6729
Chamber Address D. C. Den 404 Lebe City 30055				
Contact Person <u>Jack Espenship</u> T	itle <u>Owner</u>	****	Phone	752 <u>-6729</u>
This Survey Date 2/22/00 Last Survey Date	3/16/9	8Las	t C.I. Date	1/00
PWS TYPE & CLASS: Community - (5D)—	RAW WA	TER SOURC	E	
SERVICE AREA CHARACTERISTICS Subdivision  Food Service: Yes No N/A	SURFA PURC Emerg	ACE/UDI; So HASED from jency Water :	urce PWS ID #_ Source	2
GENERAL INFORMATION	ALIVILLAT	RY POWER S	COURCE	
Number of Service Connections 97				nirad
Population Served 340 Basis avg 3.5/home	Cource	Moue	Not Req	uiteu
Plant Design Capacity 74,000 gpd	Capacity (	of Standby (k	W)	and the second s
Basis well and storage capacity	Switchove	or Tandby (R	atic Man	les
Average Day (from MORs) 85,000 gpd	Standby F	Plan Yes	No.	iuai
Max. Day (from MORs) 150,000 gpd			oad	
Total Storage Capacity 2,000 gallons		ipment does		
Comments				Producer and a second confidence of the second
	High	Service Pur	nns	
	Tres	atment Equip	ment	
LOCATION	Satisfy 1/2	2 max-day de	mand? Ye	s No Unk
Latitude 30° 07' 15" North	Comment	s	· · · · · · · · · · · · · · · · · · ·	
Longitude 82° 43' 57" West		TO STATE OF CHARLES AND ADDRESS.	y . p. 1000 1000 1000 1000 1000 1000 1000	
GPS: <u>Yes</u> Date: 3/27/97		· · · · · · · · · · · · · · · · · · ·	And the second s	Anna party of the state of the
Directions 110 west to 75 south to SR 47 west to	TREATM	ENT PROCE	SSES IN US	
CR 242, left, to CR 247, right, to 2nd left, all way	Hypo-Cl	hlorination		
back on dirt road.				
OPERATION & MAINTENANCE	What add NA	itional treatm	ent is needed	1?
Certified Operator: X Yes No No Not required	AND AND ADDRESS OF THE PARTY OF	ol of what def	iciencies?	
Operator(s) & Certification Class-Number	gagge is read in relational and and a	S. RESERVED AND PROPERTY AND PROPERTY OF THE P		and the same of th
Dan Houston C-006223	DISTRIBU	JTION SYST	EM	
		suring Devic		Meter
O & M Log: Yes No Not required		.,,	Accu-meter,	
Operator Visitation Frequency			evices: 🖂 Y	
Hrs/day: RequiredActual				
Hrs/day: RequiredActual Days/wk: Required	Written C	ross-connect	ion Control P	rogram: No
Non-consecutive Days? X Yes No No N/A				No N/A
MORs submitted regularly? 🛛 Yes 🔲 No 🔲				
N/A				
Data missing from MORs? No No Nes N/A				
Chlorine and flow readings need to be recorded	an amount are a single filler			
three additional days per week	•			

### GROUND WATER SOURCE Date 22-Feb-00

Well Number (PWS Identification)		2121023	2121023	
Well Name (System Identification)		1, standby	2, Northwest	
Year Drille	d	1974	1974	
Depth Drill	ed	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 We	II ID	AAC1204	AAC1205	
Static Wat	er Level	60'	60,	
Actual Yie	d (if different than rated capacity)	Unk	Unk	
Strainer		Unk	Unk	
Length (or	utside casing)	180'	180'	
Diameter (	(outside casing)	6"	6"	
Material (d	outside casing)	Steel	Steel	
Well Conta	amination History		and the state of t	
Is inundation of well possible?		No	No	
6' X 6' X 4	* Concrete Pad	Yes	Yes	
	Septic Tank	Ok	Ok	
SET	Reuse Waler	Ok	Ok	
BACKS	WW Plumbing	Ok	Ok	
	Other Sanitary Hazard	Ok	Ok	
	Туре	Submersible	Submersible	
	Manufacturer Name	Barnes	Franklin	
PUMP	Model Number		and the second of the second o	
	Rated Capacity (gpm)	100	50	
	Motor Horsepower	10	5	
Well casing 12" above grade?		Yes	Yes	
Well Casi	ng Sanitary Seal	Needs repair	needs repair	
Raw Water Sampling Tap		Yes	Yes	
Above Ground Check Valve		Yes	Yes	
Fence/Ho	using	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 <u>22-Feb-00</u>

