



Section 1 - Office of Commission Clerk

Docket No. 110238-WU Date Docketed: 07/29/2011 Title: Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Company: Sunrise Utilities, LLC

Official Filing Date: 09/26/2011

Expiration: 04/26/2013

Last Day to Suspend: 11/28/2011

Referred to:

(AFD)	AIT	APA	CAO	CLK	DET	ECO	ENG	GCL	IDM	TEL
X		X				X	X	X		

("O" indicates OPR)

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

Program Module AI(b)

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT  
IT IS TENTATIVE AND SUBJECT TO REVISION.  
FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770

Staff Assignments

OPR Staff

A Maurey, C Prestwood  
M Springer

Current CASR revision level

Due Dates  
Previous Current

Staff Counsel

C Murphy

OCRs (APA)  
(ENG)  
(ECO)

L Hill, S Ojada  
P Vickery  
S Bruce, P Daniel  
S Hudson

1.	Preliminary Audit Due	SAME	08/19/2011
2.	Protest Period Expires	SAME	10/30/2012
3.	Close Docket or Revise CASR	04/30/2012	08/11/2014
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Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel   
Hearing Examiner  Staff

Date filed with CLK: 04/23/2012

Initials OPR

Staff Counsel

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	GH	ED	BI	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
GH	ED	BI	BL	BW	
	X				

Where panels are assigned the senior Commissioner is Panel Chairman: the identical panel decides the case.

Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved:

Date: 04/23/2012

Section 1 - Office of Commission Clerk

Docket No. 110238-WU Date Docketed: 07/29/2011 Title: Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

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Expiration: 04/26/2013

Referred to:	(AFD)	AIT	APA	CAO	CLK	DET	ECO	ENG	GCL	IDM	TEL
("O" indicates OPR)	X		X				X	X	X		

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

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Staff Assignments

OPR Staff

A Maurey, C Prestwood  
M Springer

3 Current CASR revision level

Due Dates  
 Previous Current

Staff Counsel

C Murphy

OCRs (APA)

L Hill-Slaughter  
S Ojada

(ENG)  
 (ECO)

P Vickery  
S Bruce, P Daniel  
S Hudson

Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel \_\_\_  
 Hearing Examiner \_\_\_ Staff \_\_\_

Date filed with CLK: 04/23/2012

Initials OPR  
 Staff Counsel

1.	Preliminary Audit Due	SAME	08/19/2011
2.	Protest Period Expires	SAME	10/30/2012
3.	Close Docket or Revise CASR	04/30/2012	06/13/2014
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Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	GH	ED	BI	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
GH	ED	BI	BL	BW	
	X				

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Approved: GH/JW  
 Date: 04/23/2012

Section 1 - Office of Commission Clerk

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("O" indicates OPR)	X		X				X	X	X		

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

Program Module A1(b)

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Staff Assignments

OPR Staff

A Maurey, C Prestwood  
M Springer

Current CASR revision level

Due Dates  
Previous Current

Staff Counsel

C Murphy

OCRs (APA)

L Hill-Slaughter  
S Ojada

(ENG)

P Vickery

(ECO)

S Bruce, P Daniel  
S Hudson

Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel \_\_\_  
 Hearing Examiner \_\_\_ Staff \_\_\_

Date filed with CLK: 04/23/2012

Initials OPR

Staff Counsel

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	GH	ED	BI	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
GH	ED	BI	BL	BW	
	X				

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Approved: [Signature]

Date: 04/23/2012

Section 1 - Office of Commission Clerk

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("O" indicates OPR)	X		X				X	X	X		

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

Program Module AI(b)

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Staff Assignments

OPR Staff

A Maurey, C Prestwood  
M Springer

Current CASR revision level

Due Dates  
 Previous Current

Staff Counsel

C Murphy

OCRs (APA)

L Hill-Slaughter  
S Ojada

(ENG)

P Vickery

(ECO)

S Bruce, P Daniel  
S Hudson

Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel \_\_\_  
 Hearing Examiner \_\_\_ Staff \_\_\_

Date filed with CLK: 04/23/2012

Initials OPR \_\_\_\_\_  
 Staff Counsel \_\_\_\_\_

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	GH	ED	BI	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
GH	ED	BI	BL	BW	
	X				

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Approved: BH/TW  
 Date: 04/23/2012

Section 1 - Office of Commission Clerk

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("O" indicates OPR)	X		X				X	X	X		

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

Program Module A1(b)

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FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770

Staff Assignments

Due Dates

OPR Staff	A Maurey, C Prestwood M Springer	3	Current CASR revision level		Due Dates	
			Previous	Current	Previous	Current
			1.	Preliminary Audit Due	SAME	08/19/2011
			2.	Protest Period Expires	SAME	10/30/2012
			3.	Close Docket or Revise CASR	04/30/2012	03/14/2014
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			7.			
Staff Counsel	C Murphy		8.			
			9.			
OCRs (APA)	L Hill-Slaughter		10.			
	S Ojada		11.			
(ENG)	P Vickery		12.			
(ECO)	S Bruce, P Daniel		13.			
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Recommended assignments for hearing and/or deciding this case:			30.			
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Full Commission <input checked="" type="checkbox"/> Commission Panel <input type="checkbox"/>			33.			
Hearing Examiner <input type="checkbox"/> Staff <input type="checkbox"/>			34.			
			35.			
Date filed with CLK: <u>04/23/2012</u>			36.			
			37.			
Initials OPR _____			38.			
Staff Counsel _____			39.			
			40.			

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	GH	ED	BI	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
GH	ED	BI	BL	BW	
	X				

Where panels are assigned the senior Commissioner is Panel Chairman: the identical panel decides the case.  
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Approved: \_\_\_\_\_  
Date: 04/23/2012

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("O" indicates OPR)	X		X				X	X	X		

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

Program Module AI(b)

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 FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770

Staff Assignments

OPR Staff

A Maurey, C Prestwood  
M Springer

Current CASR revision level

Due Dates  
 Previous Current

Staff Counsel

C Murphy

OCRs (APA)

L Hill-Slaughter  
S Ojada

(ENG)

P Vickery

(ECO)

S Bruce, P Daniel  
S Hudson

1.	Preliminary Audit Due	SAME	08/19/2011
2.	Protest Period Expires	SAME	10/30/2012
3.	Close Docket or Revise CASR	04/30/2012	01/31/2014
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Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel \_\_\_  
 Hearing Examiner \_\_\_ Staff \_\_\_

Date filed with CLK: 04/23/2012

Initials OPR \_\_\_\_\_  
 Staff Counsel \_\_\_\_\_

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	GH	ED	BI	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
GH	ED	BI	BL	BW	
	X				

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Approved: \_\_\_\_\_  
 Date: 04/23/2012

*BJT/w*

Section 1 - Office of Commission Clerk

Docket No. 110238-WU Date Docketed: 07/29/2011 Title: Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Company: Sunrise Utilities, LLC

Official Filing Date: 09/26/2011

Expiration: 12/26/2012

Last Day to Suspend: 11/25/2011

Referred to:

("O" indicates OPR)

ADM	APA	CLK	(ECR)	GCL	PIF	RAD	SRC
	X		X	X			

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

Program Module A1(b)

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FOR UPDATES CONTACT THE RECORDS SECTION:(850) 413-6770

Staff Assignments

OPR Staff

S Hudson, S Bruce  
P Daniel, B Fletcher  
A Maurey, R Simpson  
P Stallcup

Current CASR revision level

Due Dates

Previous Current

Staff Counsel

C Murphy

OCRs (APA)

L Hill-Slaughter  
C Prestwood

1.	Preliminary Audit Due	NONE	08/19/2011
2.	Company Pays Filing Fee	NONE	09/26/2011
3.	Audit Report Due	NONE	10/25/2011
4.	Customer Meeting	NONE	01/26/2012
5.	Staff Recommendation	NONE	03/15/2012
6.	Agenda	NONE	03/27/2012
7.	PAA Order	NONE	04/16/2012
8.	Protest Period Expires	NONE	05/07/2012
9.	Consummating Order if No Protest	NONE	05/10/2012
10.	Close Docket or Revise CASR	NONE	05/16/2012
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Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel   
Hearing Examiner  Staff

Date filed with CLK: 08/29/2011

Initials OPR

Staff Counsel

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	GH	ED	BI	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
GH	ED	BI	BL	BW	
	X				

Where panels are assigned the senior Commissioner is Panel Chairman: the identical panel decides the case.

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Approved:

Date:

GH/MM  
08/29/2011

Section 1 - Office of Commission Clerk

Docket No. 110238-WU Date Docketed: 07/29/2011 Title: Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Company: Sunrise Utilities, LLC

Official Filing Date: 09/26/2011

Expiration: 12/26/2012

Last Day to Suspend: 11/25/2011

Referred to:

ADM	APA	CLK	(ECR)	GCL	PIF	RAD	SRC
	X		X	X			

("O" indicates OPR)

Section 2 - OPR Completes and returns to Program Module A1(b)

CLK in 10 workdays.

