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DIVISION OF
ACCOUNTING AND FINANCE
ANDREW L. MAUREY
DIRECTOR
(850) 413-6900

Public Service Commission

June 9, 2015

By Electronic Mail

Ms. Holly Burge
Aquarina Utilities, Inc.
Post Office Box 308
Jensen, Beach, Florida 34958

STAFF'S THIRD DATA REQUEST

Re: Docket No. 150010-WS - Application for staff-assisted rate case in Brevard County by Aquarina Utilities, Inc.

Dear Ms. Burge:

We have reviewed Aquarina Utilities' (Aquinara) response to the staff audit issued on April 3, 2015, and we request that Aquarina provide responses to the following data requests.

For the following questions, please refer to Aquarina's response to Audit Finding No. 8: Operation and Maintenance Expense/Account 641/741, Rental of Building/Property.

1. Has the vehicle lift for maintenance of vehicles been installed in the 600-square foot (sq. ft.) space indicated in Aquarina's response to Audit Finding No. 8? If the vehicle lift has not been installed, please state when it will be installed and provide support documentation that show the associated costs.
2. Does Aquarina currently have a shop/garage with a vehicle lift for maintenance of vehicles?
 - a. If your response is yes, how much space is currently used for the vehicle lift?
 - b. If your response is yes and the current amount is less than 600 sq. ft., please explain why the extra space is needed.
 - c. If your response is no, please explain why the Utility needs shop space for vehicle maintenance with a vehicle lift and state the benefits the ratepayers will receive from it.
 - d. If your response is no, please explain who has performed the vehicle maintenance work in the past 24 months.

3. Please describe the type of work that will be performed in the 600 sq. ft. of shop/garage space.
4. Please describe the type of vehicles, tools, etc., that will be stored in the remaining 1,800 sq. ft. of space once the vehicle lift has been installed, and provide a layout for the requested 2,400 sq. ft. space.

For the following question, please refer to Aquarina's response to Audit Finding No. 8: Operation and Maintenance Expense/Account 642/742, Rental of Equipment.

5. Is the electric-powered golf cart replacing the Gator utility vehicle for meter reading or will the Utility use both of these vehicles for meter reading?

For the following question, please refer to Aquarina's response to Audit Finding No. 8: Operation and Maintenance Expense/Account 650/750, Transportation.

6. Does any of the \$10,750 for fuel-related purchases include fuel costs that the office manager incurred for travel to the bank, post office, and other related duties? If yes, please provide support for your response.

For the following questions, please refer to paragraph 1 of Mr. Burge's May 29, 2015 letter.

7. The Utility stated that the 'buddy system' is a must for the safety of its employees because of the remote location of the Utility and the unreliable telephone service. Has the Utility considered any other safety measures for its employees? If so, please identify those measures and explain why the 'buddy system' was chosen over the other measures.
8. Please provide a copy of the position description for the previous full-time maintenance person and the requested two maintenance positions.
9. Please identify and describe the type of maintenance work the two maintenance positions will perform and state whether that work will be performed on the water system, wastewater system, or both?
10. Please provide the annual salary amount for each of the two full-time maintenance worker positions and state how the amounts were determined.
11. What is the estimated annual amount of payroll taxes for the two full-time maintenance positions?
12. Please state the total annual amount of health insurance benefits the Utility is requesting for each of the two full-time maintenance worker positions and provide support documentation.
13. Please state the total yearly amount of other benefits, such as worker compensation, the Utility is requesting for each of the two maintenance positions and provide support documentation.

14. When does the Utility anticipate that the second full-time maintenance worker will be hired?
15. Please identify the type of telephone service (landline or cellular) that the Utility asserts is unreliable and state why it is unreliable.
16. Does the Utility have radios or any other two-way communication devices to address the safety of the Utility's employees? If yes, please state if they are reliable and when and how they are used.
17. Please explain and provide calculations to show the monthly amount of costs the Utility anticipates that the two maintenance positions will incur for fuel costs related to travel to and from the Utility's remote location that the Utility will reimburse.

For the following questions, please refer to paragraph 2 of Mr. Burge's May 29, 2015 letter.

18. Please provide a copy of the position description for the part-time office worker and state how the accounts receivables have been managed in the past.
19. Is the requested part-time office worker position replacing the part-time accounts receivable clerk that the Utility employed at the rate of \$550 a month? If no, please explain your response.
20. Will the part-time office worker position assume any of the duties currently performed by the office manager? If yes, please identify those duties and explain why they are being assigned to the part-time position.
21. What is the estimated annual amount of payroll taxes for the part-time office worker position?
22. Please state the total annual amount of health insurance benefits the Utility is requesting for the part-time office worker, if any, and provide support documentation.

For the following questions, please refer to paragraph 3 of Mr. Burge's May 29, 2015 letter.

23. Please provide a breakdown of the \$22,700 costs the Utility incurred for the replacement of the well, and provide copies of quotes and receipts that support the replacement costs.
24. Please provide the original cost of the retired well.

The following questions relate to the Utility's non-potable water system.

25. Please provide a breakdown of each rate base component (e.g. plant, land, accumulated depreciation, CIAC, and accumulated amortization of CIAC) of the non-potable water system. In your response, please provide the amounts by National Association of Regulatory Utility Commissioners (NARUC) primary plant account name and numbers.

Ms. Holly Burge
Page 4
June 9, 2015

26. Please provide a breakdown of the Revenues for the non-potable water system.
27. Please provide a breakdown of O&M expense, by NARUC account name and number, for the non-potable water system.
28. Please provide a breakdown of depreciation expense and CIAC amortization expense, by NARUC account name and number, for the non-potable water system.
29. Please provide a breakdown of Taxes Other Than Income for the non-potable water system.

Please file the original and five copies of the requested information by Friday, July 10, 2015, with Carlotta Stauffer, Commission Clerk, Office of Commission Clerk, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850. Should you have any questions, please contact Frank Trueblood or me by telephone at (850) 413-7019 or by electronic mail at ftrueblo@psc.state.fl.us.

Sincerely,



Curt Mouring
Public Utilities Supervisor

CM/FT:sc
cc: Office of Commission Clerk, Docket No. 150010-WS

Aquarina Utilities, Inc.

P.O. Box 1114
Fellsmere, Florida 32948
(772) 708-8350 (office mobile)
(772) 708-7946 (mobile emergency)
aquarinautilities@bellsouth.net

29 June 2015

Ms. Carlotta Stauffer
Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

Reference: **Aquarina Utilities, Inc. SARC, Docket No. 150010-WS**
Staff's Third Data Request

Dear Ms. Stauffer,

Please find attached the following response to your "Third Data Request" for the Aquarina Utilities, Inc. SARC, docket no. 150010-WS, regarding Aquarina's response to the staff audit:

1. No, the vehicle lift has not yet been installed. It will be installed at such time as we have sufficient funds to do so, not later than June 2016. Three quotes obtained from online retailers of the lift are attached. Aquarina employees will perform the installation as the hardware for the lift is already in place.
2. No, Aquarina does not currently have a shop/garage with a vehicle lift for maintenance. In fact, other than the rented garage space, Aquarina has no garage or storage space to speak of at all. The small "maintenance" building onsite is so small it can only store some emergency pipe fittings, meters, and pumps and is not large enough to hold any vehicle at all. The gator cannot even be stored inside the existing maintenance building.
 - a. N/A
 - b. N/A
 - c. Shop space with a lift is needed to perform routine maintenance and upkeep on utility vehicles, including oil changes, tire changes, filter and fluid changes and fills. The lift is

also needed to perform routine body maintenance and painting, remediation of rust, and simple structural repairs such as brakes, exhaust system work, etc. Performance of such work in house will reduce the need for costly maintenance at outside vendors.

- d. All vehicle work in the past 24 months has been performed by outside vendors.
3. Routine maintenance and upkeep on utility vehicles, including oil changes, tire changes, filter and fluid changes and fills will be performed in the 600 square foot lift space. The lift will also be used to perform routine body maintenance and painting, remediation of rust, and simple structural repairs such as brakes, exhaust system work, etc.
4. The lift station truck, equipment van, and GMC 3500 will occupy the remaining 1,800 square feet of garage space. Various pieces of equipment, including a sand blaster, compressor, hand tools, pipe, spare pumps, and all sorts of other utility-related equipment will be stored in the remaining space. OSHA regulations dictate that a certain amount of space must be reserved for traffic-ways to ensure safety. Please see attached schematic for approximate layout. Please note that it is important that the lift-station truck and tool van, in particular, be stored inside the garage space at night and during bad weather. The lift station truck has already been struck by lightning at the utility compound on the island, necessitating expensive electrical repairs. It must be garage kept to prevent further such damage.
5. The gas-powered golf cart is not replacing the gator utility vehicle for meter reading, as it was never possible to use the gator for meter reading. The gator is simply too loud to hear reads, and it disturbs the customers. Aquarina Utilities originally had a gas-powered golf cart listed among the assets when the utility was purchased. This gas cart was used for meter reading until 2013 when it was revealed that the utility was not supposed to have purchased the cart, as it was not owned by Service Management Systems, but rather it was owned by Commercial Building Corporation and stored at the water and wastewater plant by a shared former employee, Mr. Alfred Starr. When CBC demanded their cart back, we surrendered it in the interest of good customer relations and later leased a cart from Kevin and Holly Burge for the purpose of meter reading. The gator is a necessary tool for performing maintenance functions at the plant. It has dump capabilities which make it invaluable for meter installations and other "dirty" jobs. The golf cart is used for customer contacts and meter reads. It is used to check meter reads, turn water on and off for customers, collections, delivery of notices and other customer service functions.
6. No, none of the \$10,750 for fuel-related purchases includes fuel costs that are captured as mileage charges for bank and post-office runs.
7. Yes, other safety measures have been considered, but none have been deemed as effective as having an additional person present. All employees have cell phones, but cell service is very undependable on the island. A land-line was installed in the Reverse Osmosis Building, but a serious injury at the sewer plant would make this telephone inaccessible. There is no way to install surface or pool alarms at the sewer plant in case someone falls into the plant. In short, another person is absolutely necessary. The recent accident that resulted in the death of a wastewater worker in Palm Beach County, where all safety measures were in place, including the buddy system, proves the need for a second person.