CHLORINATION (Disinfection)	STORAGE FACILITIES		
Type: Hypo-Chlorination	(G) Ground (H) Hydropneumatic (E) Elevated		
Make Stenner Capacity 10 gpd Chlorine Feed Rate 100 %	(B) Bladder (C) Clearwell		
Avg. Amount of Cl <sub>2</sub> gas usedN/A	Tank Type/Number H		
Chlorine Residuals: Plant <u>0.6</u> Remote <u>0.0</u>	Capacity (gal) 2000		
Remote tap location S&S	Material steel		
DPD Test Kit: On-site With operator	Gravity Drain Yes		
None Not Used Daily Injection Points before hydro tank	By-pass Piping No		
Booster Pump Info	Pressure Gauge Yes		
Comments	Sight Glass or No		
	Level Indicator		
Chlorine Gas Use YES NO Comments Requirements	Fittings for Yes Sight Glass		
Dual System Dual System	Protected Openings N/A		
Auto-switchover	PRV/ARV PRV		
Alarms:	On/Off Pressure 30-50		
Loss of Cl <sub>2</sub>	Access Padlocked Yes		
capability	Height to Bottom of N/A		
Loss of Cl <sub>2</sub> residual	Elevated Tank		
Cl <sub>2</sub> leak detection	Height to Max. N/A Water Level		
C C	Comments Tank is very rusty, has two patches		
Chained Cylinders	and leaks. Tank replacement in process, as per		
Reserve Supply	Consent Order		
Adequate Air-pak			
Sign of Leaks			
Fresh Ammonia			
Ventilation			
Room Lighting			
Waming Signs	HIGH SERVICE PUMPS		
Repair Kits	Pump Number		
Fitted Wrench	Type		
Housing/Protection	Make		
•	Model		
AERATION (Gases, Fe, & Mn Removal)	Capacity (gpm)		
Type Capacity	Motor HP		
Aerator Condition	Date Installed		
Bloodworm Presence			
Visible Algae Growth	Maintenance		
Protective Screen Condition	Comments		
Comments			
The second secon			

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS serving < 3300 persons					
Microbiological (Bacti)	xxxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)		
Volatile Organic Contaminants	1997	2000	The state of the s		
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	The second secon		
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:

MONITORING VIOLATIONS	MCL VIOL	ATIONS
None		
		<del>Sharakata para angara ana ana ana ana ana ana ana ana ana </del>
		and the same of th
		n na marana daga daga daga daga daga daga daga d
DEFICIENCIES:		
There was a leak on the bottom of the hydro tank is building.		ant standing water in the
Hydro tank is rusty and corroded.		
The electrical wiring to the well is not protected and		
The chlorine residual and daily flows need to be ch		
	and the second	nan an
water and delicate		
and addressing to the state of		
· · · · · · · · · · · · · · · · · · ·		
	•	
- Company of the Comp	•	
$ \int$ $\int$		
Inspector	Title <u>Engineer III</u>	Date
Melissa J. Irby	2 THE RY	
	Title	Date
Approved byBlanca.R Rodriguez	Title	L'air

