

State of Florida



ORIGINAL

Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE: March 09, 2007
TO: Ann Cole, Chief of Records, Division of the Commission Clerk & Administrative Services
FROM: Cheryl Johnson, Regulatory Analyst IV, Division of Economic Regulation
RE: Docket No. 050595-WS; Application for certificates to provide water and wastewater service in Polk County by Four Points Utility Corporation

Please include the attached documents in docket file 050595-WS.

RECEIVED-FPSC
07 MAR -9 PM 3:40
COMMISSION
CLERK

DOCUMENT NUMBER-DATE

02164 MAR-98

FPSC-COMMISSION CLERK

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FOUR POINTS UTILITY CORPORATION

March 9, 2007

James Brett
Pres/Island Club West Homeowners Assoc
7320 Ober Lane
Chagrin Falls, OH 44023

Re: Four Points Utility Corporation

Dear Mr. Brett:

I am providing you with additional information to address your questions concerning the integrity of the fire hydrant system at the Island Club West Development (the "Development") and as-built drawings for the utility system serving the Development.

With respect to the fire hydrant system, all of the fire hydrants at the Development were tested by a certified fire inspector on March 8, 2007 and are operating properly. A copy of the inspector's report is attached.

With respect to as-built drawings of the utility system, I understand that you would like to see diagrams of the utility system that are more detailed than that provided to you pursuant the Settlement Agreement. To address that issue, detailed blue print diagrams of the utility system have been given to Mike Flynn, and a copy of those drawings will be sent by over night mail to your present location. Our utility manager and other personnel are more than willing to meet with you to conduct a walk-through of the system using the blue print as a guide. Please let me know when you would be able to participate in that walk-through.

Finally, if you have any questions concerning any of the other information that was provided to you as part of the Settlement Agreement, including without limitation, my personal financial statement, please do not hesitate to give me a call.

I trust this information is helpful. Of course if you have any additional questions, please do not hesitate to contact me.

Sincerely,



David Meadows
President

Encl.

cc: Patti Daniel
Cheryl Johnson

407.333.4216

407.333.0917

email: david@assuredrecord.com

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Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



General Information Section

Inspecting Firm (Contractor): Cop Fire Protection Inspector: _____ Inspection Contract# _____
 Date of This Inspection: _____ Completed by: _____
 Name of Property: Island Club West
 Street Address: Sandmine Road
 City: Davenport, FL State: _____ Zip: _____
 Phone: 863-424-0130 x120 Fax: 863-547-1729
 Contact Person Name: Robert Treanor C-1-407-947-9045
 Position: Project Manager Authority to Approve Work? Y N/A N
 Property Owner: Four Points Utility Corp. / Island Club West
 Address: 101 Golden Malay Palm Way
 City: Davenport State: FL Zip: 33897
 Phone: 863-424-0130 x120 Fax: 863-547-1729
 Responsible Party Name: Robert Treanor - C-1-407-947-9045 Position: P.M.
 Name of Supervisory Alarm Company: _____ Phone: _____

Date of Last Inspection: Hydrant Inspection Inspector's Name: _____

Cleaned - Greased - Flowed - Exercised & Labeled

	Y	N/A	N
1. Prior inspection reports, logs and test data are available for review:			
2. Plans of systems on site for review?			
3. Modifications made to systems reviewed and documented?			
4. Reports of sprinkler activation reviewed and documented?			
5. Copy of NFPA #25 on file?			
6. Weekly logs of inspections required by NFPA #25 on file?			
7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection?			
8. All deficiencies reported at last inspection corrected?			
9. Material Safety Data Sheets reviewed and hazards to inspector removed?			

(Use separate sheet for additional information as may be needed. All "NO" answers to be explained.)
 AFSA Form 104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

COMMENTS: # 6 Hydrant underground was turned off. Cleaned out pit and put hydrant in service.

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: _____ DATE: 3-8-07
 INSPECTOR'S SIGNATURE: _____ DATE: 3-8-07



ATTENTION: The American Fire Sprinkler Association (AFSA) is a non-profit trade association. AFSA does not guarantee, certify, underwrite, or pre-approve any services provided by those who use forms produced by AFSA. Our logo is only an advertisement. Warnings, disclaimers, and update information exist on the back of the form. It is your responsibility to read these statements.

DATE: 3-8-2007

REPORT OF INSPECTION

COMPANY NAME: Four Points Utility Corp. OF FIRE HYDRANTS

REPORT OF TESTING, STATIC-RESIDUAL-FLOW-INSPECTORS TEST TIME																				
SYSTEM NUMBER	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003	2002 & 2003
STATIC (NO FLOW) (SYSTEM)																				
SUPPLY (NO FLOW)																				
SYSTEM GUAGE (FLOWING)	1360 GPM	1350 GPM	1320 GPM	1240 GPM	1330 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM	1300 GPM
SUPPLY GUAGE (FLOWING)	65 PSI	65 PSI	62 PSI	55 PSI	63 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI	60 PSI
READING WITH INS. TEST OP.																				
TIME ALARM																				

COX FIRE PROTECTION, INC.
 2001 N. 36TH STREET
 TAMPA, FL 33605
 PHONE # 247-4777
 FAX # 247-5100