In that incident, the employee was on the catwalk of the sewer plant without his buddy, in an unsafe area, and fell into the plant, only to drown. Had the man's buddy been present, he could possibly have been pulled to safety, reminded about the unsafe area, or at least had emergency services called immediately. He might have survived. If the Commission can recommend some other safety plan that would ensure the security of our employees, in the difficult and dangerous environment in which they must work, we would welcome their input.

8. Please see the position descriptions attached. We need two of the more experienced maintenance workers at \$20/hr. I have attached a sample payroll to illustrate the payroll requirements with one experienced maintenance worker and one trainee. We respectfully request sufficient funds to have two *experienced* maintenance workers on staff. This payroll does not include the health benefits that would be required under current insurance guidelines.
9. Please see the attached maintenance job position descriptions. Both of the requested positions will be responsible for maintenance on both the water and wastewater systems. The range of responsibilities is too diverse to describe in detail.
10. A **minimum** salary for a full-time maintenance position for an experienced employee should be \$20.00/ hr or approximately \$40,000 per year with the utility paying all payroll taxes, workman's compensation insurance, and health insurance. This was the salary of the previous experienced full-time maintenance person, Alfred Starr, who actually lived five minutes from the plant on the island, having purchased his house some 25 years ago. In the current economy, a 3 bedroom rental within 30 minutes of the plant costs on average about \$2,500 per month. If one considers housing expense as 40% of an employee's income, this would set an employee salary at Aquarina in the \$75,000/ year range. Add to that the cost of the extreme commute to reach the plant and the remote and difficult conditions inherent at the plant (isolation from all vendors and stores, violent thunderstorms, extreme heat, dangerous working environment) and the salary would need to be even higher to attract an employee of any reasonable skill. We have had a great deal of difficulty trying to find adequate employees given these circumstances and respectfully request at least \$20.00 an hour plus health benefits for each maintenance employee.
11. Given the example payroll provided, the estimated annual payroll taxes for the two full-time maintenance positions would be in the range of (\$250.00x26 for workman's comp) plus (\$250.00x26 for administrative fees) plus (377.20x2x26 for payroll taxes) for a total of approximately \$32,614.40.
12. The utility is requesting \$450.00 per employee for health benefits. As the premium will vary based on coverage the age of the insured, it is difficult to accurately define this number. A quote for a policy comparable to that which would be offered by a municipal system is attached.
13. Please see attached payroll report and #11 above.

14. The second full-time employee will be hired as soon as funds are made available for this employee. Aquarina has no funds to hire a second employee at this time. A second employee is necessary immediately.
15. The utility has both cellular service (Sprint) and an AT&T U-verse landline. Our employees have a variety of other cellular carriers, all of which prove equally unreliable in the "dead zone" of Melbourne Beach. Calls are dropped, text is delayed, and calls simply do not connect. AT&T U-verse telephone service is provided through the internet service. As the internet service fluctuates, so does the phone service. Any storm, rain, lightning, or wind seems to disconnect the service. We have had AT&T out several times to boost internet and improve service, with little measurable result. Regardless of the quality of the landline, a single individual working at the sewer plant will not be able to reach either his cell phone or the landline if he falls into the plant. A second maintenance employee is absolutely necessary.
16. The utility does have basic two-way radios or walkie-talkies. These radios are small hunting models that are designed for very short-term use and only have perhaps 30 minutes of battery life before requiring recharging. These are fairly reliable within the confines of the plant compound but are unreliable outside the compound or at extremes in the territory.
17. The utility will incur no additional fuel expense if the salaries for the maintenance positions are set at or above \$20.00 per hour. If the salaries are set below this amount, reimbursement for fuel will be necessary at the rate of \$0.56/mile to be determined by contract at time of hire. An estimate of \$45.00 per day per employee or \$90.00 per day for both employees to make a roughly 80 mile round trip would not be unrealistic.
18. Please see the attached job description of the part-time office employee. The utility has utilized a part-time office worker for the past year. Previously, all accounts receivable work was performed by Holly Burge, a situation that resulted in an unreasonable amount of overtime which was unrecorded and unpaid, as the utility had no ability to pay the additional expense.
19. Yes, the part-time office worker will replace the part-time accounts receivable clerk.
20. Within the parameters of the 20 hours per week allotted, the part-time office worker might be asked to do some filing, help with a mailing, or any other immediately necessary task besides the duties of managing the accounts receivable. The part-time office worker's primary responsibility will be accounts receivable. No overtime will be authorized for the part-time office worker; however, all 20 hours per week will be utilized to the fullest to provide the best possible service for our customers.
21. The estimated amount of payroll taxes for the part-time office worker should not exceed $(\$125 \times 26) = \$3,250.00$ per year.
22. No health benefits will be allotted for this position. Workman's compensation for an office employee is nominal.

23. Please see the attached receipts related to the cost of the well pumping equipment and casing. This recent failure only supports the absolute need for a third well to support the non-potable system, as our customers had several days without irrigation water for their golf course and lawns while this well was down.
24. The well was not retired; the pumping equipment and column were retired. The original cost of this equipment is unavailable to us. The well column and pumping equipment was repaired in 2012, but the temporary column put in at that time corroded and failed.
25. To my knowledge, the individual plant et al components of the non-potable system have never been separated from those of the potable system in the utility's accounting. It was our hope, following comments made by the Commission staff during the transfer of assets dispute, that the utility would be given an Original Cost Study to reset and separate these values in such a way that future retirements, depreciation, etc. could be calculated without dependence on documentation that was not transferred to us in the purchase of the utility. I believe the separation of potable assets/ accounts from the non-potable would depend on such a study, particularly as the annual report structure has never supported the separation of these assets. The possibility of separating these accounts in foregoing annual reports has been discussed with Commission staff and steps are being taken to attempt this in some form in the next annual report. Accurate separation of the potable accounts from the non-potable seems unlikely; however, without an Original Cost Study.

Regarding questions 25-29, please review the following response of:

Mr. Benjamin Simmons, CPA
CJN&W CPAs / Jones & Company, LLC
Phone: (740) 653-6900
Fax: (740) 653-6932
Email: bsimmons@jonescoonline.com

25. Please provide a breakdown of each rate base component (e.g. plant, land, accumulated depreciation, CIAC, and accumulated amortization of CIAC) of the non-potable water system. In your response, please provide the amounts by National Association of Regulatory Utility Commissioners (NARUC) primary plant account name and numbers.

See the Asset Breakdown attachment. These are the pages from the annual report with just the non-potable assets and accumulated depreciation reflected. I don't show any CIAC for the non-potable so nothing has been prepared for this. These figures came from the breakdown Aquarina provided last year before we combined them.

26. Please provide a breakdown of the Revenues for the non-potable system

See the Revenue Breakdown attachment. This is from our trial balance and shows all the revenue broken down by what it is.

27. Please provide a breakdown of the O&M expense, by NARUC account name and number, for the non-potable system.

See O&M Expenses Breakdown. This is a printout of just the O&M accounts for non-potable.

28. Please provide a breakdown of the depreciation expense and CIAC amortization expense, by NARUC account name and number, for the non-potable water system.

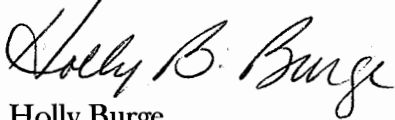
See the Asset Breakdown attachment. These are the pages from the annual report with just the non-potable assets and accumulated depreciation reflected. I don't show any CIAC for the non-potable so nothing has been prepared for this. These figures came from the breakdown Aquarina provided last year before we combined them

29. Please provide a breakdown of Taxes Other Than Income for the non-potable water system."

See taxes other than income breakdown attachment. This shows all the accounts for taxes other than income so the PSC can see what makes up those figures.

Please let us know if you have any additional questions.

Sincerely,



Holly Burge

Account Manager; Aquarina Utilities, Inc.

LiftQuote#1



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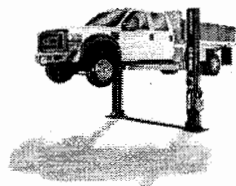
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BendPak XPR-12FD ALI-ETL Certified 2 Post Heavy Duty Lifts 12,000 lbs Floorplate

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Model: XPR-12FD

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To earn the reputation as America's favorite and best 2 Post Car Lift, you have to do more than just lift cars and trucks. You have to do it better and safer, day in and day out. With the Bend-Pak XPR-12FD 2 post lift, you can count on just that. All BendPak XPR-12FD two post above ground lifts are designed for high volume auto repair shops that expect nothing but the best when it comes to the best performance and reliability. At Bend-Pak, they are not only proud to stand behind all their 2 Post Lift and 4 Post Lift products, but comfortably under them as well.

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Shipping: Free Shipping on this BendPak XPR-12FD 2 Post Lift & all Bend-Pak 2 Post Lifts

Was: \$5425.00

Sale: **\$4715.00** \$130 / month

Save: 13%

Save: \$710.00

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Description Details Shipping Documents Reviews

Description

BendPak XPR-12FD 2 Post Lift Features:

- 12,000 lbs. lifting capacity.
- Low column height accommodates low-ceiling installations.
- Dual-Synchro equalization system maintains equal lifting.
- Features triple-telescoping arms for greater versatility.
- Accommodates short or long wheelbase vehicles.
- Maintenance-free, "Dura-Glide" polyethylene load bearings.
- Single-piece columns for added strength and less fatigue.
- Dual hydraulic "Direct Drive" cylinders.
- Heavy-duty lift arms feature automatic safety restraints.
- Comes standard with eight piece truck and van adapter set.
- A low-profile bottom cover plate means easier vehicle positioning.