# State of Florida Department of Environmental Protection Northeast District

## **SANITARY SURVEY REPORT**

Plant Name	AZALEA	PARK	Co	unty	Columbia	PWS ID#	2120047
Plant Location Of	f 47, west of 75,	on rt.		<b>₽</b> -ч⊶н		Phone	752-6729
Owner Name Jac	k Espenship					Phone	752-6729
Owner Address P	ost Office Box 19	1 Lake City 3205	5				
Contact PersonD	aniel Houston		Title_	Operat	or	Phone	961-6619
Owner Address P Contact Person D This Survey Date	5/19/98	Last Survey Date		1/17/96	}Las	t C.I. Date	
PWS TYPE & CLAS	•		RA	W WAT	ER SOURC	E	
ARRY//AC 4 DE 4 AV			$\boxtimes$	GROU	ND; Number	of Wells	2
SERVICE AREA CH				SURFA	ACE/UDI; So	urce	
94-home subdivis	ion			PURC	HASED from	PWS ID#_	
F	, F1 53			Emerg	ency Water :	Source	
Food Service:	res [] No [X]	N/A		Emerg	ency Water	Capacity	
GENERAL INFORM	MATION		Δι	IYII IAD	Y POWER S	SOURCE	
Number of Service	Connections	94				Not Requ     Not Req     Not Req	uired
Population Served	329 Basis	94 x 3.5					
Plant Design Capac	ity 192,000	gpd	Ca	nacity o	f Standby (k	W)	
Basis well and sto	tage canacities		Ou Ou	packy o	r Clandby (K	atic Man	
Average Day (from	MORs) 21 000	end					uai
Max. Day (from MO	Rs) 27 000	and	ېرى ئولل	andoy r	lan: Yes	oad	
Total Storage Capa	city 1500	gallons	; ті; \Ал	s Opera	pment does	it operate?	
Comments							
	And the second section of the section o		_	J Vien	Capias Du		
Cathodic and Marketine and American support reports the first firs		and the state of t	Ļ		Service Fur	mps	
LOCATION			0.0	_} Uea	imeni Equip	ment	a Ma Mulak
Latitude 30° 07' 36.	11" North		୍ଦର ଦବ	USIY 1/2	r max-day de	emand? [_]re	s No Unk
Longitude <u>82° 38' 5</u>	0.05" West	THE RESIDENCE OF THE RESIDENCE OF THE SECOND STREET, AND THE SECOND	CO	mment	>		
GPS: Yes Date: 3/		The state of the s	ne veneralis	All and the second of the second	Control of the second s		
Directions I 10 west		7 past Take	TE	FATME	NT PROCE	SSES IN US	F
a right at church; pl							
a right at onal on, pi	ant is on ten.	manus and the second se		A IIOTA JAI			
	in dan sakata dan dan dan sakata dan sakata dan dan dan dan dan dan dan dan dan da	ethiologyappay (Art A. C. M. M. A. J. S. C. C. S. C.	W	hat addi	tional treatm	ent is needed	<del>1</del> ?
OPERATION & MA				none			
Certified Operator:					of what def	ficiencies?	
Operator(s) & Certif		imber					
Mr. Daniel R. Hou	uston		Marin when		And the superior of the superi		
	THE STREET, ST	hudballitätelerini finnistelekkisjatkinska kapanasenen (m. v. v. 1941 – 1954).	DI	STRIBL	Teye noitl	'EM	
O & M Log: 🔀 Yes	s 🗌 No 🔲 No	t required	Flo	ow Mear	suring Devic	e Flov	v Meter
Operator Visitation	Frequency				e & Type		
Hrs/day: Required_	Act	lual	Ba	ckflow l	Prevention D	Devices: 🔀 Y	′es 🔲 No
Days/wk: Required	2 Ac	lual 2			nnections <u>s</u>		
Non-consecutive	Days? 🛛 Yes	□ No □ N/A				tion Control F	
MORs submitted re	egularly? 🔯 Yes	□ No □ N/A	Co	oliform S	Sampling Pla	ın: 🔯 Yes [	]No □N/A
Data missing from I	MORs? No	Yes N/A			s Flow met		
Need 5 days of re	L.moret #	Se vue '					acuum breaker.
COMET: SITE ID	PROJE	CTID					