Time Schedule

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Staff Assignments

OPR Staff

S Hudson, S Bruce  
P Daniel, B Fletcher  
A Maurey, R Simpson  
P Stallcup

Current CASR revision level

Due Dates

Previous Current

Staff Counsel

C Murphy

OCRs (APA)

L Hill-Slaughter  
C Prestwood

Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel   
Hearing Examiner  Staff

Date filed with CLK: 08/29/2011

Initials OPR \_\_\_\_\_  
Staff Counsel \_\_\_\_\_

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	GH	ED	BI	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
GH	ED	BI	BL	BW	
	X				

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Approved: GM/MM  
Date: 08/29/2011

Section 1 - Office of Commission Clerk

Docket No. 110238-WU Date Docketed: 07/29/2011 Title: Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Company: Sunrise Utilities, LLC

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Expiration: 12/27/2012

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Referred to:

ADM	APA	CLK	DED	(ECR)	GCL	PIF	RAD	SRC
	X			X	X			

("O" indicates OPR)

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Staff Assignments

OPR Staff

S Hudson, S Bruce  
P Daniel, B Fletcher  
A Maurey, R Simpson  
P Stallcup

Current CASR revision level

Due Dates  
Previous Current

Staff Counsel

C Murphy

OCRs (APA)

J Hill-Slaughter  
S Ojada, C Prestwood

1.	Preliminary Audit Due	SAME	08/19/2011
2.	Audit Report Due	10/25/2011	01/09/2012
3.	FAW Notice Filed	SAME	03/12/2012
4.	Customer Meeting	01/26/2012	04/12/2012
5.	Staff Recommendation	03/15/2012	05/23/2012
6.	Agenda	03/27/2012	06/05/2012
7.	PAA Order	04/16/2012	06/25/2012
8.	Protest Period Expires	05/07/2012	07/16/2012
9.	Consummating Order if No Protest	05/10/2012	07/19/2012
10.	Close Docket or Revise CASR	05/16/2012	07/25/2012
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Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel   
Hearing Examiner  Staff

Date filed with CLK: 11/09/2011

Initials OPR \_\_\_\_\_  
Staff Counsel \_\_\_\_\_

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	GH	ED	BI	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
GH	ED	BI	BL	BW	
	X				

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Approved: \_\_\_\_\_  
Date: Pending

GH/MM

11-15-11

Section 1 - Office of Commission Clerk

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Expiration: 04/26/2013

Last Day to Suspend: 11/28/2011

Referred to:

ADM	APA	CLK	DED	(ECR)	GCL	PIF	RAD	SRC
	X			X	X			

("C" indicates OPR)

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

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Staff Assignments

OPR Staff

S Hudson, S Bruce  
P Daniel, B Fletcher  
A Maurey, R Simpson  
P Stallcup

Current CASR revision level

Due Dates

Previous Current

Staff Counsel

C Murphy

OCRs (APA)

I Hill-Slaughter  
S Ojada, C Prestwood

Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel   
Hearing Examiner  Staff

Date filed with CLK: 03/21/2012

Initials OPR \_\_\_\_\_

Staff Counsel \_\_\_\_\_

1.	Preliminary Audit Due	SAME	08/19/2011
2.	Close Docket or Revise CASR	07/25/2012	04/30/2012
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Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	BI	ED	GH	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
BI	ED	GH	BL	BW	
	X				

Where panels are assigned the senior Commissioner is Panel Chairman: the identical panel decides the case.  
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Approved: BI/MM

Date: Pending

CSRA

Section 1 - Office of Commission Clerk

Docket No. 110238-WU Date Docketed: 07/29/2011 Title: Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Company: Sunrise Utilities, LLC

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Expiration: 04/26/2013

Last Day to Suspend: 11/28/2011

Referred to:

ADM	APA	CLK	DED	(ECR)	GCL	PIF	RAD	SRC
	X			X	X			

("O" indicates OPR)

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

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Staff Assignments

OPR Staff

S Hudson, S Bruce  
P Daniel, B Fletcher  
A Maurey, R Simpson  
P Stallcup

Current CASR revision level

Due Dates

Previous Current

1.	<u>Preliminary Audit Due</u>	<u>SAME</u>	<u>08/19/2011</u>
2.	<u>Close Docket or Revise CASR</u>	<u>07/25/2012</u>	<u>04/30/2012</u>
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Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel \_\_\_  
Hearing Examiner \_\_\_ Staff \_\_\_

Date filed with CLK: 03/21/2012

Initials OPR \_\_\_\_\_  
Staff Counsel \_\_\_\_\_

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	BI	ED	GH	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
BI	ED	GH	BL	BW	
	X				

Where panels are assigned the senior Commissioner is Panel Chairman:  
the identical panel decides the case.  
Where one Commissioner, a Hearing Examiner or a Staff Member is  
assigned the full Commission decides the case.

Approved: \_\_\_\_\_  
Date: Pending

BI / MM  
4-16-12

Section 1 - Office of Commission Clerk

Docket No. 110238-WU Date Docketed: 07/29/2011 Title: Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Company: Sunrise Utilities, LLC

Official Filing Date: 09/26/2011  
 Last Day to Suspend: 11/28/2011

Expiration: 04/26/2013

Referred to:

ADM	APA	CLK	DED	(ECR)	GCL	PIF	RAD	SRC
	X			X	X			

("Q" indicates OPR)

Section 2 - OPR Completes and returns to CLK in 10 workdays.  
 Program Module A1(b)

Time Schedule

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT  
 IT IS TENTATIVE AND SUBJECT TO REVISION.  
 FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770

Staff Assignments

OPR Staff

S Hudson, S Bruce  
P Daniel, B Fletcher  
A Maurey, R Simpson  
P Stallcup

Current CASR revision level

Due Dates

Previous Current

Staff Counsel

C Murphy

OCRs (APA)

J Hill-Slaughter  
S Ojada, C Prestwood

Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel   
 Hearing Examiner  Staff

Date filed with CLK: 04/23/2012

Initials OPR \_\_\_\_\_  
 Staff Counsel \_\_\_\_\_

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	BI	ED	GH	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
BI	ED	GH	BL	BW	
	X				

Where panels are assigned the senior Commissioner is Panel Chairman: the identical panel decides the case.  
 Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: BI/MM

Date: 04/23/2012

Section 1 - Office of Commission Clerk

Docket No. 110238-WU Date Docketed: 07/29/2011 Title: Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Company: Sunrise Utilities, LLC

Official Filing Date: 09/26/2011

Expiration: 04/26/2013

Last Day to Suspend: 11/28/2011

Referred to:

ADM	APA	CLK	DED	(ECR)	GCL	PIF	RAD	SRC
	X			X	X			

("()") indicates OPR

Section 2 - OPR Completes and returns to CLK in 10 workdays.

Time Schedule

Program Module AI(b)

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT  
IT IS TENTATIVE AND SUBJECT TO REVISION.  
FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770

Staff Assignments

Due Dates

OPR Staff

S Hudson, S Bruce  
P Daniel, B Fletcher  
A Maurey, R Simpson  
P Stallcup

Current CASR revision level

Previous Current

Staff Counsel

C Murphy

OCRs (APA)

L Hill-Slaughter  
S Ojada, C Prestwood

1.	Preliminary Audit Due	SAME	08/19/2011
2.	FAW Notice Filed	SAME	05/22/2012
3.	Customer Meeting	SAME	06/28/2012
4.	Staff Recommendation	SAME	09/06/2012
5.	Agenda	SAME	09/18/2012
6.	PAA Order	SAME	10/08/2012
7.	Protest Period Expires	SAME	10/29/2012
8.	Consummating Order if No Protest	SAME	11/01/2012
9.	Close Docket or Revise CASR	04/30/2012	11/07/2012
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Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel   
Hearing Examiner  Staff

Date filed with CLK: 04/23/2012

Initials OPR \_\_\_\_\_

Staff Counsel \_\_\_\_\_

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	BI	ED	GH	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
BI	ED	GH	BL	BW	
	X				

Where panels are assigned the senior Commissioner is Panel Chairman: the identical panel decides the case.  
Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: BI/MM

Date: 04/23/2012

CSRA

Section 1 - Office of Commission Clerk

Docket No. 110238-WU Date Docketed: 07/29/2011 Title: Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

Company: Sunrise Utilities, LLC

Official Filing Date: 09/26/2011  
 Last Day to Suspend: 11/28/2011

Expiration: 04/26/2013

Referred to:	(AFD)	AIT	APA	CAO	CLK	DET	ECO	ENG	GCL	IDM	TEL
("Q" indicates OPR)	X		X				X	X	X		

Section 2 - OPR Completes and returns to CLK in 10 workdays. Time Schedule  
 Program Module Al(b)

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT  
 IT IS TENTATIVE AND SUBJECT TO REVISION.  
 FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770

Staff Assignments

OPR Staff	<u>B Fletcher, A Maurey</u>
	<u>C Prestwood</u>
Staff Counsel	<u>C Murphy</u>
OCRs (APA)	<u>P Daniel</u>
	<u>L Hill-Slaughter</u>
	<u>S Ojada</u>
(ENG)	<u>R Simpson</u>
(ECO)	<u>S Bruce, S Hudson</u>
	<u>P Stallcup</u>

Current CASR revision level

Due Dates  
 Previous Current

1.	Preliminary Audit Due	SAME	08/19/2011
2.	Protest Period Expires	SAME	10/30/2012
3.	Close Docket or Revise CASR	04/30/2012	12/31/2013
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Recommended assignments for hearing and/or deciding this case:

Full Commission  Commission Panel \_\_\_  
 Hearing Examiner \_\_\_ Staff \_\_\_

Date filed with CLK: 04/23/2012

Initials OPR \_\_\_\_\_  
 Staff Counsel \_\_\_\_\_

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	BI	ED	GH	BL	BW		
X							

Prehearing Officer

Commissioners					ADM
BI	ED	GH	BL	BW	
	X				

Where panels are assigned the senior Commissioner is Panel Chairman:  
 the identical panel decides the case.  
 Where one Commissioner, a Hearing Examiner or a Staff Member is  
 assigned the full Commission decides the case.

Approved: \_\_\_\_\_  
 Date: 04/23/2012

*BJ/TW*

State of Florida



# 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:** September 6, 2012  
**TO:** Ann Cole, Commission Clerk, Office of Commission Clerk  
**FROM:** Robert Simpson, Engineering Specialist II, Division of Engineering  
**RE:** Docket No. 110238-WU; Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

RECEIVED FPSC  
 12 SEP - 6 PM 2:59  
 COMMISSION CLERK

Attached are e-mail correspondence and documentation with the Polk County Health Department and Sunrise Utilities regarding matters related to this rate case. Please add this documentation to the correspondence part of this docket.

Should you have any questions regarding this matter, feel free to contact me.