- Includes detailed installation and maintenance instructions, graphic safety and maintenance decals, and a vehicle lifting point guide and safety instruction placard guidelines.
- Oversize 25" x 22" column base plates provide strong support.
- Safety locks in each column spaced every three inches.
- Heavy-duty 1/2" equalizer cables.
- ETL approved(pending)

BendPak XPR-12FD 2 Post Lift Specifications:

- Overall Height: 134"
- Overall Width (Outside of Base plates): 155"
- Overall Width (Outside of Columns): 146"
- Floorplate Height: 2"
- Width Between Columns: 118"
- Minimum Reach (Front Arm): 33"
- Maximum Reach (Front Arm): 61"
- Minimum Reach (Rear Arm): 33"
- Maximum Reach (Rear Arm): 61"
- Minimum Pad Height: 5"
- Rise: 72"
- Maximum Lifting Height (Pad Only): 77"
- Maximum Lifting Height (Pad & 6" Adapter): 83"
- Drive Thru Clearance: 103"
- Lifting Time: 55 Seconds
- Maximum Load Per Arm: 3,000Lbs.
- Motor: 220 VAC 60Hz. 1Ph*

*** 3 Phase Motor Available Upon Request.**

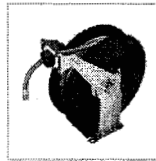
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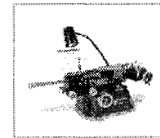
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RWB-2S Industrial Grade 2-Shelf Work Bench



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QUOTE

Number	041790
Date	07/03/15
Page	1

Ship To: TEMP	AQUARINA UTILITIES 22 S. ORANGE ST. FELLSMERE, FL 32948	Bill To: NEW 099	CUSTOMER QUOTE ACCOUNT
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Reference #	Expires	Slsp	Terms	Wh	Freight	Ship Via
	NONE	731	CASH- CURRENCY	01	PRE/ADD	BEST

Quoted By: REC	Quoted To: KEVIN BURGE
----------------	------------------------

Item	Description	Ordered	UM	Price	UM	Extension
SPO12-TA	12000# 2 POST LIFT WITH T STAGE ARMS AND TRUCK ADAP	1	EA	5850.000	EA	5850.00
INSTALL	INSTALL LIFT ELECTRIC OR AIR HOOKUP NOT INCLUDED	1	EA	850.000	EA	850.00



Approved By: _____	Merchandise	Misc	Tax	Freight	Total
Date: _____ Time: _____	6700.00	.00	469.00		7169.00

WE LOOK FORWARD TO DOING BUSINESS WITH YOU

Customer Copy

FLORIDA LIFT EXPERTS LLC

P.O. BOX 700265
SAINT CLOUD, FL 34770-0265
(407)839-3737
opfre22@yahoo.com

ESTIMATE

ADDRESS
KEVIN BURGE
AQUARINA UTILITIES INC
104175 130TH ST.
FELLSMERE, FL. 32948

ESTIMATE # 1690
DATE 06/30/2015

ACTIVITY	QTY	RATE	AMOUNT
Auto Lift NEW MOHAWK LMF-12 TWIN POST LIFT - 12,000 LB CAPACITY - HYDRAULICALLY SYNCHRONIZED LIFT - DELIVERED AND INSTALLED INSTALL INCLUDES DELIVERY, OFFLOAD, COMPLETE SETUP AND CHECKOUT. DOES NOT INCLUDE SITE ELECTRIC NOTE: THESE LIFTS CAN BE LEASED AT A LOW MONTHLY COST.	1	10,876.00	10,876.00

Thank you for your business!

TOTAL

\$10,876.00

Accepted By

Accepted Date

MODELS LMF-12, TP-16 & TP-18

12,000, 16,000 OR 18,000LB CLEAR FLOOR 2 POST LIFT

**THE LIFT YOU CAN'T
WEAR OUT**

**TP-16 SHOWN WITH
OPTIONAL 3 STAGE
SWING ARMS**



TO MEET THE ONE AND ONLY
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FOR VEHICLE LIFTS



MOHAWK 

Americas Best Lift Investment..

Still proudly designed, welded
and manufactured in the U.S.A.



MOHAWK LIFTS LMF-12, TP-16 & TP-18

SOLID, SAFE, PROVEN & CERTIFIED
HEAVY DUTY LIFTS FOR...
HEAVY DUTY SERVICE



MOHAWK DESIGN

- Mohawk columns are constructed of $\frac{1}{2}$ " thick forklift masts, for a **lifetime** of trouble-free service.
- Each Mohawk carriage rolls on 8 double-sealed, self-lubricating, steel **ball bearing rollers** (NOT plastic sliders).
- Two 4" heavy duty cylinders make for safer, steadier lifting than single cylinder lifts or models with tiny cylinders.
- Easily **adjustable** overhead stainless steel hydraulic lines can be set at **any** height (or routed in floor) to accommodate all tall trucks and vans.
- **Low profile** 5" swing arms fit under most passenger cars.
- Equipped with Mohawk's 5", 7 $\frac{1}{2}$ " and 10" stackable lift adaptor pads.
- 60 second lifting speed saves shops time and money.
- Available with optional lower height three stage swing arms that retract 2" (1" each side) shorter and reach 10" longer for varied fleets.



MOHAWK PATENTED INDUSTRY LEADING SAFETY SYSTEMS

- Mohawk lifts feature **all position** mechanical safety locks in both columns, *starting at the ground*, to full lifting height.
- Patented, infinite position, internal hydraulic safeties backed by external pressure compensated flow controls and velocity fuse valving.
- Swing arm restraints automatically engage upon lifting and automatically disengage when the vehicle has been fully lowered.

- The best, and most inclusive warranty in the lift business; 25 years structural, 10 year mechanical, plus limited lifetime cylinder seal warranty. **Mohawk builds the best lifts, with the best warranty.**
- Lease/purchase plans available for 1-5 years. Call Mohawk now!

OPERATION

- Hydraulic fluid is pumped between the two cylinders through the overhead (or optional in-floor) stainless steel hydraulic lines. Patented hydraulic synchronization eliminates the need for restrictive height overhead covers, cables, pulleys, equalizer chains or obstructive floor plates.

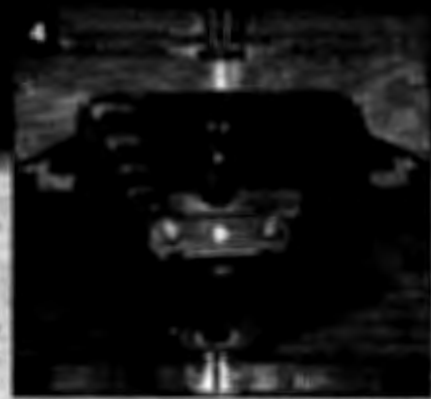


▲ Mohawk's large and stable footprint measures 30" wide by 24" is made of 1/2" thick plate. Mohawk's large base gives stability to the lift, while distributing the load to the shop floor.

under
mat bay
or, brake or



▲ Mohawk's fork lift channel & bearing top right, VS. 3 different sheet metal columns which use plastic slides. Like your fork lifts mat, **Mohawk Lifts DO NOT WEAR OUT!**



▲ Heavy duty carriage construction with direct drive cylinders, direct drive lifting rods (not cables) and stainless steel hydraulic lines (not rubber hoses) which will never wear.

10
REMOVES FORK LIFT CHANNEL AND BEARING

▲ FORK LIFT CHANNEL & bearing (bottom) vs. competitive columns & plastic slider (top)

**3 STAGE SWING ARMS
OPTION FOR LMF-12
OR TP-16**

ADJUSTABLE HEIGHT
STAINLESS
STEEL Turntable
base

SHOWN WITH
OPTIONAL
ADJUSTABLE
WORK PANE

▲ LARGE 4" CYLINDERS equal torque and lift and lower operating pressures vs. smaller competitive cylinders.

4 MOTOR

LIFT ARMING WITH OPTIONAL SPEEDSLANG ADAPTERS, WARRANTY OF MOTOR WARRANTY TOP 20 TRUCK



▲ Each carriage rolls on (8) 4" double sealed, self-lubricating, heavy duty ball bearing rollers for a lifetime of trouble-free service (not plastic sliders).



▲ All position 1" thick mechanical locks on BOTH carriages engage the full length of travel. Available with optional angle joint on lock release (requires air to lift).

- To raise the carriages, Mohawk's LMF-12, TP-16 and TP-18 use direct drive lifting rods which eliminate the wear & maintenance associated with lifts that use cables, chains, & overhead cable covers.
- Mohawk carriages roll on eight double sealed, self-lubricating, steel ball bearing rollers, for a lifetime of maintenance-free operation.
- Mohawk bearings last longer, with less friction and wear than competitive lifts using plastic slide blocks which need constant greasing and maintenance.
- **What other lift offers a 25 year structural warranty?**

ALL CERTIFIED ACCESSORIES

Safety Weight Gauge
to determine vehicle weight, aid vehicle diagnosis & generate repair revenue.

Speedslang Adapter
Slips on quickly for instant lifting without positioning swing arms yet leaves the wheels hanging free for tire and brake work.