í

#### **GROUND WATER SOURCE**

r (PWS Identification) (System Identification)	2120047 1, North	2120047	
· . ·	i, North	0 0	
		2, South	
and the second s	1974	1974	
d	140'	140'	
	30° 07' 36.1" N	30 07 36.6 N	
	<u> </u>		
/ Date (if applicable)	3/27/98	3/27/98	·
ID			
Level			
(if different than rated capacity)			
and an annual section of the section	yes	yes	
side casing)	80'	78'	
utside casing)	6"	6*	
itside casing)	steel	steel	
nination History	none	none	
n of well possible?	no	no	
Concrete Pad	yes	see below	
Septic Tank	near	near	
Reuse Water	ok	ok	
WW Plumbing	ok	ok	
Other Sanitary Hazard	ok	ok	
Туре	submersible	submersible	The state of the s
Manufacturer Name	Barnes	Sta-Rite	
Model Number	H190P6L3-6	607-5-3	
Rated Capacity (gpm)	90	175	
Motor Horsepower	5	10	
12" above grade?	no	no	
Sanitary Seal	open	open	
Sampling Tap	good	good	
und Check Valve	below ground	below ground	
sing	none	none	
Protection	not used	not used	
	r Level (if different than rated capacity) side casing) utside casing) utside casing) nination History ri of well possible? Concrete Pad Septic Tank Reuse Water WW Plumbing Other Sanitary Hazard Type Manufacturer Name Model Number Rated Capacity (gpm) Motor Horsepower 12" above grade? g Sanitary Seal Sampling Tap und Check Valve sing	### ### ### ### ### ### ### ### ### ##	82° 38′ 50″ W   82 38 50 W     Date (if applicable)   3/27/98   3/27/98     ID

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.

,	PWS ID#_	2120047	
	Survey Date	19-May-98	

		•				# 21200- Date 19-May-	
CHLORINATION (Dis Type: <u>Hypo-Chlorina</u> t		)		STORAGE FACILITIS (G) Ground (H) Hy		natic (E) E	lev
Make Culligan	C	apacity	/ 10 gpd	(B) Bladder (C) Cl	earwell		
Chlorine Feed Rate	1.5	-	N/A	Tank Type/Number	South	North	
Avg. Amount of Cl₂ ga Chlorine Residuals: F	is useu j Plant – O	4		Capacity (gal)	1500	1500	
Remote tap location _	church	on 47		Material	steel	steel	
DPD Test Kit: On			n operator	Gravity Drain	Yes	Yes	
ا الله الماري Injection Points <u>befo</u>			Used Daily	By-pass Piping	No	No	
Booster Pump Info n	/a			Pressure Gauge	Yes	Yes	
Comments <u>chlorinated to particular to be connected to particular to be connected to particular to the connected to the </u>	Character or constitution of the control of the con			Sight Glass or	No	No	
				Level Indicator		Yes	<del></del>
Chlorine Gas Use	YES	NO	Comments	Fittings for Sight Glass	Yes	162	
Requirements Dual System			A	Protected Openings	N/A	N/A	
Auto-switchover	-			PRVIARV	ARV	ARV	
Alarms:				On/Off Pressure	<b>-</b>	32-50	
Loss of Cl <sub>2</sub>				Access Padlocked	Yes	Yes	<del></del>
capability				Height to Bottom of	N/A	N/A	
Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection		L		Elevated Tank			
Scale				Height to Max. Water Level	N/A	N/A	
Chained Cylinders			A STATE OF THE PARTY OF THE PAR	Comments South is	empty ar	nd not in use;	ful
Reserve Supply			and the state of the control of the	rust. Both are rust	y and nee	d to be replace	ced
Adequate Air-pak	-	П		North tank is leakin point.	i <u>g; leak at</u>	chlorine injec	ctio
Sign of Leaks		_ <u>_</u> _			to a very second	property and the second se	
Fresh Ammonia		$\overline{}$	· · · · · · · · · · · · · · · · · · ·				
X/	<del></del>	TT	A 200 PA 100 A 200 A			·	
ventilation			o z a a a a a a a a a a a a a a a a a a				
Ventilation							
Room Lighting		1 !		LUCH CERMIAT BUT			
Room Lighting Warning Signs				HIGH SERVICE PUI	NL3		
Room Lighting Warning Signs Repair Kits				Pump Number	vir 3		****
Room Lighting Warning Signs Repair Kits Fitted Wrench				Pump Number Type	WF3		
Room Lighting Warning Signs Repair Kits				Pump Number Type Make	WF3		
Room Lighting Warning Signs Repair Kits Fitted Wrench				Pump Number Type Make Model	WL2		
Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases,				Pump Number Type Make Model Capacity (gpm)	WES		
Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection  AERATION (Gases, Type	C	Capacit	h	Pump Number Type Make Model Capacity (gpm) Motor HP	WF3		
Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection  AERATION (Gases, Type Aerator Condition Bloodworm Presence	· · · · · ·	Capacit	ty	Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed	WES		
Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection  AERATION (Gases, Type Aerator Condition Bloodworm Presence Visible Algae Growth	e(	Capacit	ty	Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed Maintenance			
Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection  AERATION (Gases, Type Aerator Condition Bloodworm Presence Visible Algae Growth Protective Screen Co	eCondition	Capacit	ty	Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed			
Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection  AERATION (Gases, Type Aerator Condition Bloodworm Presence Visible Algae Growth	eCondition	Capacit	ty	Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed Maintenance			
Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection  AERATION (Gases, Type Aerator Condition Bloodworm Presence Visible Algae Growth Protective Screen Co	eCondition	Capacit	ty	Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed Maintenance	PWS IE	)# 21200 Date 19-May	047