Attachments

FPSC, CLK CORRESPONDENCE		
<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Parties	<input type="checkbox"/> Consumer
DOCUMENT NO. <u>06359-11</u>		
DISTRIBUTION: _____		



Rick Scott  
Governor

Steven L. Harris, M.D., M.Sc.  
Interim State Surgeon General

---

April 25, 2012

Sent Certified U.S. Mail

Return Receipt No.: 7009 3410 0000 5407 5881

Mr. Stuart Shelton  
20 West Tropical Way  
Fort Lauderdale, FL 33317

RE: Sunrise Utilities, LLC Public Water System  
PWS ID No. 6531739

Dear Registered Agent:

Please find enclosed consent order 12-653PW1739A/B which was presented to a representative of Sunrise Utilities, LLC during an enforcement meeting conducted at the Polk County Health Department on April 26, 2012. Please have legal entity for Sunrise Utilities, LLC sign and return the enclosed Consent Order to our office within 14 days of receipt. The Department will execute the Consent Order and mail a copy to you for your records. The Department will notify you when all conditions of the Consent Order are complete. If you have any questions please contact Owen Devine at (863) 519-8330 Ext. 12151.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Ehlenbeck".

Donald R. Ehlenbeck, P.E.  
Administrator  
Environmental Engineering

DH/od

Copy furnished to:

Roland Reis, Legal Council  
Polk County Health Department  
1290 Golfview Avenue, 4th floor  
Bartow, Florida 33830

---

POLK COUNTY HEALTH DEPARTMENT

Environmental Engineering Division  
2090 East Clower Street, Bartow, FL 33830-6741  
Phone (863) 519-8300 FAX (863) 534-0245  
[www.mypolkchd.org](http://www.mypolkchd.org)

Daniel O. Haight, MD, FACP  
Director

Hillary Register, Jr., MPH  
Assistant Director

**Page 2**

**Mr. Stuart Shelton - Sunrise Utilities, LLC**

**Sunrise Utilities, LLC**

**PO Box 1798**

**Eaton Park, FL 33840**

Rick Scott  
Governor



Steven L. Harris, M.D., M.Sc.  
Interim State Surgeon General

---

April 25, 2012

Sunrise Utilities, LLC  
PO Box 1798  
Eaton Park, FL 33840

RE: Sunrise Utilities Public Water System  
PWS ID No. 6531739

Dear Public Water System Owner:

Please sign and return the enclosed Consent Order to our office within 14 days of receipt. The Department will execute the Consent Order and mail a copy to you for your records. The Department will notify you when all conditions of the Consent Order are complete. If you have any questions please contact Owen Devine at (863) 519-8330 Ext. 12151.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Ehlenbeck".

Donald R. Ehlenbeck, P.E.  
Administrator  
Environmental Engineering

DH/od

Copy furnished to:

Roland Reis, Legal Council  
Polk County Health Department  
1290 Golfview Avenue, 4th floor  
Bartow, Florida 33830

---

Daniel O. Haight, MD, FACP  
Director

**POLK COUNTY HEALTH DEPARTMENT**  
Environmental Engineering Division  
2090 East Clower Street, Bartow, FL 33830-6741  
Phone (863) 519-8300 FAX (863) 534-0245  
[www.mypolkchd.org](http://www.mypolkchd.org)

Hilory Register, Jr., MPH  
Assistant Director

BEFORE THE STATE OF FLORIDA

POLK COUNTY HEALTH DEPARTMENT

FLORIDA DEPARTMENT OF HEALTH  
POLK COUNTY HEALTH DEPARTMENT

IN THE OFFICE OF THE  
SOUTHWEST DISTRICT

Complainant,

vs:

OGC CASE NO. 12-653PW1739A/B

Sunrise Utilities, LLC  
PO Box 10186  
Eaton Park, FL 33840

Respondent.

CONSENT ORDER

This Consent Order is made and entered into between the Florida Department of Health, Polk County Health Department ("Department"), and Sunrise Utilities LLC ("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 owner of a community water system that serves Sunrise Utilities located in Auburndale, Florida.
4. Respondent failed to properly maintain public water system components in good operating conditions. Well AAC6709 is not properly sealed. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys)
5. Respondent failed to properly maintain public water system components in good operating conditions. Pressure relief valve on well AAD6709 is leaking. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys)
6. Respondent failed to properly maintain public water system components in good operating conditions. Flow meter gauge is unreadable and not functioning properly. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys)
7. Respondent failed to properly maintain public water system components in good operating conditions. Well vent on well AAD6709 has been reduced and is undersized. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys)
8. Respondent failed to properly maintain public water system components in good operating conditions. Auxiliary power source is inoperable. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended (Noted during 10/25/2011 and 03/08/2012 sanitary surveys)
9. Respondent failed to properly maintain public water system components in good operating conditions. Sight glass is dirty and unreadable. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 03/08/2012 sanitary survey)

10. Respondent failed to properly maintain public water system components in good operating conditions. Chlorine pump is leaking and has calcium buildup. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 03/08/2012 sanitary survey)
11. There is no written emergency preparedness/response plan on file. Chapter 62-555.350(15) states that all community water systems serving, or designed to serve, 350 or more persons or 150 or more service connections, shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities, AWWA Manual M19*. Such plan must also include all the information required in Chapter 62-555.350(15) paragraphs (a) through (e). (Noted during 11/05/2010, 10/25/2011 and 03/08/2012 sanitary surveys)
12. The drinking water treatment plant (well pump, tank and chlorine pump) not protected from tampering, vandalism, and sabotage. Chapter 62-555.320(5) requires that drinking water treatment or pumping facilities be enclosed by fences with lockable access gates, housed in lockable buildings or enclosures, or otherwise protected against tampering, vandalism, and sabotage. It also requires that finished drinking water storage facilities be enclosed by fences with lockable access gates, or shall be otherwise protected to prevent tampering, vandalism, and sabotage. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys)
13. The drinking water distribution map was not available for review during the sanitary survey. Chapter 62-555.350(14) states that the supplier of water shall have an up-to-date map of the drinking water distribution system. The map must show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. (Noted during 11/05/2010, 10/25/2011 and 03/08/2012 sanitary surveys)
14. Respondent failed to have the storage tank professionally evaluated according to Chapter 62-555.350(2) of the Florida Administrative Code. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys)

Respondent and the Department met on April 25, 2012 at the Polk County Health Department in Bartow, Florida and reached a resolution of the matter, pursuant to Florida Administrative Code Rule 62-103.110(3). Respondent and the Department mutually agree and it is

ORDERED:

15.

- Respondent shall make repairs to #4 - #10 above within 30 days of today's enforcement meeting. Respondent shall maintain all necessary public water system components in good operating condition so the components function as intended.
- Respondent shall submit to the Department a written emergency preparedness/response plan within 30 days of today's enforcement meeting.
- Respondent shall submit to the Department a water distribution map within 30 days of today's enforcement meeting.
- Respondent shall protect the drinking water treatment plant (well pump, tank and chlorine pump) from tampering, vandalism, and sabotage on or before September 1, 2012.
- Respondent shall have the 3,000 gal. hydropneumatic tank professionally evaluated on or before January 1, 2013 according to Chapter 62- 555.350(2) of the Florida Administrative Code (F.A.C.)
- Respondent shall have the 6,000 gal. hydropneumatic tank professionally evaluated on or before May 1, 2013 according to Chapter 62- 555.350(2) of the Florida Administrative Code (F.A.C.)

16. Within thirty days of execution of this Consent Order, Respondent shall pay the Department \$200.00 in settlement of the matters addressed in this Consent Order. This amount includes \$00.00 in civil penalties for alleged violations of Section 403.859, Florida Statutes, and of the Department's rules and \$200.00 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Consent Order. Payment shall be made by cashier's check or money order. The instrument shall be made payable to the Polk County Health Department and shall include thereon the OGC number assigned to this Consent Order. The payment shall be sent to the Polk County Health Department, 2090 East Clower Street, Bartow, Florida 33830. The following payment plan has been discussed and approved.

17. Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Section 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 2600 Blair

Stone Road, Tallahassee, Florida, 32399-2400, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Section 120.57, Florida Statutes.

The petition shall contain the following information:

- A. The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located;
- B. A statement of how and when each petitioner received notice of the Consent Order.
- C. A statement of how each petitioner's substantial interests are affected by the Consent Order;
- D. A statement of the material facts disputed by petitioner, if any;
- E. A statement of facts which petitioner contends warrant reversal or modification of the Consent Order;
- F. A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order;
- G. A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 60Q-2.010, Florida Administrative Code.

18. Entry of this Consent Order does not relieve Respondent of the need to comply with the applicable federal, state or local laws, regulations or ordinances.
19. The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Section 120.69 and 403.121, Florida Statutes. Failure to comply with the terms of this Consent Order shall constitute a violation of Section 403.859

20. Respondent is fully aware that a violation of the terms of this Consent Order may subject Respondent to judicial imposition of damages, civil penalties of up to \$5,000.00 per offense, and criminal penalties.
21. Respondent shall allow all authorized representatives of the Department access to the property and plant at reasonable times for the purpose of determining compliance with this Consent Order and the rules of the Department.
22. All plans, applications, penalties, costs and expenses, and information required by this Consent Order to be submitted to the Department should be sent to Polk County Health Department, 2090 East Clower Street, Bartow, Florida 33830.
23. The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations of applicable statutes, or the rules promulgated thereunder that are not specifically addressed by the terms of this Consent Order.
24. The Department, for and in consideration of the complete and timely performance by Respondent of the obligations agreed to in this Consent Order, hereby waives its right to seek judicial imposition of damages or civil penalties for alleged violations outlined in this Consent Order. Respondent acknowledges but waives the right to an administrative hearing pursuant to Section 120.57 Florida Statutes, on the terms of this Consent Order. Respondent acknowledges the right to appeal the terms of this Consent Order pursuant to Section 120.68, Florida Statutes, but waives that right upon signing this Consent Order.
25. The provisions of this Consent Order shall apply to and be binding upon the parties, their officers, their directors, agents, servants, employees, successors, and assigns and all persons, firms and corporations acting under, through or for them and upon those persons, firms and corporations in active concert or participation with them.
26. If all of the requirements of this Consent Order have not been fully satisfied, Respondent shall, at least 14 days prior to a sale or conveyance of the property, (1) notify the Department of such sale or conveyance, and (2) provide a copy of this Consent Order with all attachments to the new owner.
27. This Consent Order is a settlement of the Department's civil and administrative authority arising from Chapters 403 and 376, Florida Statutes, to pursue the allegations addressed herein. This Consent Order does not address settlement of any criminal liabilities which may arise from Sections 403.161(3) through (5), 403.413 (5), 403.727 (3) (b), 376.302 (3) and (4), or 376.3071 (10), Florida Law, nor does it address settlement of any violation which may be prosecuted criminally or civilly under federal law.