MODELS LMF-12, TP-16 & TP-18 SPECIFICATIONS

Model:	LMF-12, TP-16 & TP-18
Capacity:	LMF-12 -- 12,000 lbs. (5443.11 Kg) TP-16 -- 16,000 lbs. (7257.49 Kg) TP-18 -- 18,000 lbs. (8164.66 Kg)
Lifting Speed:	60 seconds (faster with lighter load)
Motor Rating:	4 HP/208-230V, Single-phase (3ø optional)
Synchronization:	Hydraulic fluid displacement using no chains, cables, or overhead obstructions
Arm Pad Height:	5" (12.7 cm) min.
Lifting Height:	6' (1.83 m) under arm
Arm Pad Height @ Full Rise:	6'5" (1.96 m)
Max. Arm Pad Height with Adaptors:	7'3" (2.21 m)
Overall Width:	12' 7½" (3.85 m) (adjustable)
Width Between Posts:	10' (3.05 m) (adjustable)
Width Between Lifting Arms:	8' 9¾" (2.69 m) (adjustable)
Column Height:	8' 7" (2.62 m)
Max. Cylinder Height:	13'6" (4.11 m)
Overhead Hydraulic Line Height:	15' (4.57 m) Standard (adjustable to accommodate any height ceiling or routed in-floor)
Weight:	LMF-12 -- 3100 lbs. (1406.13 Kg) TP-16 -- 3600 lbs. (1632.96 Kg) TP-18 -- 3900 lbs. (1769.01 Kg)
Concrete Floor Requirements:	4000 psi (27579.02 kPa) mix 6¾" (16.51 cm) depth
Anchoring System: Included	(16) ¾"x6" (1.91x15.24 cm) bolts
Mechanical Safety Locks:	Automatic; multi-position starting @ 5" (12.7 cm) off the floor
Hydraulic Safety Systems:	Automatic; all position
Swing Arm Restraints:	Automatic upon ascent
Cylinders:	2 (1 per column)
Drive System:	Direct drive (using no cables or chains)
5" Frame Adaptors (stackable):	4 included as standard equipment
7½" Frame Adaptors (stackable):	4 included as standard equipment
10" Frame Adaptors (stackable):	4 included as standard equipment
Steel Carriage Bearings:	(16) 4" (10.16 cm) diameter (8 per carriage) double sealed, self-lubricating ball bearing rollers
Floor Access Between Posts:	Clear and unobstructed
Warranty:	25 years structural, 10 year mechanical, plus limited lifetime cylinder seal warranty

Mohawk builds the best products with the finest materials, to the highest standards. Just compare our lifts. Our staff will assist you with a fleet evaluation, design assistance and answer any technical questions you have. We invite your calls.

Mohawk lifts are manufactured in compliance with the following standards: OSHA, ALI, ANSI, ASME, AISI, ASTM, ASA, NEC, AWG, NEMA.

MEETS CURRENT NATIONAL ANSI & OSHA CODE FOR LIFTS.



www.facebook.com/mohawklifts

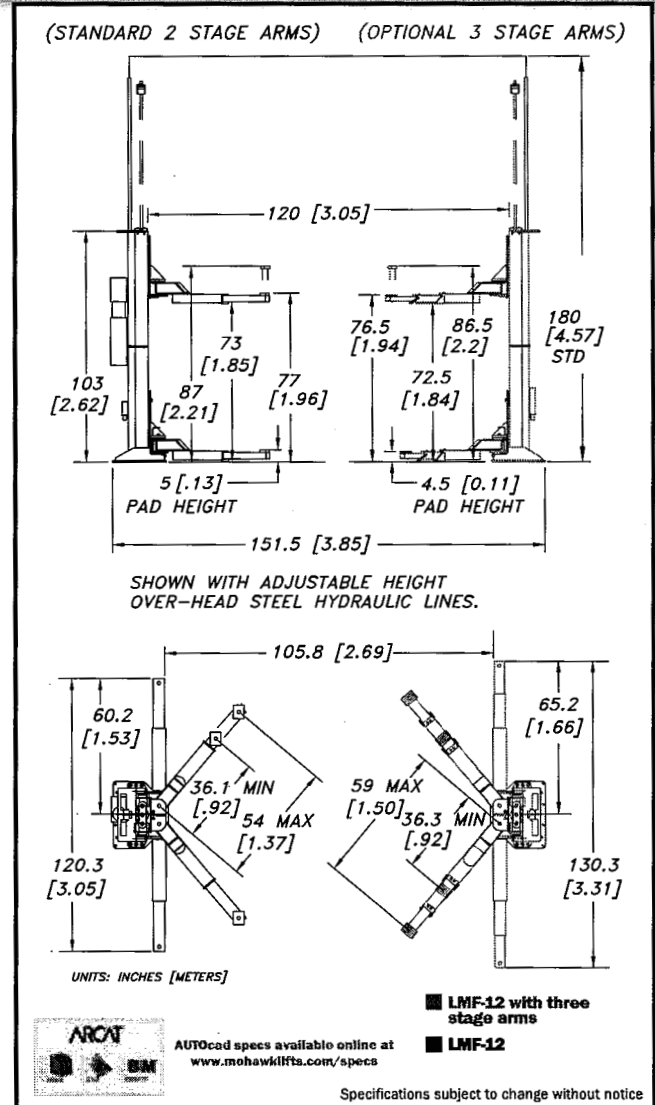


Mohawk Resources, LTD.
P.O. Box 110
65 Vrooman Ave
Amsterdam, NY 12010
(800) 833-2006
(518) 842-1431
FAX: (518) 842-1289
www.mohawklifts.com

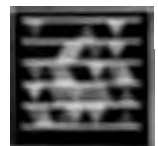


GSA contract #GS07F-70998

AVAILABLE UNDER DISCOUNTED GOVERNMENT CONTRACT IN ALL 50 STATES



Scan the QR Code or Microsoft Tag to find out more about Mohawk LMF-12, TP-16 & TP-18 Lifts



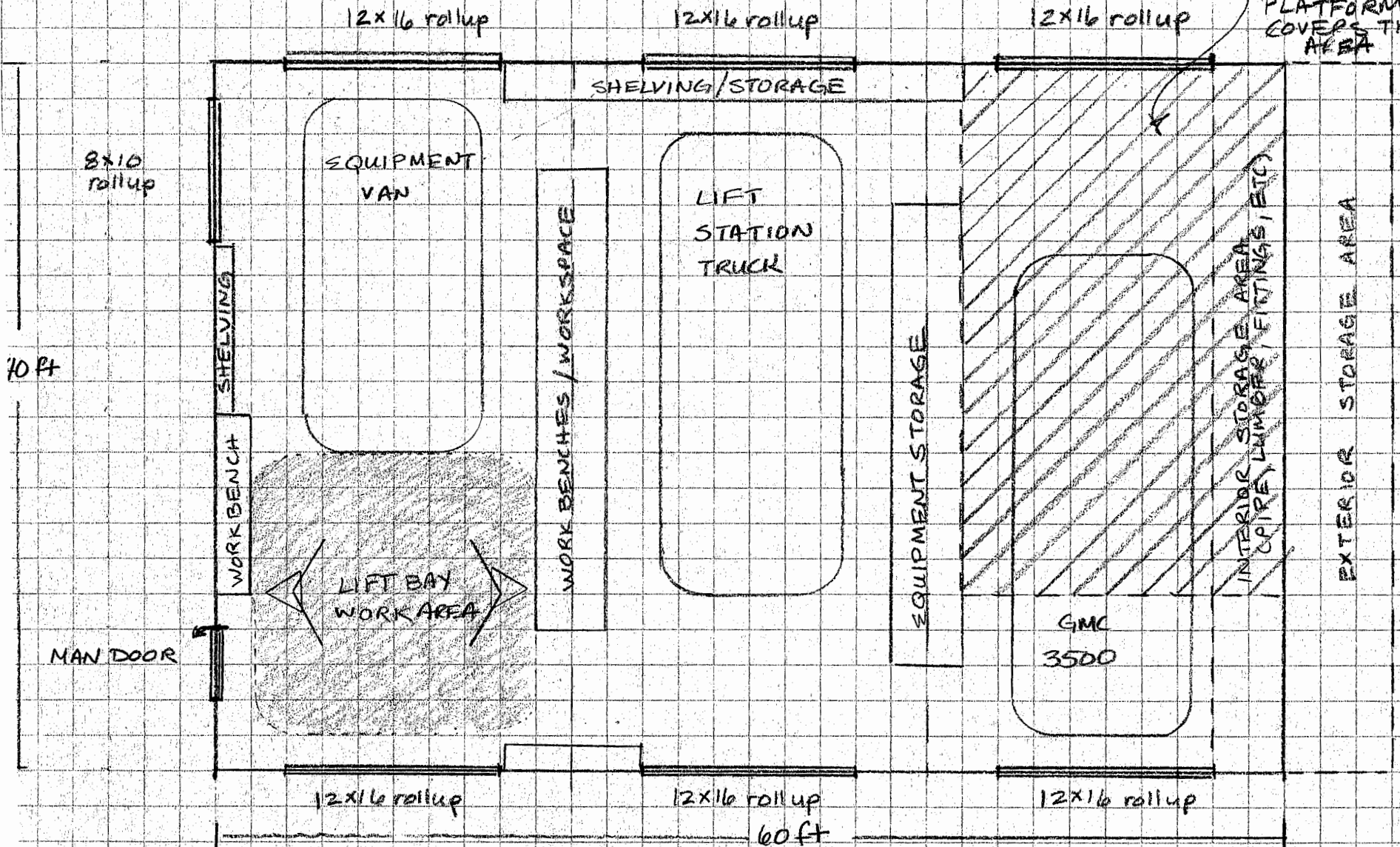
For more detailed product information read this book at www.mohawklifts.com/wmamam

DISTRIBUTED BY:

GARAGE SPACE
(SCALE APPROXIMATE)

10475 BOTH AVE., FELLSMERE, FL

10' HIGH MEZZANINE
W/ STORAGE
PLATFORM
COVERS THIS
AREA



We need 2 of these.

CONTRACT UTILITY PLANT OPERATOR TRAINEE/MAINTENANCE WORKER
(Water & Wastewater Treatment)

MAJOR FUNCTION

Semi-skilled manual work in the performance of manual laboring tasks and a wide variety of construction and maintenance work.

Skilled manual labor in the performance of a variety of maintenance, repair and construction duties associated with water and wastewater treatment facilities.