COMPLIANCE MONITORING					
COMMUNITY PUBLIC WATER SYSTEMS serving < 3300 persons					
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	And the state of t		
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:

MONITORING VIOLATIONS		MCL VIOLA	TIONS
None.			
			erinnen juuria <del>maasaa ka k</del>
4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			The state of the s
			er annen eine eine da. Als Philippine de Bertaling annen gegen der eine eine eine eine eine eine eine der Philippine de Bertaling de Be
DEFICIENCIES:			
The earth is washed away under the South well:	please lo	cate cause for this and elimin	nate, repair hole.
Rule 62-555.315(2)(b)5, F.A.C.	engania repeny wa masania a a a a a a a a a		
Both tanks are rusty and in bad condition. The t	tank in use	has a leak on the underside	
Please repair/replace tanks. Rule 62-555.350, F	F.A.C.		
The tap on the tank in use is threaded. Please i	install a va	icuum breaker. Rule 62-555	.330(2), F.A.C.
The chlorinator is running continuously, the chlo			
the chlorine supply had scum and debris in the t			
The chlorine system should be optimized such t			
the chlorination system is free of leaks, the chlorination			
pump, and a minimum of 0.2 mg/l chlorine resid			
system. Rule 62-555.350, 62-555.350(3), F.A.C		The mannamed and demosit.	110 0101112 001011
Both sanitary seals on the well heads are open		ironment allowing contamina	ation Please repair
		nominera, anoming concernate	ation, ricase repair
the casing seals. Rule 62-555.315(2)(b)6, F.A.0	<u>.</u>	aggressionet vestat innehant des vives et europea sider <mark>det distribution des auropheses e</mark> n tre transcer vestage en side ten della	Marie de la companya
		artin na mandanara, na sangungandan <del>dalah menganganggan gapag</del> (san antah-sangunan sasa) ya <del>Mandana</del> n	had the state of t
- And Market and Annual Control of the Control of t	Mary 10 TO STATE OF THE STATE O		AND THE REPORT OF THE PROPERTY
		and the second s	
		asset of the second sec	
Minimal Managam and Company an		germann an han service and a state of the st	
		gan ar ang na gang na ang na ang na ang na Aparton Managandagandagan na ang nanan ana an at Atlanton mandaga	garages garages and a service of a second se
Inspector O	Title _	Engineer I	Date
Melissa J. Irby			
Approved by	Title	Environmental Manager	Date
Blanca R. Rodriguez			