- 28 This Consent Order is final agency action of the Department pursuant to Section 120.69, Florida Statutes, and Florida Administrative Code Rule 62-103.110 (3), and it is final and effective on the date filed with Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, Florida Statutes. Upon the timely filing of a petition this Consent Order will not be effective until further order of the Department.

RECEIVED  
MAY 14 2012  
ENVIRONMENTAL  
ENGINEERING

Polk County Health Department vs. Sunrise Utilities, LLC  
Consent Order, OGC 12-653PW1739A/B  
Page 8

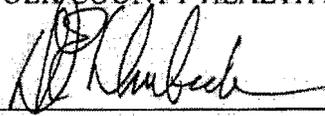
FOR THE RESPONDENT:

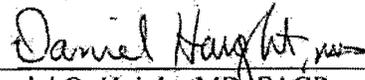
MAY 10/2012  
Date

  
Name  
LESLIE SZABO  
Title OWNER

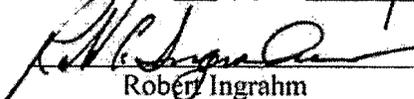
DONE AND ORDERED THIS 18 day of May, 2012,  
in Bartow, Florida

FLORIDA DEPARTMENT OF HEALTH  
POLK COUNTY HEALTH DEPARTMENT

  
Donald Ehlenbeck, P.E.  
Administrator  
Environmental Engineering  
2090 East Clower Street  
Bartow, Florida 33830

  
Daniel O. Haight, MD, FACP  
Director  
Polk County Health Department  
1290 Golfview Avenue 4th Floor  
Bartow, Florida 33830

Entered this 18 day of May, 2012 in Bartow, Florida

 Department Clerk  
Robert Ingrahm

Copy furnished to:

Roland Reis, Legal Council  
Polk County Health Department  
1290 Golfview Avenue, 4th floor  
Bartow, Florida 33830



Polk County Health Department  
 2090 East Clower Street, Bartow, FL 33830  
 Phone (863) 519-8330

**PWS RE-INSPECTION FORM**

**DATA INPUT**

Date: 5/18/12  
 Initials: [Signature]

**COMPLIANCE RESULTS**

I       C  
 M       F  
 O

System/Plant Name Sunrise Utilities County Polk PWS ID# 6531739  
 Plant Location State Road 542 West, Auburndale Phone (352)302-7406  
 Owner Name Alturas Utilities LLC, Leslie G. Szabo Phone (352)302-7406  
 Owner Address PO Box 10186, Brooksville, FL 34603 Cell n/a  
 Owner Email unknown Fax (352)726-0547  
 Contact Person Mike Smallridge Title Manager Email michaelsmallridge@gmail.com Phone (352)302-7406  
 Operator Name David Blount Class & Certification Number A-5611 Phone (863)326-6122  
 Operator Address 6039 Cypress Garden Blvd. #146, Winter Haven, FL 33884 Cell (863)661-5315  
 Operator Email dbwinterhaven@aol.com Fax (863)326-6122  
 Re-Inspection Date 05/04/2012 Last Survey Date 03/08/2012

PWS TYPE       Community       Non-transient Non-Community       Transient Non-Community

**DISINFECTION RESIDUALS**

Plant Residuals	[mg/l]	Free	2.54	Total	n/a	none
Remote Residuals	[mg/l]	Free	1.76	Total	n/a	none

**DEFICIENCIES FROM LAST SURVEY**

**CORRECTED: ACTION TAKEN:**

Well AAD6709 is not properly sealed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	unknown*
The pressure relief valve on well AAD6709 is leaking.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The well vent on well AAD6709 is reduced.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The flow meter for well AAD6709 may not be functioning correctly.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*
The chlorine solution storage container is not properly protected.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*
The auxiliary power is not working.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The system may not have an emergency response plan.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The system may not have an up to date distribution map.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The hydropneumatic tanks have not been inspected.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*
The sight glass is dirty.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*
The chlorine pump is leaking and has calcium buildup.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The water plant is not protected, damaged fence.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**COMMENTS / ADDITIONAL DEFICIENCIES**

\* The well seal could not be checked because the well was not in operation. The old meter had been removed, but the new meter had yet to be installed. The door protecting the chlorine storage container and pump has been repaired, but was not locked. The sight glasses will be replaced when the tanks are inspected.

Inspector [Signature] Title Environmental Specialist II Forward Date 05/18/2011  
 Reviewer [Signature] Title Env. Supervisor II Review Date 5/21/12  
 PA SITE ID \_\_\_\_\_

Rick Scott  
Governor



Steven L. Harris, M.D., M.Sc.  
Interim State Surgeon General

April 17, 2012

Sent Certified U.S. Mail

Return Receipt No.: 7009 3410 0000 5407 5676

Sunrise Utilities  
PO Box 10186  
Eaton Park, FL 33840

**Warning Notice No. 12-653PW1739B**

RE: Sunrise Utilities Water System  
PWS ID No. 6531739

Dear Public Water System Owner:

The purpose of this letter is to advise you of the violations of law for which the above mentioned facility's public water system may be responsible, and to seek your cooperation in resolving the matter. A review of the facility's drinking water records indicates that violations of Florida Statutes and Rules may exist at the facility.

- Chapter 62-555.350(2) requires that finished-drinking-water storage tanks be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. All tank inspection reports must be signed and sealed by the responsible professional engineer to be valid.

**You are requested to contact Owen Devine at (863) 519-8330 Ext. 12151 upon receipt of this Warning Letter to arrange a meeting to discuss this matter.** The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

**POLK COUNTY HEALTH DEPARTMENT**

Environmental Engineering Division  
2090 East Clower Street, Bartow, FL 33830-6741  
Phone (863) 519-8300 FAX (863) 534-0245  
[www.mypolkchd.org](http://www.mypolkchd.org)

Daniel O. Haight, MD, FACP  
Director

Hillory Register, Jr., MPH  
Assistant Director

Sunrise Utilities  
Page 2

Sincerely,



Donald R. Ehlenbeck, P.E.  
Administrator  
Environmental Engineering

DRE/od

Copy to:

Roland Reis, Legal Counsel  
Polk County Health Department  
1290 Golfview Avenue, 4th floor  
Bartow, Florida 33830

Email Copy to:

[Leslie G. Szabo] [lszabo@rogers.com](mailto:lszabo@rogers.com)

[Mike Smallridge] [utilityconsultant@yahoo.com](mailto:utilityconsultant@yahoo.com)

[David Blount] [dbwinterhaven@aol.com](mailto:dbwinterhaven@aol.com)

[Public Service Commission – Robert Simpson] [rsimpson@psc.state.fl.us](mailto:rsimpson@psc.state.fl.us)

Rick Scott  
Governor



Steven L. Harris, M.D., M.Sc.  
Interim State Surgeon General

---

April 5, 2012

Sent Certified U.S. Mail

Return Receipt No.: 7009 0960 0000 3707 7566

Sunrise Utilities  
PO Box 10186  
Brooksville, FL 34603

**Warning Notice No. 12-653PW1739A**

RE: Sunrise Utilities Water System  
PWS ID No. 6531739

Dear Public Water System Owner:

The purpose of this letter is to advise you of the violations of law for which the above mentioned facility's public water system may be responsible, and to seek your cooperation in resolving the matter. A review of the facility's drinking water records indicates that violations of Florida Statutes and Rules may exist at the facility.

- Well AAD6709 is not properly sealed. Chapter 62-532.500(3)(a)3 requires that any cased well equipped with permanently installed pumping equipment shall have that pumping equipment and any necessary piping installed through a well seal. Chapter 62-555.350(2) requires that suppliers of water keep all necessary public water system components in good operating condition so the components function as intended.
- The pressure relief valve on well AAD6709 is leaking. Chapter 62-555.350(2) requires that suppliers of water keep all necessary public water system components in good operating condition so the components function as intended.
- The flow meter gauge is unreadable and not functioning properly. Chapter 62-555.350(2) requires that all public water system components be maintained in good operating condition so that the components function as intended.
- The well vent on well AAD6709 has been reduced and is now undersized. Chapter 62-555.350(2) requires that all public water system components be maintained in good operating condition so that the components function as intended.

---

**POLK COUNTY HEALTH DEPARTMENT**

**Environmental Engineering Division**  
2090 East Clower Street, Bartow, FL 33830-6741  
Phone (863) 519-8300 FAX (863) 534-0245  
[www.mypolkchd.org](http://www.mypolkchd.org)

Daniel O. Haight, MD, FACP  
Director

Hillory Register, Jr., MPH  
Assistant Director

- Auxiliary power source is inoperable. Chapter 62-555.350(2) requires that all public water system components be maintained in good operating condition so that the components function as intended.
- Sight glass is dirty making reading difficult. Chapter 62-555.350(2) requires that all public water system components be maintained in good operating condition so that the components function as intended.
- Chlorine pump is leaking and has calcium build-up. Chapter 62-555.350(2) requires that all public water system components be maintained in good operating condition so that the components function as intended.
- There is no written emergency preparedness/response plan on file. Chapter 62-555.350(15) states that all community water systems serving, or designed to serve, 350 or more persons or 150 or more service connections, shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities, AWWA Manual M19*. Such plan must also include all the information required in Chapter 62-555.350(15) paragraphs (a) through (e).
- The drinking water treatment plant (well pump, tank and chlorine pump) not protected from tampering, vandalism, and sabotage. Chapter 62-555.320(5) requires that drinking water treatment or pumping facilities be enclosed by fences with lockable access gates, housed in lockable buildings or enclosures, or otherwise protected against tampering, vandalism, and sabotage. It also requires that finished drinking water storage facilities be enclosed by fences with lockable access gates, or shall be otherwise protected to prevent tampering, vandalism, and sabotage.
- The drinking water distribution map was not available for review during the sanitary survey. Chapter 62-555.350(14) states that the supplier of water shall have an up-to-date map of the drinking water distribution system. The map must show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. Please submit a copy of the map to this office.