ILLUSTRATIVE DUTIES

- A. Maintains grounds, rakes grass, waters plants, weeds flower beds, shapes hedges, trims trees, cuts grass, repairs sprinkler system, plans and fertilizers flowers and operates tractor-mower in mowing grass. Drives truck and other equipment when required. Installs little fences, keeps pumps and generators running properly, and lubricated. Loads and unloads trash and other materials on trucks. Picks up litter around plant and lift stations.

Operates power mowers, edgers, clippers and other equipment used in landscaping and grounds maintenance. Operates various light equipment.

Assists in carpentry, painting, plumbing, electrical and other building maintenance duties. Assists, in performance of brick, masonry and cement work in building and ground repair. Erects and takes down signs.

Performs work related to this job description as required.

- B. Repairs treatment plant equipment, including adjustments and troubleshooting machinery, air systems, process piping.

Performs basic work in carpentry, plumbing, electrical and masonry when required. The equipment includes; chlorination and ammoniation equipment, vertical and horizontal pumps, wastewater plant drive units, water and wastewater piping and valving, process air blowers and drives. Performs minor electrical work on motors and controls.

Assists maintenance personnel of a higher classification in the service, repair and installation of various machinery and equipment.

Detects and reports unsafe or undesirable conditions to supervisor.

Performs work related to this job description as required.

- C. Reads meters.

Locates, maintains, exercises valves according to maintenance schedule.

Performs work related to this job description as required.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of mechanical and electrical hand tools used in the construction and maintenance work.
Knowledge of pumps, power transmission, pneumatic and hydraulic systems.

Ability to maintain and repair equipment and tools pertaining to water and wastewater treatment plants. Ability to understand and follow oral and written instructions. Ability to perform heavy manual labor, lifting up to fifty pounds.

MINIMUM QUALIFICATIONS

Graduation from High School or possession of an acceptable equivalency diploma. Two (2) years experience in a skilled trade, carpentry, plumbing, electrical or masonry at an apprenticeship level. Possession of a valid Florida Drivers License.

A comparable amount of training or experience may be substituted for the minimum qualifications.

ADDITIONAL REQUIREMENTS:

Current enrollment in qualified courses toward certification as water and wastewater "C" level operator, with completion of courses within one year of employment. Must achieve Florida Department of Environmental Protection "C" Water and Wastewater Treatment Plant Operator certification within 2 years of employment date. Failure to complete water and wastewater (I) operator courses within one year of employment will result in reduction in pay. Failure to complete FDEP licensure within 2 years may result in termination of employment.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee often works in outside weather conditions. The employee occasionally works near moving mechanical parts and is occasionally exposed to wet and/or humid conditions and vibration. The employee occasionally works in high, precarious places and is occasionally exposed to fumes or airborne particles, toxic or caustic chemicals, and risk of electrical shock.

The noise level in the work environment is usually loud in field settings, and moderately quiet in office settings.

COMPENSATION

The utility plant operator trainee/maintenance worker will be paid an hourly wage of \$20.00 per hour for a 40 hour work week as contract labor unless otherwise negotiated on a case-by-case basis as needed in other capacities outside the normal operations and maintenance of the plant. This position is a 24 hour-on-call position as emergencies occasionally arise which require immediate maintenance attention. The contractor must be available by phone at any time, and be able to respond to such emergencies in a timely manner.

Per the "Additional Requirements" section of this job description, failure to complete an accredited water and wastewater operator's course within one year of employment will result in a reduction in pay from \$20.00 an

hour to the standard maintenance worker's pay of \$12.00 per hour without benefits. Failure to complete "C" level water and wastewater certification within 2 years of employment may result in termination of employment. It is essential that the on-site, on-call person be certified as both a water and a wastewater operator.

Labor fees will be reported by W-2 by January 31st of each year for the previous year's wages.

Assigned hours are as directed. Generally, these hours will be Monday thru Friday, 7am to 4pm with a one hour lunch. Time will be flexible to compensate for the fact that no overtime is authorized. Holidays will be paid as directed, including New Year's Day, Good Friday, Memorial Day, Labor Day Christmas, Thanksgiving, and Independence Day. This position is considered full-time. Mediacal or health insurance will be provided according to federal requirements if necessary and no other coverage is available.

I only have 1 of these.

MAINTENANCE WORKER III
(Utilities/Treatment)

MAJOR FUNCTION

Semi-skilled manual work on the performance of manual laboring tasks and a wide variety of construction and maintenance work.

Skilled manual labor in the performance of a variety of maintenance, repair and construction duties associated with water and wastewater treatment facilities.

ILLUSTRATIVE DUTIES

- A. Maintains grounds, rakes grass, waters plants, weeds flower beds, shapes hedges, trims trees, cuts grass, repairs sprinkler system, plans and fertilizers flowers and operates tractor-mower in mowing grass. Drives truck and other equipment when required. Installs little fences, keeps pumps and generators running properly located. Loads and unloads trash and other materials on trucks. Picks up litter along landfill road.

Operates power mowers, edgers, clippers and other equipment used in landscaping and grounds maintenance. Operates various light equipment.

Assists in carpentry, painting, plumbing, electrical and other building maintenance duties. Assists, in performance of brick, masonry and cement work in building and ground repair. Erects and takes down signs. Performs work found in the Maintenance Worker I Classification.

Performs work related to this job description as required.

- B. Repairs treatment plant equipment, adjustments and troubleshooting machinery, air systems, process piping.

Performs basic work in carpentry, plumbing, electrical and masonry when required. The equipment includes; lime softening units, chlorination and ammoniation equipment, vertical and horizontal pumps, wastewater plant drive units, water and wastewater piping and valving, process air blowers and drives. Performs minor electric work on motors and controls.

Assists maintenance personnel of a higher classification in the service, repair and installation of various machinery and equipment.

Detects and reports unsafe or undesirable conditions to supervisor.

Performs work related to this job description as required.

- C. Reads meters.

Locates, maintains, exercises valves according to maintenance schedule.

- D. Performs work related to this job description as required.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of mechanical and electrical hand tools used in the construction and maintenance work. Knowledge of pumps, power transmission, pneumatic and hydraulic systems.

Ability to maintain and repair equipment and tools pertaining to water and wastewater treatment plants. Ability to understand and follow oral and written instructions. Ability to perform heavy manual labor, lifting up to fifty pounds.

MINIMUM QUALIFICATIONS

Graduation from High School or possession of an acceptable equivalency diploma. Two (2) years experience in a skilled trade, carpentry, plumbing, electrical or masonry at an apprenticeship level. Possession of a valid Florida Drivers License.

A comparable amount of training or experience may be substituted for the minimum qualifications.

ADDITIONAL REQUIREMENTS:

Enrollment in qualified courses toward certification as water and wastewater "C" level operator strongly encouraged. Pay increase of \$2.50/hr with each Florida Department of Environmental Protection "C" certification, water and wastewater treatment plant operations.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee often works in outside weather conditions. The employee occasionally works near moving mechanical parts and is occasionally exposed to wet and/or humid conditions and vibration. The employee occasionally works in high, precarious places and is occasionally exposed to fumes or airborne particles, toxic or caustic chemicals, and risk of electrical shock.

The noise level in the work environment is occasionally loud in field settings, and moderately quiet in office settings.

COMPENSATION

The utility plant operator trainee/ maintenance worker will be paid an hourly wage of \$12.00 per hour for a 40 hour work week as salaried labor unless otherwise negotiated on a case-by-case basis as needed in other capacities outside the normal operations and maintenance of the plant (salaried at 40 hours per week only). This position is a 24 hour-on-call position as emergencies occasionally arise which require immediate maintenance attention. The employee must be available by phone at any time, and able to respond to such emergencies in a timely manner. For occasional weeks in which more than 40 hours of work are required, compensational time will be given at such times as the management feels the work load will allow. No overtime pay is authorized.

The following paid holidays are authorized and will be taken as directed:

New Year's Day
Good Friday
Memorial Day
Independence Day
Labor Day
Thanksgiving
Christmas

Otherwise, the work week shall proceed Monday through Friday, unless emergencies require on-call work. Work time will be during daylight hours, unless otherwise directed, with summer work to be scheduled as early as possible to take advantage of the cooler hours of the day. As Florida summers often bring thunderstorms, the employee will, under no circumstances be working outside during conditions of thunder and lightening.

Workman's Compensation Insurance covers the employee during work hours. Medical insurance may be offered at some expense to the employee; however, the employee may opt to seek coverage elsewhere, if desired. 80 hours of paid vacation or personal time will be available after the successfully completing the first year of employment and every year thereafter. No additional benefits are offered for this full-time position at this time.

IMPACT STAFF LEASING

1315 W. INDIANTOWN ROAD, 2ND FLOOR
 JUPITER, FL 33458
 PHONE: 561-743-0065 FAX: 561-748-3235

HOLLY BURGE
 AQUARINA UTILITIES INC
 PO BOX 308
 JENSEN BEACH, FL 34958

INVOICE		Page 1 of 1
Invoice No.	45098	
Invoice Date	06/05/2015	
Check Date	06/05/2015	
Period Ending	05/29/2015	
Payroll Number	16100012	3
Customer Number	01-1610	
Delivery	Fed Ex Priority	
Method	ACH	
ACH Draft Date	06/05/2015	
Phone: 772-708-8350		

DESCRIPTION	AMOUNT
GROSS WAGES	8,596.70
SOCIAL SECURITY TAX	533.00
MEDICARE TAX	124.66
FEDERAL UNEMPLOYMENT TAX	128.95
STATE UNEMPLOYMENT TAX	232.11
WORKERS COMP COVERAGE & RISK MANAGEMENT	260.73
ADMINISTRATION FEE	300.88
GROSS PAYROLL AMOUNT	10,177.03
	<u>.00</u>
TOTAL FOR THIS INVOICE	10,177.03
TOTAL AMOUNT DUE	10,177.03

Items Processed:	6	Starting Check:	393244
Checks Printed:	6	Ending Check:	393249
PLEASE MAKE CHECKS PAYABLE TO IMPACT STAFF LEASING, INC.			