## 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 Esper	nship Phone 752-6729
m and make the second and the second as	
Contact Person Daniel Houston	Title Operator Phone 961-6019
Contact Person Daniel Houston  This Survey Date 1/12/99 Last Survey Date	1/23/96 Last C.I. Date
PWS TYPE & CLASS: Community - (5D)	RAW WATER SOURCE
SERVICE AREA CHARACTERISTICS	GROUND; Number of Wells 1
Subdivision	SURFACE/UDI; Source
Ococinatori	PURCHASED from PWS ID#
Food Service: Yes No No N/A	Emergency Water Source Emergency Water Capacity
GENERAL INFORMATION	AUXILIARY POWER SOURCE
Number of Service Connections48	Yes None Not Required
Population Served 120 Basis	
Plant Design Capacity gpd	Capacity of Standby (kW)
Basis	Switchover: Automatic Manual
Basis Average Day (from MORs) 45,000 gpd	Standby Plan: Yes No
Max. Day (from MORs) 80,000 gpd	Hrs Operated Under Load
Total Storage Capacity 900 gallons	What equipment does it operate?
Comments	
a control to	Well pumps High Service Pumps
en e	Treatment Equipment
LOCATION	Setisfy 1/2 may day demand? [Vos []No []Unk
Latitude 30° 07' 31.34" North	Satisfy 1/2 max-day demand?YesNoUnk
Longitude 82° 57' 31.67" West	Comments
GPS: Yes Date: 3/27/97	
Directions I10 west to 41 south through Lake City	TREATMENT PROCESSES IN USE
turn right on 242 (by Oasis Lounge). Plant is on	chlorination
right behind fence.	Chonidion
ngrit bening rerice.	What additional treatment is needed?
OPERATION & MAINTENANCE	none
Certified Operator:   ☐ Yes ☐ No ☐ Not required	For control of what deficiencies?
Operator(s) & Certification Class-Number	none
Dan Houston	
	DISTRIBUTION SYSTEM
O & M Log: Yes No Not required	Flow Measuring Device Flow Meter
Operator Visitation Frequency	Meter Size & Type 2" Master Meter
Hrs/day: Required Actual	Backflow Prevention Devices: ☐ Yes ☐ No
Days/wk: Required 2 Actual 2	Cross-connections
Non-consecutive Days? ⊠ Yes ☐ No ☐ N/A	Written Cross-connection Control Program: No
MORs submitted regularly? ☑ Yes ☐ No ☐ N/A	Coliform Sampling Plan: ⊠ Yes ☐ No ☐ N/A
Data missing from MORs? ⊠ No ☐ Yes ☐ N/A	Comments
need 5 days/wk	- Attitican
THE W WILL THE	
COMET: SITE IDPROJECT ID	
Comer, one to rivolorito	PWS ID# 2124295



	NATER SOURCE				
	er (PWS Identification)	2124295			~ / / / / / / / / / / / / / / / / / / /
	(System Identification)	11	, a. excellentation of the contract of the con		
Year Drille		1987			
Depth Drille	ed '	150'			
Latitutude		30° 07' 10" N			
Longitude		82° 57′ 31″ W	1		The second second
GPS (Y or N)	/ Date (if applicable)	3/27/97			- de Mariem au et e la <del>Marie Again de Transmisse Again de M</del> errem
Florida We	II ID				
Static Wate	er <b>Leve</b> l	unk			
Actual Yiel	d (if different than rated capacity)		<b></b>		The state of the s
Strainer		·	Appropriate the second		
Length (ou	tside casing)	unk		, , , , , , , , , , , , , , , , , , ,	
Diameter (	outside casing)	4"	- Andrew		Committee of the Commit
Material (o	utside casing)	steel	english talah di	A Million	
Well Conta	imination History		,		
Is inundation	on of well possible?	по	V		
6' X 6' X 4	" Concrete Pad	yes	***************************************		Total Company of the
<del>(************************************</del>	Septic Tank	The state of the s	And the second s	A STATE OF THE STA	100 C
SET	Reuse Water	n/a		Annual Control of the	
BACKS	WW Plumbing			The second secon	
	Other Sanitary Hazard	none noted			- Carrier Control of C
	Туре	submersible	Annual communication of the second sec	and the same consideration and the same services are same services are same services and the same services are same services are same services and the same services are	The same and the s
	Manufacturer Name			and the state of t	
PUMP	Model Number			A 200 Miles (1997)	
	Rated Capacity (gpm)	50	The second secon		2 200
	Motor Horsepower	3		A STATE OF S	The second secon
Well casin	g 12" above grade?	yes			and the second s
Well Casing Sanitary Seal		ok	Stranger is an a stranger of the stranger of t	A CONTRACT OF THE PARTY OF THE	
Raw Wate	er Sampling Tap	good	-		
<b>.</b>	ound Check Valve	good .	and the second s		and the second s
Fence/Ho	using	fence			
<u> </u>	Protection	not used	nergy, same of make the definite definition of the state		
	<del></del>				1