**You are requested to contact Owen Devine at (863) 519-8330 Ext. 12151 within ten (10) days of receipt of this Warning Letter to arrange a meeting to discuss this matter.** The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Donald R. Ehlenbeck, P.E.  
Administrator  
Environmental Engineering

DRE/od

Copy to:

Roland Reis, Legal Counsel  
Polk County Health Department  
1290 Golfview Avenue, 4th floor  
Bartow, Florida 33830

Email Copy to:

[Mike Smallridge] [utilityconsultant@yahoo.com](mailto:utilityconsultant@yahoo.com)

[David Blount] [dbwinterhaven@aol.com](mailto:dbwinterhaven@aol.com)

[Public Service Commission – Robert Simpson] [rsimpson@psc.state.fl.us](mailto:rsimpson@psc.state.fl.us)



Polk County Health Department  
 2090 East Clower Street, Bartow, FL 33830  
 Phone (863) 519-8330

**SANITARY SURVEY REPORT**

**DATA INPUT**  
 Date: 3/21/12  
 Initials: [Signature]

**COMPLIANCE RESULTS**  
 I       C  
 M       F  
 O

System/Plant Name Sunrise Utilities County Polk PWS ID# 6531739  
 Plant Location State Road 542 West, Auburndale Phone (352)302-7406  
 Owner Name Alturas Utilities LLC, Leslie G. Szabo Phone (352)302-7406  
 Owner Address PO Box 10186, Brooksville, FL 34603 Cell n/a  
 Owner Email unknown Fax (352)726-0547  
 Contact Person Mike Smallridge Title Manager Email michaelsmallridge@gmail.com Phone (352)302-7406  
 Alternate Contact None Title n/a Email n/a Phone n/a  
 This Survey Date 03/08/2012 Last Survey Date 10/25/2011 Last C.I. Date 11/05/2010

**PWS TYPE & CLASS**     Community     Non-transient Non-Community     Transient Non-Community  
**PWS STATUS**             Approved System     Accepted System     Unapproved System

**SERVICE AREA CHARACTERISTICS**  
 Subdivision and convenience store  
 Food Service:  Yes     No     N/A

**GENERAL SURVEY COMMENTS**

Copy of this report will be sent to the water system.  
 Mr. Smallridge second e-mail address utilityconsultant@yahoo.com

**DEFICIENCIES**

**ACTION TAKEN:**

Well AAD6709 is not properly sealed.	referred to enforcement
The pressure relief valve on well AAD6709 is leaking.	referred to enforcement
The well vent on well AAD6709 is reduced.	referred to enforcement
The flow meter for well AAD6709 may not be functioning correctly.	referred to enforcement
The chlorine solution storage container is not properly protected.	referred to enforcement
The auxiliary power is not working.	referred to enforcement
The system may not have an emergency response plan.	referred to enforcement
The system may not have an up to date distribution map.	referred to enforcement
The hydropneumatic tanks have not been inspected.	referred to enforcement
The sight glass is dirty.	to be addressed by enforcement
The chlorine pump is leaking and has calcium buildup.	to be addressed by enforcement
The water plant is not protected, damaged fence.	to be addressed by enforcement

Inspector [Signature] Title Environmental Specialist II Forward Date 03/21/2012  
 Reviewer [Signature] Title Env. Supervisor II (Int) Review Date 4/2/12  
 PA SITE ID \_\_\_\_\_  
 ENV. ENG SS Rev 12/2004

System Name: Sunrise Water Company

PWS ID# 6531739  
 Survey Date 03/08/2012

**MONITORING COMPLIANCE DATA  
 {Last Twelve Months}**

COMPLIANCE GROUP	MONITORING	REPORTING	EXCEEDANCE	MCL
Chemical	compliant	compliant	none	none
Bacteriological	compliant	compliant	none	none

Items checked with an (x) are explained below.

**COMMENTS**

none

**PERMITS/APPROVALS/ACCEPTANCES**

Project Name	Approval Number	Approval Date	Connections Approved	Microfilm #
Sun Acres water plant (switching from gas to liquid Cl2)	5395-1739-A1	12/07/1995	274	N/A
Sun Acres Development (New Tank)	5377-6836-A	03-08-1977	Unk	Unk
Sun Acres S/D(distribution)	6836	01/03/1964	Unk	Unk

**COMMENTS**

None

**ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}**

OGC Case Number	Referral Date	Resolution Date	Comments
07-653PW1739A	2/07/07	2/20/07	Lead and copper sampling results for 2006, not received on time
08-653PW1739B	09/18/2008	on going	Numerous deficiencies.

System Name: Sunrise Water CompanyPWS ID# 6531739  
Survey Date 03/08/2012**TREATMENT PROCESSES IN USE**hypochlorinationIs any additional treatment needed? None at this time  
For control of what deficiencies? N/A**DISTRIBUTION SYSTEM****Comments**

Pipe Size Range/Type(s)	6" - 2" PVC & Galv.	
New/Altered Piping @ Plant(s) Color Coded & Labeled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Flow Measuring Device Type/Size/Location	Inline, 4", after check valve	Inline, 2", before check valve (backup)
Flow Measuring Device Reading (gallons)	58,914,330	Backup Well Reading 299,990
Backflow Prevention Devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cross-connections Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bacteriological Sampling Plan Date	12/4/2000	
Satisfactory Bacteriological Sampling Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
System Records Retention Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lead & Copper Sampling Plan Date	8/06/1993	
Disinfection By-Products Sampling Plan Date	9/20/2004	
Cross-connection Control Program Plan Date	2011	
Satisfactory Cross-connection Control Program Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Emergency Preparedness/Response Plan Date	unknown	manager stated he had plan
Current Drinking Water Distribution System Map	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	manger stated he had map with him
Asbestos Waiver or Plan Date	12/6/2003	
Additional Comments	2" Flow meter may not be functioning properly.	

**OPERATION & MAINTENANCE****Comments**

Certified Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Operator Name	David Blount	
Operator Certification Class-Number	A-5611	
Operator Phone Number	(863) 326-6122	
Operator Cell Phone Number	(863) 661-5315	
Operator Fax Number	(863) 326-6122	
Operator Mailing Address	6039 Cypress Garden Blvd. #146, Winter Haven, FL 33884	
Operator E-mail Address	none	
Operation & Maintenance Log	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Operation and Maintenance Manual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Operator Visitation Frequency → → → →	<b>Required</b>	<b>Actual</b>
	Hrs/wk: 0.3	1
	Days/wk: 3	6
Non-consecutive Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Monthly Operation Reports Submitted Regularly & Timely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Data Missing From Monthly Operation Reports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Plant Category - Class	V-D	
Number of Service Connections	258	
Present Population Served	730	
Population Basis	Estimate	
Population Seasonal (Timeframes)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Water System Used Over 60 Days Per Year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Number of Water Users 6 - 9 Months Per Year	n/a	
Number of Water Users Over 9 Months Per Year	730	
System Average Day Demand (Last 12 Months)	53,266	gpd
System Maximum Day Demand (Last 12 Months)	166,000	gpd
System Firm Capacity (Calculate assuming largest pump is out of service)	216,000	gpd
System Maximum Day Design Capacity	792,000	gpd
		Based on 24 hour well pumping
Adequate Flushing Program (Frequency)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Valve Exercising	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Additional Comments	Permitted capacity = 250,000 gpd	

**GROUND WATER SOURCES**

Well Number	1	2		
WMD Permit Number	20003214	20003214		
Florida Unique Well ID Number	AAD6710	AAD6709		
Grout Type	unknown	Cement		
Well Completion Date	1963	1984		
6'x6'x4" Concrete Pad / Condition	Yes / cracked	Yes / cracked		
Depth Drilled (feet)	750'	150'		
Well Contamination History	none listed	none listed		
Drilling Method	unknown	Rotary		
Casing Material	black steel	black steel		
Casing Diameter (inches)	8"	4"		
Casing Length (feet)	unknown	unknown		
Well Inundation Possible	Not Likely	Not Likely		
SET BACKS (feet)	Septic Tank	110'	112'	
	WW Plant	N/A	N/A	
	WW Plumbing	50'	50'	
	Other Sanitary Hazard	Private Pool 63'	Private pool 53'	
PUMP	Type	submersible	submersible	
	Manufacturer	unknown	unknown	
	Model Number	unknown	unknown	
	Rated Capacity (gpm)	400	150	
MOTOR	Manufacturer	Franklin Electric	Goulds	
	Model Number	unknown	unknown	
	Horsepower	25	7.5	
Well Casing 12" Above Pad	Yes	Yes	vandalism	
Well Casing Sanitary Seal	watertight	not sealed		
Raw Water Sampling Tap	compliant	compliant		
Above Ground Check Valve	yes	yes		
Secured / Housed	no	no		
Well Vent Protected	yes	yes / reduced		
Comments	The pressure relief valve on well AAD6709 is leaking.			
The wells are not protected from vandalism.				

**AUXILIARY POWER SOURCE**

	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
Type	Olympian	
Description	G20F3 Propane Gas	
Functional	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Automatic Switchover	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Exercised Under Continuous Load Frequently	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Operates All Necessary Equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Capacity Satisfies System Average Daily Water Demand	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments	hour meter - 161.4 (last survey, hour meter reading could not be obtained this survey)	

**DISINFECTION**

Type	Chlorination		Comments
Phase	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Liquid	
Number of Feeders	1		
Adequate Air-Pak	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Alarms			
Loss of Cl <sub>2</sub> Capability	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Loss of Cl <sub>2</sub> Residual	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Cl <sub>2</sub> Leak Detection	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Fresh Ammonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Injection Point Location(s)	Prior to storage		
Automatic Switchover	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Reserve Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Capacity	[liquid (gpd)] [gas(lb/day)]	30 gpd	
Adequate Ventilation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
Room Lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Safety Equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Feed Rate or Stroke [liquid (%)]	65%		
Sign of Leaks	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	Cl pump is leaking, Cl buildup
Feeder(s) Manufacturer	Pulsafeeder		
Housed or Protected	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Chained Cylinders	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Plant Residuals	[mg/l]	Free 2.69 Total n/a	
Remote Residuals	[mg/l]	Free 2.24 Total n/a	
Scales Functioning Properly	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Repair Kits	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
DPD Test Kit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
Additional Comments:			

**STORAGE FACILITIES**

	(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell (R) Retention											
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Tank Type/Number	H-1			H-2								
Capacity (gal)	3000			6000								
Material	Steel			Steel								
Gravity Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By-Pass Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected Openings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Glass / Level Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fittings for Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On/Off Pressure (PSI)	40/60			40/60								
Secured Access	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Height to Minimum Water Level (C, E, G)	N/A			N/A								
Height to Maximum Water Level (C, E, G)	N/A			N/A								
Tank Equipped With Access Manhole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Inspection Report Date	2006			2006								
Comments:	Tanks inspections are past due, sight glass for larger tank is dirty. Tanks are not secure.											