PAYROLL REGISTER

Pay Date: 06/05/2015 Payroll Id:16100012
Period: 05/16/2015 thru 05/29/2015

BURGE, HOLLY B			Emp:1	Dept:	Net: 2212.78	DDep: 2212.78	Check: 0.00	Check No: 393244
Pay Type	Hours	Rate	Pay	YTD Hrs	YTD Pay	Taxes	Curr Tax	YTD Tax
Hourly	80.0000	36.0000	2,880.00	960.0000	34,560.00	Fed Income Tax	446.90	6,254.90
						Social Security	178.56	2,142.72
						Medicare	41.76	501.12
						Total Taxes	667.22	8,898.74
Total Pay	80.0000		2,880.00	960.0000	34,560.00			

BURGE, KEVIN R			Emp:2	Dept:	Net: 2112.78	DDep: 2112.78	Check: 0.00	Check No: 393245
Pay Type	Hours	Rate	Pay	YTD Hrs	YTD Pay	Taxes	Curr Tax	YTD Tax
Hourly	80.0000	36.0000	2,880.00	960.0000	34,560.00	Fed Income Tax	546.90	6,454.90
						Social Security	178.56	2,142.72
						Medicare	41.76	501.12
						Total Taxes	767.22	9,098.74
Total Pay	80.0000		2,880.00	960.0000	34,560.00			

BURGE, REGINALD			Emp:6	Dept:	Net: 1222.70	DDep: 1222.70	Check: 0.00	Check No: 393246
Pay Type	Hours	Rate	Pay	YTD Hrs	YTD Pay	Taxes	Curr Tax	YTD Tax
Hourly	80.0000	20.0000	1,600.00	80.0000	1,600.00	Fed Income Tax	254.90	254.90
						Social Security	99.20	99.20
						Medicare	23.20	23.20
						Total Taxes	377.30	377.30
Total Pay	80.0000		1,600.00	80.0000	1,600.00			

CHUPKA, RONALD A			Emp:3	Dept:	Net: 616.40	DDep: 616.40	Check: 0.00	Check No: 393247
Pay Type	Hours	Rate	Pay	YTD Hrs	YTD Pay	Taxes	Curr Tax	YTD Tax
Hourly	41.5000	17.8000	738.70	450.5000	8,018.90	Fed Income Tax	65.79	704.93
						Social Security	45.80	497.18
						Medicare	10.71	116.26
						Total Taxes	122.30	1,318.37
Total Pay	41.5000		738.70	450.5000	8,018.90			

RENTH, CHRISTOPHER			Emp:5	Dept:	Net: 304.75	DDep: 304.75	Check: 0.00	Check No: 393248
Pay Type	Hours	Rate	Pay	YTD Hrs	YTD Pay	Taxes	Curr Tax	YTD Tax
Hourly	33.0000	10.0000	330.00	33.0000	330.00	Social Security	20.46	20.46
						Medicare	4.79	4.79
						Total Taxes	25.25	25.25
Total Pay	33.0000		330.00	33.0000	330.00			

SCHMIDT, CALBEY G			Emp:4	Dept:	Net: 155.14	DDep: 155.14	Check: 0.00	Check No: 393249
Pay Type	Hours	Rate	Pay	YTD Hrs	YTD Pay	Taxes	Curr Tax	YTD Tax
Hourly	8.0000	21.0000	168.00	95.0000	1,995.00	Social Security	10.42	123.72
						Medicare	2.44	28.97
						Total Taxes	12.86	152.69
Total Pay	8.0000		168.00	95.0000	1,995.00			

Report Grand Totals:			Net: 6624.55	DDep: 6624.55	Chk: 0.00			
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Pay Type	Curr Hours	Curr Pay	Taxes	Curr Tax
Hourly	322.5000	8,596.70	Fed Income Tax	1,314.49
			Social Security	533.00
			Medicare	124.66
			Total Taxes	1,972.15
Total Pay	322.5000	8,596.70		

Checks Printed 6

Plan Details

Florida Blue (BlueCross BlueShield FL) · BlueOptions Everyday Health 1418


Platinum | EPO

National Provider Network

Plan ID: 16842FL0070102

ESTIMATED MONTHLY PREMIUM	ESTIMATED DEDUCTIBLE	ESTIMATED OUT-OF-POCKET MAXIMUM
\$421	\$800	\$2,500
Number of people covered: 1	Estimated individual total	Estimated individual total

PEOPLE COVERED

 1 (Age 30): Covered

MORE INFORMATION

-  [Summary of Benefits \(http://www.bcbsfl.com/wps/portal/bcbsfl/w/planpdfs/SBC/2015/1418_menu/\)](http://www.bcbsfl.com/wps/portal/bcbsfl/w/planpdfs/SBC/2015/1418_menu/)
-  [Plan brochure \(http://www.bcbsfl.com/wps/portal/bcbsfl/w/planpdfs/SBC/2015/1418_menu/\)](http://www.bcbsfl.com/wps/portal/bcbsfl/w/planpdfs/SBC/2015/1418_menu/)
-  [Provider directory \(https://providersearch.floridablue.com/providersearch/pub/marketplace.htm\)](https://providersearch.floridablue.com/providersearch/pub/marketplace.htm)
-  [List of covered drugs \(http://www.bcbsfl.com/DocumentLibrary/Providers/Content/MedGuide.pdf\)](http://www.bcbsfl.com/DocumentLibrary/Providers/Content/MedGuide.pdf)

Costs for Medical Care

- Primary Care Visit to Treat an Injury or Illness : \$15
- : Limits and exclusions apply
- Specialist Visit : \$20
- Hearing Aids : Benefit not covered
- Routine Eye Exam for Children : No charge
- Eye Glasses for Children : No charge
- Laboratory Outpatient and Professional Services : No charge
- X-rays and Diagnostic Imaging : 10% Coinsurance after deductible
- Health Savings Account (HSA) eligible plan : no

Prescription drug coverage

- Generic drugs : \$10
- : Limits and exclusions apply
- Preferred Brand Drugs : \$40
- : Limits and exclusions apply
- Non-Preferred Brand Drugs : \$70
- Specialty Drugs : \$150
- List of covered drugs : [View \(http://www.bcbsfl.com/DocumentLibrary/Providers/Content/MedGuide.pdf\)](http://www.bcbsfl.com/DocumentLibrary/Providers/Content/MedGuide.pdf)
- Prescription drug deductible : \$0
- Prescription drug out-of-pocket maximum : Included in out-of-pocket maximum

Access to doctors and hospitals

- Provider directory URL : [View \(https://providersearch.floridablue.com/providersearch/pub/marketplace.htm\)](https://providersearch.floridablue.com/providersearch/pub/marketplace.htm)
- National Provider Network : yes
- Multi-state plan : no

Hospital services

- Emergency Room Services : 10% Coinsurance after deductible
- Inpatient Hospital Services (e.g., Hospital Stay) : 10% Coinsurance after deductible
- Inpatient Physician and Surgical Services : No charge

Adult Dental Coverage

- Routine Dental Services (Adult) : Benefit not covered
- Basic Dental Care - Adult : Benefit not covered
- Orthodontia - Adult : Benefit not covered
- Major Dental Care - Adult : Benefit not covered
- Find Dentist : N/A

Child Dental Coverage

- Dental Check-Up for Children : Benefit not covered
- Basic Dental Care - Child : Benefit not covered
- Orthodontia - Child : Benefit not covered
- Major Dental Care - Child : Benefit not covered

Medical management programs

- Asthma : Included
- Heart disease : Included
- Depression : Included
- Diabetes : Included
- High blood pressure & cholesterol : Included
- Pain management : Included
- Pregnancy : Included

Other Services

- Infertility Treatment : Benefit not covered
 - Private-Duty Nursing : Benefit not covered
 - Bariatric Surgery : Benefit not covered
 - Skilled Nursing Facility : 10% Coinsurance after deductible
 - Mental/Behavioral Health Outpatient Services : \$20
 - Mental/Behavioral Health Inpatient Services : 10% Coinsurance after deductible
 - Outpatient Rehabilitation Services : 10% Coinsurance after deductible
 - : Limits and exclusions apply
 - Habilitation Services : 10% Coinsurance after deductible
 - : Limits and exclusions apply
 - Chiropractic Care : \$20
 - Acupuncture : Benefit not covered
-

Eligible dependents

- Spouse : Allowed
- Adopted Child : Allowed
- Foster Child : Allowed
- Ward : Allowed
- Stepson or Stepdaughter : Allowed
- Self : Allowed
- Child : Allowed
- Life Partner : Allowed
- Maximum age for a child dependent : 25

OPTIONS

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual and/or Family | Plan Type: PPO/EPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.floridablue.com or by calling 800-352-2583. In the event there is a conflict between this summary and your Florida Blue coverage documents the terms and conditions of the coverage documents will control.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	In-Network: \$800 Per Person/ \$1,600 Family. Out-Of-Network: \$2,400 Per Person/ \$4,800 Family. Does not apply to In-Network preventive care.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. In-Network: \$2,500 Per Person/ \$5,000 Family. Out-Of-Network: \$5,400 Per Person/ \$10,800 Family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u>?	Premium, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u>?	Yes. For a list of participating providers , see www.floridablue.com or call 800-352-2583.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u>?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 800-352-2583 or visit us at www.floridablue.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.floridablue.com or call 800-352-2583 to request a copy.