COMMENTS	A CONTRACTOR OF THE CONTRACTOR
	and the second s

PWS	ID	#	2124295
Surve	v I	Date	12-Jan-99

CHLORINATION (Dis		n)			STORAGE FACILITIE		
Type: Hypo-Chlorinat		`anaait	. 10 and	-	(G) Ground (H) Hy		c (E) Flevated
Make <u>Stenner</u> Chlorine Feed Rate _	 60%	Capacity	/ 10 gpd		(B) Bladder (C) Cle	H	
Avg. Amount of Cl <sub>2</sub> ga	s used	-	N/A	-	- '		general and the second
Chlorine Residuals: F			**************************************	_	Capacity (gal)	900	
Remote tap location _				-	Material	steel	
DPD Test Kit: On			n operator Used Daily		Gravity Drain	Yes	
Injection Points befo				_	By-pass Piping	No	
Booster Pump Info n		· · · · · · · · · · · · · · · · · · ·	-		Pressure Gauge	Yes	
Comments			V	<b>-</b>	Sight Glass or Level Indicator	Yes	
Chlorine Gas Use Requirements	YES	NO	Comments	1	Fittings for Sight Glass	Yes	
Dual System				7	Protected Openings	N/A	
Auto-switchover				1	PRV/ARV	PRV	
Alarms:			WANT OF AFFECTION STREET, STREET, SECTION OF THE STREET, STREE	-	On/Off Pressure	30-60	
Loss of Cl <sub>2</sub>					Access Padlocked	Yes	
capability Loss of Cl <sub>2</sub> residual		H			Height to Bottom of	N/A	
Cl <sub>2</sub> leak detection		ш			Elevated Tank		
Scale					Height to Max Water Level	N/A	
Chained Cylinders				-	Comments	1	The second section of the second section of the second section of the second section of the second s
Reserve Supply				-			
Adequate Air-pak				١.			
Sign of Leaks				8			
Fresh Ammonia							
Ventilation							
Room Lighting							
Warning Signs					HIGH SERVICE PUM	1PS	and the second s
Repair Kits					Pump Number		
Fitted Wrench			- Control of the Cont		Туре		
Housing/Protection					Make		
<u> </u>			1		Model		
AERATION (Gases,	Fe. & N	In Rem	oval)		Capacity (gpm)		
Type		Capaci	ty	America	Motor HP		
Aerator Condition				Date Installed	and a second		
Bloodworm Presence Visible Algae Growth				Maintenance			
Protective Screen Co					Comments		
Comments					Comments		
					TO COLON MAN AND AND AND AND AND AND AND AND AND A		7
							2 <u>124295</u> te 12-Jan-99

#### COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS serving < 3300 persons CONTAMINANT Last Due COMMENTS Date Sampled Microbiological (Bacti) XXXXXXX 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 W W Samples taken from distribution. Walver available if Asbestos no asbestos pipe in the distribution system. 2000 Secondary Standards 1997 Radionuclides 1997 2000 W W Group I UOCs 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 Waiver available if systems serves less than 350 Group III UOCs W W persons and 150 connections

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

1-6/99

7-12/97

Sample locations are from pre-approved sample plan

### SCHEMATIC:

Lead and Copper

PWS II	)#	2124295	
Survey	Date	27-Jan-99	

MONITORING VIOLATIONS		MCL VIOLA	TIONS	
DEFICIENCIES:				
Plant effluent tap needs a vacuum breaker.			makkan disebagai magangan mengangan menakan kalasa sa sapangan jada sa	
Well casing vent is not used.				
Plant needs to be visited 5 times per week, two	by operator.			
		4 / 10   10   10   10   10   10   10   10		
		entra ann ann an an Airm an Ai	ental de la companya	
			Annual Control of the	
			and the second s	
	al delication of the second se			<del></del>
			and the second s	
	<i>₹</i>			
			and the state of t	
		ner year ermannan kan mar an annan ar <b>di Million (shinging bagining pertengal</b> persperten der man ann	and the second of the second o	
				No.
			and the second s	
			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Inspector	Title	Engineer II	Date	
Approved by	Title Fry	ronmental Manager	Date	
Blanca R. Rodriguez		COLUMN TOWN THE PROPERTY OF TH	and the Vote of the state of th	

Consolidated Water Works
P.A. Box 191
Late City, Florida 32958
1990 752-6729
1990 755-1174 (fax)

October 31, 2000

### Attachment for page 5

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