Polk County Health Department  
 2090 East Clower Street, Bartow, FL 33830  
 Phone (863) 519-8330

**SANITARY SURVEY REPORT**

**DATA INPUT**  
 Date: 11/15/11  
 Initials: [Signature]

**COMPLIANCE RESULTS**  
 I       C  
 M       F  
 O

System/Plant Name	<u>Sunrise Utilities</u>			County	<u>Polk</u>	PWS ID#	<u>6531739</u>
Plant Location	<u>State Road 542 West, Auburndale</u>			Phone	<u>(863)421-6827</u>		
Owner Name	<u>Alturas Utilities LLC, Leslie G. Szabo</u>			Phone	<u>(305)891-7506</u>		
Owner Address	<u>PO Box 10186, Brooksville, FL 34603</u>			Cell	<u>(305)891-7506</u>		
Owner Email	<u>unknown</u>			Fax	<u>(863)421-6827</u>		
Contact Person	<u>Mike Smallridge</u>	Title	<u>Manager</u>	Email	<u>michaelsmallridge@gmail.com</u>	Phone	<u>(863)421-6827</u>
Alternate Contact	<u>None</u>	Title	<u>n/a</u>	Email	<u>n/a</u>	Phone	<u>n/a</u>
This Survey Date	<u>10/25/2011</u>	Last Survey Date	<u>11/05/2010</u>	Last C.I. Date	<u>02/18/2009</u>		

**PWS TYPE & CLASS**     Community     Non-transient Non-Community     Transient Non-Community

**PWS STATUS**             Approved System     Accepted System     Unapproved System

**SERVICE AREA CHARACTERISTICS**

Subdivision and convenience store
Food Service: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

**GENERAL SURVEY COMMENTS**

Mr. Smallridge second e-mail address utilityconsultant@yahoo.com

**DEFICIENCIES**

**ACTION TAKEN:**

Well AAD6709 is not properly sealed.	Letter, correct in 30 days
The pressure relief valve on well AAD6709 is leaking.	Letter, correct in 30 days
The well vent on well AAD6709 is reduced.	Letter, correct in 30 days
The flow meter for well AAD6709 may not be functioning correctly.	Letter, correct in 30 days
The chlorine solution storage container is not properly protected.	Letter, correct in 30 days
The auxiliary power is not working.	Letter, correct in 30 days
The system may not have an emergency response plan.	Letter, submit in 30 days
The system may not have a cross-connection control plan.	Letter, submit in 30 days
The system may not have an up to date distribution map.	Letter, submit in 30 days
<b>Reminder</b>	
The hydropneumatic tanks must be inspected by a professional engineer by the end of the year.	Letter, comply by 01/01/2012

Inspector [Signature] Title Environmental Specialist II Forward Date 11/10/2011  
 Reviewer [Signature] Title Env. Supervisor II Review Date 11/16/11  
 PA SITE ID \_\_\_\_\_  
 ENV. ENG SS Rev 12/2004

System Name: Sunrise Water Company

PWS ID# 6531739  
 Survey Date 10/25/2011

**MONITORING COMPLIANCE DATA**  
**{Last Twelve Months}**

COMPLIANCE GROUP	MONITORING	REPORTING	EXCEEDANCE	MCL
Chemical	compliant	compliant	none	none
Bacteriological	compliant	compliant	none	none

Items checked with an (x) are explained below.

**COMMENTS**

none

**PERMITS/APPROVALS/ACCEPTANCES**

Project Name	Approval Number	Approval Date	Connections Approved	Microfilm #
Sun Acres water plant (switching from gas to liquid Cl2)	5395-1739-A1	12/07/1995	274	N/A
Sun Acres Development (New Tank)	5377-6836-A	03-08-1977	Unk	Unk
Sun Acres S/D(distribution)	6836	01/03/1964	Unk	Unk

**COMMENTS**

None

**ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}**

OGC Case Number	Referral Date	Resolution Date	Comments
07-653PW1739A	2/07/07	2/20/07	Lead and copper sampling results for 2006, not received on time
08-653PW1739B	09/18/2008	on going	Numerous deficiencies.

System Name: Sunrise Water CompanyPWS ID# 6531739Survey Date 10/25/2011**TREATMENT PROCESSES IN USE**

hypochlorination

Is any additional treatment needed?  
For control of what deficiencies?None at this time  
N/A**DISTRIBUTION SYSTEM**

Comments

Pipe Size Range/Type(s)	6" - 2" PVC & Galv.	
New/Altered Piping @ Plant(s) Color Coded & Labeled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Flow Measuring Device Type/Size/Location	Inline, 4", after check valve	Inline, 2", before check valve (backup)
Flow Measuring Device Reading (gallons)	58,914,330	Backup Well Reading 299,990
Backflow Prevention Devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cross-connections Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bacteriological Sampling Plan Date	12/4/2000	
Satisfactory Bacteriological Sampling Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
System Records Retention Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lead & Copper Sampling Plan Date	8/6/1993	
Disinfection By-Products Sampling Plan Date	9/20/2004	
Cross-connection Control Program Plan Date	8/20/1999	
Satisfactory Cross-connection Control Program Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Emergency Preparedness/Response Plan Date	None	
Current Drinking Water Distribution System Map	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Asbestos Waiver or Plan Date	12/6/2003	

**OPERATION & MAINTENANCE**

Comments

Certified Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operator Name	David Blount		
Operator Certification Class-Number	A-5611		
Operator Phone Number	(863) 326-6122		
Operator Cell Phone Number	(863) 661-5315		
Operator Fax Number	(863) 326-6122		
Operator Mailing Address	6039 Cypress Garden Blvd. #146, Winter Haven, FL 33884		
Operator E-mail Address	none		
Operation & Maintenance Log	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operation and Maintenance Manual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operator Visitation Frequency → → → →		<i>Required</i>	<i>Actual</i>
	Hrs/wk:	0.3	1
	Days/wk:	3	6
Non-consecutive Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Monthly Operation Reports Submitted Regularly & Timely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Data Missing From Monthly Operation Reports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Plant Category - Class	V-D		
Number of Service Connections	258		
Present Population Served	730		
Population Basis	Estimate		
Population Seasonal (Timeframes)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Water System Used Over 60 Days Per Year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Number of Water Users 6 - 9 Months Per Year	n/a		
Number of Water Users Over 9 Months Per Year	730		
System Average Day Demand (Last 12 Months)	56,511	gpd	
System Maximum Day Demand (Last 12 Months)	166,000	gpd	
System Firm Capacity (Calculate assuming largest pump is out of service)	216,000	gpd	
System Maximum Day Design Capacity	792,000	gpd	
		Based on 24 hour well pumping	
Adequate Flushing Program (Frequency)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Sufficient Valve Exercising	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Additional Comments	Permitted capacity = 250,000 gpd		

Plant Name: Sunrise Water CompanyPWS ID# 6531739Survey Date 10/25/2011**GROUND WATER SOURCES**

Well Number	1	2		
WMD Permit Number	20003214	20003214		
Florida Unique Well ID Number	AAD6710	AAD6709		
Grout Type	unknown	Cement		
Well Completion Date	1963	1984		
6'x6'x4" Concrete Pad / Condition	Yes / cracked	Yes / cracked		
Depth Drilled (feet)	750'	150'		
Well Contamination History	none listed	none listed		
Drilling Method	unknown	Rotary		
Casing Material	black steel	black steel		
Casing Diameter (inches)	8"	4"		
Casing Length (feet)	unknown	unknown		
Well Inundation Possible	Not Likely	Not Likely		
SET BACKS (feet)	Septic Tank	110'	112'	
	WW Plant	N/A	N/A	
	WW Plumbing	50'	50'	
	Other Sanitary Hazard	Private Pool 63'	Private pool 53'	
PUMP	Type	submersible	submersible	
	Manufacturer	unknown	unknown	
	Model Number	unknown	unknown	
	Rated Capacity (gpm)	400	150	
MOTOR	Manufacturer	Franklin Electric	Goulds	
	Model Number	unknown	unknown	
	Horsepower	25	7.5	
Well Casing 12" Above Pad	Yes	Yes		
Well Casing Sanitary Seal	watertight	not sealed		
Raw Water Sampling Tap	compliant	compliant		
Above Ground Check Valve	yes	yes		
Secured / Housed	yes	yes		
Well Vent Protected	yes	yes		
Comments	none			

**AUXILIARY POWER SOURCE**

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Comments
Type	Olympian			
Description	G20F3 Propane Gas			
Functional	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Automatic Switchover	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Exercised Under Continuous Load Frequently	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Operates All Necessary Equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Capacity Satisfies System Average Daily Water Demand	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Additional Comments				hour meter - 161.4

**DISINFECTION**

Type	Chlorination		Comments
Phase	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Liquid	
Number of Feeders	1		
Adequate Air-Pak	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Alarms			
Loss of Cl <sub>2</sub> Capability	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Loss of Cl <sub>2</sub> Residual	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Cl <sub>2</sub> Leak Detection	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Fresh Ammonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Injection Point Location(s)	Prior to storage		
Automatic Switchover	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Reserve Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Capacity	[liquid (gpd)] [gas(lb/day)]	30 gpd	
Adequate Ventilation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
Room Lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Safety Equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Feed Rate or Stroke [liquid (%)]	65%		
Sign of Leaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Feeder(s) Manufacturer	Pulsafeeder		
Housed or Protected	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Chained Cylinders	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Plant Residuals	[mg/l]	Free 0.47 Total n/a	
Remote Residuals	[mg/l]	Free 0.38 Total n/a	
Scales Functioning Properly	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Repair Kits	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
DPD Test Kit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
Additional Comments:			

**STORAGE FACILITIES**

	(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell (R) Retention											
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Tank Type/Number	H-1			H-2								
Capacity (gal)	3000			6000								
Material	Steel			Steel								
Gravity Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
By-Pass Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Protected Openings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Pressure Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Air Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Sight Glass / Level Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Fittings for Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
On/Off Pressure (PSI)	40/60			40/60								
Secured Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Height to Minimum Water Level (C, E, G)	N/A			N/A								
Height to Maximum Water Level (C, E, G)	N/A			N/A								
Tank Equipped With Access Manhole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Tank Inspection Report Date	2006			2006								
Comments:												none

## Robert Simpson

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**From:** Yahoo [utilityconsultant@yahoo.com]  
**Sent:** Wednesday, September 05, 2012 11:59 AM  
**To:** Owen\_Devine@doh.state.fl.us  
**Cc:** Leslie; Robert Simpson  
**Subject:** Fence @ sunrise

I just received notice from walker fence that they have moved the installation of the fence at the sunrise water plant to this Friday.