- **Copays** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copays** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$0 Copay - Visits 1-3 \$15 Copay for remaining Visits	Deductible + 50% Coinsurance	Physician administered drugs may have higher cost shares.
	Specialist visit	\$20 Copay	Deductible + 50% Coinsurance	Physician administered drugs may have higher cost shares.
	Other practitioner office visit	\$20 Copay	Deductible + 50% Coinsurance	Physician administered drugs may have higher cost shares.
	Preventive care/ screening/immunization	No Charge	50% Coinsurance	Physician administered drugs may have higher cost shares.
If you have a test	Diagnostic test (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: Deductible + 10% Coinsurance	Deductible + 50% Coinsurance	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	Deductible + 10% Coinsurance	Deductible + 50% Coinsurance	Prior authorization may be required. Tests performed in hospitals may have higher cost share.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.floridablue.com .	Generic drugs	Generic 1 - No Charge (retail)/ Generic 2 - \$4 Copay per prescription (retail)/ Generic 3 - \$10 Copay per prescription (retail)	Not Covered	Up to 30 day supply at retail pharmacy. Responsible Rx programs such as Prior Authorization may apply. See Medication Guide for more information. Mail order is subject to approximately 2 1/2 times the retail amount.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
	Preferred brand drugs	Brand 1 - \$20 Copay per prescription (retail)/ Brand 2 - \$40 Copay per prescription (retail)	Not Covered	Up to 30 day supply at retail pharmacy. Mail order is subject to approximately 2 1/2 times the retail amount.
	Non-preferred brand drugs	Non-preferred - \$70 Copay per prescription (retail)	Not Covered	Up to 30 day supply at retail pharmacy. Mail order is subject to approximately 2 1/2 times the retail amount.
	Specialty drugs	\$150 Copay	Not Covered	Mail order not available Out-of-Network. Up to 30 day supply at retail pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible + 10% Coinsurance	Deductible + 50% Coinsurance	Option 2 hospitals may have higher cost shares.
	Physician/surgeon fees	No Charge	No Charge	none
If you need immediate medical attention	Emergency room services	Deductible + 10% Coinsurance	In-Network Deductible + 10% Coinsurance	none
	Emergency medical transportation	Deductible + 10% Coinsurance	In-Network Deductible + 10% Coinsurance	none
	Urgent care	\$50 Copay	Deductible + 50% Coinsurance	none
If you have a hospital stay	Facility fee (e.g., hospital room)	Deductible + 10% Coinsurance	Deductible + 50% Coinsurance	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have higher cost shares.
	Physician/surgeon fee	No Charge	No Charge	none
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Physician Office: \$20 Copay/ Hospital Option 1: Deductible + 10% Coinsurance	Deductible + 50% Coinsurance	Option 2 hospitals may have higher cost shares.
	Mental/Behavioral health inpatient services	Physician Services: No Charge/ Hospital Option 1: Deductible + 10% Coinsurance	Physician Services: No Charge/ Hospital: Deductible + 50% Coinsurance	Option 2 hospitals may have higher cost shares.
	Substance use disorder outpatient services	Physician Office: \$20 Copay/ Hospital Option 1: Deductible + 10% Coinsurance	Deductible + 50% Coinsurance	Option 2 hospitals may have higher cost shares.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
	Substance use disorder inpatient services	Physician Services: No Charge/ Hospital Option 1: Deductible + 10% Coinsurance	Physician Services: No Charge/ Hospital: Deductible + 50% Coinsurance	Option 2 hospitals may have higher cost shares.
If you are pregnant	Prenatal and postnatal care	\$20 Copay	Deductible + 50% Coinsurance	—————none—————
	Delivery and all inpatient services	Physician Services: No Charge/ Hospital Option 1: Deductible + 10% Coinsurance	Physician Services: No Charge/ Hospital: Deductible + 50% Coinsurance	Option 2 hospitals may have higher cost shares.
If you need help recovering or have other special health needs	Home health care	No Charge	Deductible + 50% Coinsurance	Coverage limited to 20 visits.
	Rehab services	Physician Office: \$20 Copay/ Outpatient Rehab Center: Deductible + 10% Coinsurance	Deductible + 50% Coinsurance	Coverage limited to 35 manipulations within 35 visits. Services performed in hospitals may have a higher cost-share.
	Habilitation services	Physician Office: \$20 Copay/ Outpatient Rehab Center: Deductible + 10% Coinsurance	Deductible + 50% Coinsurance	Included in coverage limitations for Rehabilitative Services.
	Skilled nursing care	Deductible + 10% Coinsurance	Deductible + 50% Coinsurance	Coverage limited to 60 days.
	Durable medical equipment	Motorized Wheelchairs: \$500 Copay/ All Other: No Charge	Deductible + 50% Coinsurance	—————none—————
	Hospice service	No Charge	Deductible + 50% Coinsurance	—————none—————
	If your child needs dental or eye care	Eye exam	No Charge	Not Covered
Glasses		No Charge	Not Covered	Additional cost shares may apply for Non-Collection Frame. One pair per calendar year.
Dental check-up		Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Pediatric dental check-up
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care unless for treatment of diabetes
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care - Limited to 35 visits.
- Most coverage provided outside the United States. See www.floridablue.com.
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 800-352-2583. You may also contact your state insurance department at 1-877-693-5236.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, contact the insurer at 800-352-2583. You may also contact your state insurance department at 1-877-693-5236.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 800-352-2583.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-352-2583.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 800-352-2583.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 800-352-2583.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

Office Assistant/ Accounts Receivable Clerk

MAJOR FUNCTION

- Daily process payments by photocopying checks and combining check copy with envelope and other envelope contents into packet for utility payment records.
- Daily compile bank deposit of customer payments.
- Daily enter payments into customer billing software.
- Print out and maintain payment records for account manager.
- Update customer billing addresses according to requests in billing correspondence.
- Bring additional correspondence to the attention of the account manager.
- Assist in all other office functions as needed.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of Microsoft Excel, Word, and UBMAX required.

As required to complete any additional responsibilities, including filing, use of copy machine and printer, etc.

WORK ENVIRONMENT

The work environment for this position is primarily limited to the office. Moderate lifting may be required. Some field activity may be required.

COMPENSATION

The office assistant will be paid an hourly wage of \$8.50 per hour for a part-time 20 hour work week. No overtime will be authorized. No benefits are available for this position.

The work week shall proceed Monday through Friday, however, work hours are flexible based on the requirements of the utility. Weekend and night hours may be necessary. As Florida summers often bring thunderstorms, the employee will, under no circumstances, be working outside during conditions of thunder and lightning.

Workman's Compensation Insurance covers the employee during work hours.

Thompson Well & Pump, Inc.

INVOICE

P.O. Box 371
 Deland, FL 32721-0371
 Phone: (386)-740-0180
 Fax: (386)-740-1753

Date	Invoice #
5/19/2015	02-1861

Bill To
Aquarina Utilities Kevin Burge 235 Aquarina Blvd. Melbourne, FL 32951

Job Name
Centrifugal Pump Installation System Upgrades

Permit. No.	Terms	Project
NA	Due on receipt	Centrifugal Pump_Up...

Description	Qty	U/M	Rate	Amount
Service Dates: 5/7/15 - 5/12/15 - Centrifugal Pump and System Upgrades at Water Plant - Mobilization and Demobilization - Pulled and removed existing Vertical Turbine pumping equipment from Well - Furnished and Installed (1) Berkeley B54606, 10HP/3P/230-460V Centrifugal Pump w/ Century Motor #PLADO1A01C - Installed new Drop Pipe, Wiring and fabricated new sole plate for well head connection - Completed electrical hookup, including heater upgrade for Starter, and Breaker upgrade, electrical strut replacement, rewiring, starter panel, at well site. DEDUCTION taken off package price for not replacing the Step Down Transformer DISCOUNT - for Selecting to Install the Centrifugal Pumping Equipment	1		20,000.00	20,000.00
	1		-500.00	-500.00
	1		-2,000.00	-2,000.00

pd
Kelly Burge
5/21/2015
\$22,700.

This is an original copy. Please pay from this invoice. . TWP - Federal TIN:59-3611448			Total	\$17,500.00
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Thompson Well and Pump, Inc.

Proposal

P. O. Box 371
 DeLand, FL 32721-0371
 Tel: 386-740-0180
 Tel: 407-619-2523
 Fax: 386-740-1753
 Email: thompsonwell@bellsouth.net

Proposal Submitted To: Aquarina Utilities 235 Aquarina Blvd Melbourne Fl. 32951 772-708-7946	Job Name: Same Water Plant 235 Aquarina Blvd Melbourne Fl. 32951	Job Description: Mobilization to site, Pull existing Vertical Turbine Equipment, furnish Centrifugal Pump, Motor, Fabricated Sole Plate At Well Head, 6" Steel Suction Piping Installed into Well, Re-Work Piping Above Ground and Re-Connect To Existing Discharge Piping, wiring to starter panel next to well, up-grading electrical breaker to required size, and heaters
Primary Contact: Kevin Burge	Job Location: 235 Aquarina Blvd. Melbourne Fl. 32951	Email: aquarinautilities@bellsouth.net
Date: May 4, 2015	Phone: 772-708-7946	Fax:

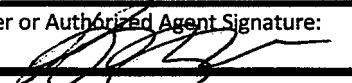
Contract to furnish and supply the following:	Amount
A. Mobilization To Site	
B. Pull Pumping Equipment From Well	
C. Furnish and Install Centrifugal Pumping Equipment, With Drop Pipe, Wiring And Fabricated Well Head Connection "500 GPM Centrifugal Pump, and Motor"	
D. Complete Electrical Hook Up, including Heater Upgrade For Starter, and Breaker upgrade, electrical strut replacement, rewiring, starter panel, at well site including replacement of step down transformer	
TOTAL ESTIMATED COST TO PERFORM THE ABOVE WORK.....TOTAL	20,000.00
DISCOUNT SHOULD YOU DECIDE TO GO WITH Centrifugal Pumping Equipment.....TOTAL	2,000.00
TOTAL COST TO PERFORM THE ABOVE WORK.....TOTAL	18,000.00

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above estimate. All agreements contingent upon strikes, accidents, or delays beyond our Control.