Mike Smallridge  
352.302.7406  
Sent from my iPhone

**Robert Simpson**

---

**From:** Yahoo [utilityconsultant@yahoo.com]  
**Sent:** Wednesday, September 05, 2012 10:26 AM  
**To:** Robert Simpson  
**Subject:** Re: Sunrise

Currently the flow meter is working correctly.

According to the contractor the fence will be installed next week wednesday.

The site glass is readable but will cleaned when we take the system down again

Mike Smallridge  
352.302.7406  
Sent from my iPhone

On Sep 4, 2012, at 8:51 AM, "Robert Simpson" <RSimpson@PSC.STATE.FL.US> wrote:

On August 28, 2012 Sunrise sent an e-mail to the Polk County Health Department indicating that "the meter was taken apart and cleaned. As of this date the meter appears to be working correctly. I am having my staff and the operator, Stuart Blount, check the meter several times a week. If the meter stops working again, I will replace it." What is current status of the flow meter. Second, indicate whether the fence has been installed? Third, what is the current status of the site glass? Staff needs responses as soon as possible to finalize our recommendation. Thank you.

Sincerely,

Robert Simpson  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399  
Phone: (850) 413-7001  
Fax: (850) 413-7002

**Robert Simpson**

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**From:** Owen\_Devine@doh.state.fl.us  
**Sent:** Tuesday, August 28, 2012 2:34 PM  
**To:** Robert Simpson  
**Subject:** FW: Sunrise Utilities, LLC  
FYI

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**From:** Nickerson, Matthew A  
**Sent:** Tuesday, August 28, 2012 2:15 PM  
**To:** Devine, Owen F; Stadelbacher, Ron; Gatlin, Cindy L; Ingrahm, Robert C  
**Subject:** FW: Sunrise Utilities, LLC

*FYI - Address change for Sunrise Utilities and others.*

**Matthew A. Nickerson**  
**Environmental Specialist II**  
**Polk County Health Department**  
**Environmental Engineering**  
**(863)519-8330 ext. 12154**

Please note: Florida has a very broad public records law. Most written communications to or from state officials are public records available to the public and media upon request. Your e-mail communications are being archived for a period of at least 3 years and may be subject to public disclosure.

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**From:** Mike Smallridge [mailto:utilityconsultant@yahoo.com]  
**Sent:** Tuesday, August 28, 2012 2:06 PM  
**To:** Nickerson, Matthew A  
**Subject:** Sunrise Utilities, LLC

SUNRISE UTILITIES, LLC  
PO BOX 1798  
ESATON PARK, FL. 33840

Matthew, I have just received your letter dated august 1, 2012.

Please change the address in your database as follows:

Alturas Utilities, LLC  
Sunrise Utilities, LLC  
West Lakeland Wastewater, LLC  
Pinecrest Utilities, LLC  
Bimini Bay Utilities, LLC  
Four Points Utility

9/6/2012

All mail for the above utilities should be sent to:

PO Box 1798  
Eaton Park, FL. 33840

1. The gate at the chlorine tank has been repaired for some time now and is locked with a pad lock. the only person besides my staff that has the combo to the lock is Davis Supply. The new chain link will be installed next week by Walker Fence. I will notify you when the work is completed.
2. Will be done within the time frames allowed.
3. The meter was taken apart and cleaned. As of this date the meter appears to be working correctly. I am having my staff and the operator. Stuart Blount, check the meter several times a week. If the meter stops working again, I will replace it.

Mike Smallridge

**Robert Simpson**

---

**From:** Yahoo [utilityconsultant@yahoo.com]  
**Sent:** Monday, August 27, 2012 7:07 PM  
**To:** Robert Simpson  
**Cc:** <l.szabo@rogers.com>; Charles Murphy; Shannon Hudson  
**Subject:** Re: Sunrise

Yes. Sunrise utilities llc is now aware of this rule and from here on will notify the commission clerk when more than 10% of its customers are effected.

Mike Smallridge  
352.302.7406  
Sent from my iPhone

On Aug 27, 2012, at 5:03 PM, "Robert Simpson" <[RSimpson@PSC.STATE.FL.US](mailto:RSimpson@PSC.STATE.FL.US)> wrote:

*Sunrise has acknowledged that it failed to provide the Commission with notices of water interruptions affecting 10% or more of its customers in the last three years. The failure represents a violation of Rule 25-30.251, F.A.C. Please respond indicating whether Sunrise will comply with this Rule in the future?*

*Sincerely,*

*Robert Simpson  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399  
Phone: (850) 413-7001  
Fax: (850) 413-7002*

**Robert Simpson**

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**From:** Owen\_Devine@doh.state.fl.us  
**Sent:** Wednesday, August 22, 2012 12:46 PM  
**To:** Robert Simpson  
**Cc:** Matthew\_Nickerson@doh.state.fl.us; utilityconsultant@yahoo.com  
**Subject:** RE: Sunrise  
**Attachments:** psc request 082212.pdf

Robert,

Attachment FYI

Owen

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**From:** Robert Simpson [mailto:RSimpson@psc.state.fl.us]  
**Sent:** Thursday, August 16, 2012 4:38 PM  
**To:** Devine, Owen F  
**Subject:** Sunrise

*Sunrise has indicated that they will be replacing the malfunctioning flow meter but they also disagree that the sight glass is readable. A review of the consent order indicates that they have not been able to meet the deadlines as outlined in the order. What will be the outcome of not complying with the order?*

Robert

2. Respondent is a person within the meaning of Section 403.852(5), Florida Statutes.
3. Respondent is owner of a community water system that serves Sunrise Utilities located in Auburndale, Florida.
4. Respondent failed to properly maintain public water system components in good operating conditions. Well AAC6709 is not properly sealed. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys) *Corrected 7/18/12 Sanitary Survey*
5. Respondent failed to properly maintain public water system components in good operating conditions. Pressure relief valve on well AAD6709 is leaking. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys) *Corrected 7/18/12 Sanitary Survey.*
6. Respondent failed to properly maintain public water system components in good operating conditions. Flow meter gauge is unreadable and not functioning properly. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys) *Flow meter in question was repaired; however other flow meter is undergoing repair (AAD6710) (AAD6709)*
7. Respondent failed to properly maintain public water system components in good operating conditions. Well vent on well AAD6709 has been reduced and is undersized. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys) *Corrected 7/18/12 Sanitary Survey*
8. Respondent failed to properly maintain public water system components in good operating conditions. Auxiliary power source is inoperable. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended (Noted during 10/25/2011 and 03/08/2012 sanitary surveys) *Corrected 7/18/12 Sanitary Survey*
9. Respondent failed to properly maintain public water system components in good operating conditions. Sight glass is dirty and unreadable. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 03/08/2012 sanitary survey)

*Not corrected. Will re-assess status upon.*

10. Respondent failed to properly maintain public water system components in good operating conditions. Chlorine pump is leaking and has calcium buildup. Chapter 62-555.350(2) requires suppliers of water keep all necessary public water system components in good operating condition so the components function as intended. (Noted during 03/08/2012 sanitary survey) *Corrected 7/18/12 Sanitary Survey*
11. There is no written emergency preparedness/response plan on file. Chapter 62-555.350(15) states that all community water systems serving, or designed to serve, 350 or more persons or 150 or more service connections, shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities, AWWA Manual M19*. Such plan must also include all the information required in Chapter 62-555.350(15) paragraphs (a) through (e). (Noted during 11/05/2010, 10/25/2011 and 03/08/2012 sanitary surveys) *Corrected 7/18/12 Sanitary Survey*
12. The drinking water treatment plant (well pump, tank and chlorine pump) not protected from tampering, vandalism, and sabotage. Chapter 62-555.320(5) requires that drinking water treatment or pumping facilities be enclosed by fences with lockable access gates, housed in lockable buildings or enclosures, or otherwise protected against tampering, vandalism, and sabotage. It also requires that finished drinking water storage facilities be enclosed by fences with lockable access gates, or shall be otherwise protected to prevent tampering, vandalism, and sabotage. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys) *HAS UNIT 9/1/12 TO COMPLY \*DOME CAP BE LIFTED OFF NITROGEN*
13. The drinking water distribution map was not available for review during the sanitary survey. Chapter 62-555.350(14) states that the supplier of water shall have an up-to-date map of the drinking water distribution system. The map must show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. (Noted during 11/05/2010, 10/25/2011 and 03/08/2012 sanitary surveys) *Corrected 7/18/12 Sanitary Survey*
14. Respondent failed to have the storage tank professionally evaluated according to Chapter 62-555.350(2) of the Florida Administrative Code. (Noted during 10/25/2011 and 03/08/2012 sanitary surveys) *3,000 GAL DUE JAN 1, 2013 + 6,000 GAL DUE MAR 2, 2013*

Respondent and the Department met on April 25, 2012 at the Polk County Health Department in Bartow, Florida and reached a resolution of the matter, pursuant to Florida Administrative Code Rule 62-103.110(3). Respondent and the Department mutually agree and it is

*Chlorine issue noted during 7/18/12 Sanitary Survey  
Owner indicated chlorine was restored next day.  
Site visit to be conducted after 9/1/12 to verify  
Repairs to fencing, site glass + flow meter (AAD6710)*

## Robert Simpson

---

**From:** Yahoo [utilityconsultant@yahoo.com]  
**Sent:** Monday, August 20, 2012 12:20 PM  
**To:** Robert Simpson  
**Subject:** Re: Response to July 24th Letter

The meters are read once per month by one person

Mike Smallridge  
352.302.7406  
Sent from my iPhone

On Aug 20, 2012, at 10:35 AM, "Robert Simpson" <[RSimpson@PSC.STATE.FL.US](mailto:RSimpson@PSC.STATE.FL.US)> wrote:

*How often are the meters read and is this done by one person?*

---

**From:** Yahoo [mailto:utilityconsultant@yahoo.com]  
**Sent:** Thursday, August 16, 2012 2:15 PM  
**To:** Robert Simpson  
**Subject:** Re: Response to July 24th Letter

Yes gate to chlorine is now locked with a combo lock.

1. No
2. Yes. We checked the chlorine levels and they meet all requirements
- 3.yes
- 4.yes. See#2

Mike Smallridge  
352.302.7406  
Sent from my iPhone

On Aug 16, 2012, at 11:40 AM, "Robert Simpson" <[RSimpson@PSC.STATE.FL.US](mailto:RSimpson@PSC.STATE.FL.US)> wrote:

*One additional question. Is the chlorine solution storage container properly protected?*

---

**From:** Robert Simpson  
**Sent:** Thursday, August 16, 2012 9:13 AM  
**To:** 'Mike Smallridge'  
**Cc:** '[lszabo@rogers.com](mailto:lszabo@rogers.com)'; Shannon Hudson  
**Subject:** RE: Response to July 24th Letter

*Mr. Smallridge:*

- 1. Did you notify the Commission regarding water interruptions that affected more than 10% of Sunrise's customers?*
- 2. The customers at the customer meeting complained about high dosages of chlorine in the water. Have you made any attempts to remedy this situation?*

3. The customers also complained that the operator of the system lacks training. Is the operator licensed?
4. The customers complained that the water sometimes look dingy brown. Have you made any attempts to remedy this situation?

Please respond to these questions by Friday, August 17, 2012.

Sincerely,

Robert Simpson  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399  
Phone: (850) 413-7001  
Fax: (850) 413-7002

---

**From:** Mike Smallridge [mailto:utilityconsultant@yahoo.com]  
**Sent:** Wednesday, August 15, 2012 2:19 PM  
**To:** Robert Simpson  
**Cc:** Patti Daniel  
**Subject:** Response to July 24th Letter

RE: utility response to your July 24th letter for Docket # 110238-WU. a paper copy of this email is being mailed tot he commission clerk.

Mr. Simpson:

As of today,

1. the well seal has been repaired.
2. the flow meter was removed, taken apart and cleaned and reinstalled. However, the meter worked well for only a short time and failed .a new meter has been ordered and will be installed upon its arrival.
3. Repair or replacement of the damaged fence will be done by September 1, 2012.
4. Utility strongly disagrees with the comments that the site glass is not readable. the site glass will be replaced when we bring down the system to inspect the tanks as well as replace the valves on the tank.
5. Hydro tanks will be inspected and evaluated in the time-line outlined by the consent order.

All water interruption and repairs are followed by a boil water notice and rescission notice. The method used is hand delivery.

All water interruptions effect more than 10% of Sunrise's customers.

- 4/18/2012- repair line break at meter that someone ran over. Service restored upon repair completion  
5/4/2012- repair main line leak from garbage truck damage. Service restored upon repair completion.  
5/23/2012- repair main line from garbage truck damage.- service restored upon repair completion.

7/31/2012- repair main line break. -service restored upon repair completion.

2/11/2011-repair damaged customer meter. Service restored upon repair completion.

2/28/2011-replace blow-off valve.service restored upon repair completion.

3/11/2011- Yearly maintance. Replaced curb stops an installed new meters. System was off from 10 am to 3 pm.

8/26/2011-repair leak. -Service restored upon repair completion.

2/26/2010- repair leak at meter. Service restored upon repair completion.

3/31/2010- leak repair at street. Service restored upon repair completion.

3/25/2010- leak repair under tree. Service restored upon repair completion.

11/20-11/23 2009 - replace main well pump. Sysytem was down for appx. 72 hours.

**Robert Simpson**

---

**From:** Yahoo [utilityconsultant@yahoo.com]  
**Sent:** Thursday, August 16, 2012 2:15 PM  
**To:** Robert Simpson  
**Subject:** Re: Response to July 24th Letter

Yes gate to chlorine is now locked with a combo lock.

1. No
2. Yes. We checked the chlorine levels and they meet all requirements
- 3.yes
- 4.yes. See#2

Mike Smallridge  
352.302.7406  
Sent from my iPhone

On Aug 16, 2012, at 11:40 AM, "Robert Simpson" <[RSimpson@PSC.STATE.FL.US](mailto:RSimpson@PSC.STATE.FL.US)> wrote:

*One additional question. Is the chlorine solution storage container properly protected?*

---

**From:** Robert Simpson  
**Sent:** Thursday, August 16, 2012 9:13 AM  
**To:** 'Mike Smallridge'  
**Cc:** '[l.szabo@rogers.com](mailto:l.szabo@rogers.com)'; Shannon Hudson  
**Subject:** RE: Response to July 24th Letter

*Mr. Smallridge:*

- 1. Did you notify the Commission regarding water interruptions that affected more than 10% of Sunrise's customers?*
- 2. The customers at the customer meeting complained about high dosages of chlorine in the water. Have you made any attempts to remedy this situation?*
- 3. The customers also complained that the operator of the system lacks training. Is the operator licensed?*
- 4. The customers complained that the water sometimes look dingy brown. Have you made any attempts to remedy this situation?*

*Please respond to these questions by Friday, August 17, 2012.*

*Sincerely,*

*Robert Simpson  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399  
Phone: (850) 413-7001  
Fax: (850) 413-7002*

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**From:** Mike Smallridge [mailto:utilityconsultant@yahoo.com]  
**Sent:** Wednesday, August 15, 2012 2:19 PM  
**To:** Robert Simpson

**Cc:** Patti Daniel

**Subject:** Response to July 24th Letter

RE: utility response to your July 24th letter for Docket # 110238-WU. a paper copy of this email is being mailed to the commission clerk.

Mr. Simpson:

As of today,

1. the well seal has been repaired.
2. the flow meter was removed, taken apart and cleaned and reinstalled. However, the meter worked well for only a short time and failed. a new meter has been ordered and will be installed upon its arrival.
3. Repair or replacement of the damaged fence will be done by September 1, 2012.
4. Utility strongly disagrees with the comments that the site glass is not readable. the site glass will be replaced when we bring down the system to inspect the tanks as well as replace the valves on the tank.
5. Hydro tanks will be inspected and evaluated in the time-line outlined by the consent order.

All water interruption and repairs are followed by a boil water notice and rescission notice. The method used is hand delivery.

All water interruptions effect more than 10% of Sunrise's customers.

4/18/2012- repair line break at meter that someone ran over. Service restored upon repair completion

5/4/2012- repair main line leak from garbage truck damage. Service restored upon repair completion.

5/23/2012- repair main line from garbage truck damage.- service restored upon repair completion.

7/31/2012- repair main line break. -service restored upon repair completion.

2/11/2011-repair damaged customer meter. Service restored upon repair completion.

2/28/2011-replace blow-off valve.service restored upon repair completion.

3/11/2011- Yearly maintance. Replaced curb stops an installed new meters. System was off from 10 am to 3 pm.

8/26/2011-repair leak. -Service restored upon repair completion.

2/26/2010- repair leak at meter. Service restored upon repair completion.

3/31/2010- leak repair at street. Service restored upon repair completion.

3/25/2010- leak repair under tree. Service restored upon repair completion.

11/20-11/23 2009 - replace main well pump. Sysytem was down for appx. 72 hours.

**Matilda Sanders**

110238-WU

From: Carolyn Craig  
Sent: Wednesday, August 31, 2011 2:27 PM  
To: CLK - Orders / Notices; Charles Murphy  
Subject: Order / Notice Submitted

ADMINISTRATIVE

Date and Time: 8/31/2011 2:24:00 PM  
Docket Number: 110238-WU  
Filename / Path: 110238-NOT-InfMtg.doc  
Notice Type: Memo for Issuance

Notice of Meeting to be issued in the above docket.

Faxed 0

Mailed 0

E-Mailed 2

*Carolyn Craig*  
Administrative Assistant III  
Office of the General Counsel  
Phone: (850) 413-6206

DOCUMENT NUMBER-DATE

06359 SEP-2

FPSC-COMMISSION CLERK

**FLORIDA PUBLIC SERVICE COMMISSION  
CASE MANAGEMENT SYSTEM  
PARTICIPATING EMAIL ADDRESSES FOR DOCKET 110238**

PARTY NAME	COMPANY CODE	EMAIL ADDRESS	ADDRESS IN MASTER COMMISSION DIRECTORY
Office of Public Counsel (11)		KELLY.JR@leg.state.fl.us	No
Sunrise Utilities, LLC		utilityconsultant@yahoo.com	No

## Commission Clerk

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**Subject:** Order or Notice issued by the Public Service Commission (Email ID = 957994)

**Attachments:** 06293-11.pdf

The attached order or notice has been issued by the Public Service Commission.

If you have any problems opening this attachment, please contact the Office of Commission Clerk by reply email or at 850-413-6770.

When replying, please do not alter the subject line; as it is used to process your reply.

Thank you.