Respectfully submitted: **Jerry E. Thompson, Jr. / President**
 Jerry E. Thompson, Jr. / President

Note - This proposal may be withdrawn by us if not accepted within 10 days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined. <u>Paid In Full Upon Completion</u>	Owner or Authorized Agent Signature:  <hr/> Printed Name And Title Of Person Signing Kevin Burge <hr/> (Date): 5/5/2015
--	--

Thompson Well and Pump, Inc.

Proposal

P. O. Box 371
DeLand, FL 32721-0371
Tel: 386-740-0180
Tel: 407-619-2523
Fax: 386-740-1753
 Email: thompsonwell@bellsouth.net

Proposal Submitted To: Aquarina Utilities 235 Aquarina Blvd Melbourne Fl. 32951 772-708-7946	Job Name: Same Water Plant 235 Aquarina Blvd Melbourne Fl. 32951	Job Description: Mobilization to site, Pull existing pumping equipment, examine equipment to see if any obvious problems are seen. Get info off pumping equipment, give owner a verbal report onsite.
Primary Contact: Kevin Burge	Job Location: 235 Aquarina Blvd. Melbourne Fl. 32951	Email: aquarinautilities@bellsouth.net
Date: April 29, 2015	Phone: 772-708-7946	Fax:

Contract to furnish and supply the following:	Amount
A. Mobilization To Site	
B. Pull Pumping Equipment From Well Only	
C. Examine Equipment Onsite, Give Owner Verbal Information Found	
D. Give Owner Cost To Repair, Or Repair Pumping Equipment	
TOTAL ESTIMATED COST TO PERFORM THE ABOVE WORK.....TOTAL	3,000.00

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above estimate. All agreements contingent upon strikes, accidents, or delays beyond our Control.

Respectfully submitted: **Jerry E. Thompson, Jr. / President**
 Jerry E. Thompson, Jr. / President

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Thompson Well and Pump, Inc. Proposal

P. O. Box 371
DeLand, FL 32721-0371
Tel: 386-740-0180
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Primary Contact: Kevin Burge	Job Location: 235 Aquarina Blvd. Melbourne Fl. 32951	Email: aquarinautilities@bellsouth.net
Date: April 29, 2015	Phone: 772-708-7946	Fax:

Contract to furnish and supply the following:	Amount
A. Mobilization To Site	
B. Pull Pumping Equipment From Well Only	
C. Examine Equipment Onsite, Give Owner Verbal Information Found	
D. Give Owner Cost To Repair, Or Repair Pumping Equipment	
TOTAL ESTIMATED COST TO PERFORM THE ABOVE WORK.....TOTAL	3,000.00

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above estimate. All agreements contingent upon strikes, accidents, or delays beyond our Control.

Respectfully submitted: **Jerry E. Thompson, Jr. / President**

Jerry E. Thompson, Jr. / President

Note - This proposal may be withdrawn by us if not accepted within 10 days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined. Paid In Full Upon Completion

Owner or Authorized Agent Signature:

Printed Name And Title Of Person Signing

(Date :) _____

Thompson Well and Pump, Inc. Proposal

P. O. Box 371
DeLand, FL 32721-0371
Tel: 386-740-0180
Tel: 407-619-2523
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Date: April 29, 2015	Phone: 772-708-7946	Fax:

Contract to furnish and supply the following:	Amount
A. Mobilization To Site	
B. Pull Pumping Equipment From Well Only	
C. Examine Equipment Onsite, Give Owner Verbal Information Found	
D. Give Owner Cost To Repair, Or Repair Pumping Equipment	
TOTAL ESTIMATED COST TO PERFORM THE ABOVE WORK.....TOTAL	3,000.00

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above estimate. All agreements contingent upon strikes, accidents, or delays beyond our Control.

Respectfully submitted: **Jerry E. Thompson, Jr. / President**

Jerry E. Thompson, Jr. / President

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Owner or Authorized Agent Signature:

Printed Name And Title Of Person Signing

(Date :) _____

Thompson Well & Pump, Inc.

INVOICE

P.O. Box 371
 Deland, FL. 32721-0371
 Phone: (386)-740-0180
 Fax: (386)-740-1753

Date	Invoice #
4/29/2015	02-1858

Bill To
Aquarina Utilities Kevin Burge 235 Aquarina Blvd. Melbourne, FL 32951

Job Name
Service: 5/1-5/2/15 20HP Motor Installation

Permit No.	Terms	Project
NA	Due on receipt	Svs_20HP AM_Moto...

Description	Qty	U/M	Rate	Amount
Service Call - 5/1/15 - 5/2/15 - Install 20HP American Marsh Submersible Motor - Mobilization and Labor - Check out Well System - Replace, Furnish and Install New (1) 15HP Vertical Hollow Shaft Motor - 1800 RPM, 10BD, NRR 254TP, 230V/3P BF30 —— SN#V07-7565462-0001 M0004 - Demobilization	1		5,200.00	5,200.00

This is an original copy. Please pay from this invoice. . TWP - Federal TIN:59-3611448			Total	\$5,200.00
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CERTIFICATE OF LIABILITY INSURANCE

THOMP-9

OP ID: SC

DATE (MM/DD/YYYY)

05/05/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Corkhill Insurance Agency, LLC 20 South Bumby Avenue Orlando, FL 32803 Scott Corkhill, AAI #A054965	Phone: 407-898-8891 Fax: 407-898-8813	CONTACT NAME: _____	
		PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____			
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Southern Owners Ins Company			10190
INSURER B : Auto-Owners Insurance Company			18988
INSURER C : Bridgefield Employers Ins. Co.			10701
INSURER D : Westchester Fire Insurance Co			
INSURER E :			
INSURER F :			

INSURED
 Thompson Well & Pump, Inc.
 PO Box 371
 Deland, FL 32721

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		72597063	01/23/15	01/23/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Pollution Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		G27153549002	08/05/14	08/05/15	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		4265561500	01/23/15	01/23/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000		42-655-615-01	01/23/15	01/23/16	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	83043923	01/01/15	01/01/16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Rented & Leased		72597063	01/23/15	01/23/16	Equipment 150,000
A	Installation		72597063	01/23/15	01/23/16	Install 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

AQUAUT1

Aquarina Utilities
 235 Aquarina Blvd
 Melbourne, FL 32951

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Scott Corkhill

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Thompson Well and Pump, Inc.

Proposal

P. O. Box 371
 DeLand, FL 32721-0371
 Tel: 386-740-0180
 Tel: 407-619-2523
 Fax: 386-740-1753
 Email: thompsonwell@bellsouth.net

Proposal Submitted To: Aquarina Utilities 235 Aquarina Blvd Melbourne Fl. 32951 772-708-7946	Job Name: Same Water Plant 235 Aquarina Blvd Melbourne Fl. 32951	Job Description: Mobilization to site, Pull existing pumping equipment, examine equipment to see if any obvious problems are seen. Get info off pumping equipment, give owner a verbal report onsite.
Primary Contact: Kevin Burge	Job Location: 235 Aquarina Blvd. Melbourne Fl. 32951	Email: aquarinautilities@bellsouth.net
Date: April 29, 2015	Phone: 772-708-7946	Fax:

Contract to furnish and supply the following:	Amount
A. Mobilization To Site	
B. Pull Pumping Equipment From Well Only	
C. Examine Equipment Onsite, Give Owner Verbal Information Found	
D. Give Owner Cost To Repair, Or Repair Pumping Equipment	
TOTAL ESTIMATED COST TO PERFORM THE ABOVE WORK.....TOTAL	3,000.00

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above estimate. All agreements contingent upon strikes, accidents, or delays beyond our Control.

Respectfully submitted: Jerry E. Thompson, Jr. / President
 Jerry E. Thompson, Jr. / President

Note - This proposal may be withdrawn by us if not accepted within 10 days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined. Paid In Full Upon Completion

Owner or Authorized Agent Signature:

Printed Name And Title Of Person Signing

(Date :)

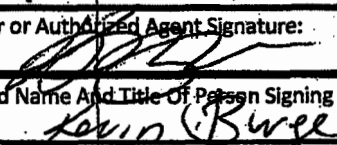
Kevin Burge

04/29/2015

Thompson Well and Pump, Inc.

Proposal

P. O. Box 371
 DeLand, FL 32721-0371
 Tel: 386-740-0180
 Tel: 407-619-2523
 Fax: 386-740-1753
 Email: thompsonwell@bellsouth.net

Proposal Submitted To: Aquarina Utilities 235 Aquarina Blvd Melbourne Fl. 32951 772-708-7946	Job Name: Same Water Plant 235 Aquarina Blvd Melbourne Fl. 32951	Job Description: Mobilization to site, Pull existing Vertical Turbine Equipment, furnish Centrifugal Pump, Motor, Fabricated Sole Plate At Well Head, 6" Steel Suction Piping Installed Into Well, Re-Work Piping Above Ground and Re-Connect To Existing Discharge Piping, wiring to starter panel next to well, up-grading electrical breaker to required size, and heaters
Primary Contact: Kevin Burge	Job Location: 235 Aquarina Blvd. Melbourne Fl. 32951	Email: aquarinautilities@bellsouth.net
Date: May 4, 2015	Phone: 772-708-7946	Fax:
Contract to furnish and supply the following:		Amount
A. Mobilization To Site		
B. Pull Pumping Equipment From Well		
C. Furnish and Install Centrifugal Pumping Equipment, With Drop Pipe, Wiring And Fabricated Well Head Connection "500 GPM Centrifugal Pump, and Motor"		
D. Complete Electrical Hook Up, Including Heater Upgrade For Starter, and Breaker upgrade, electrical strut replacement, rewiring, starter panel, at well site including replacement of step down transformer		
TOTAL ESTIMATED COST TO PERFORM THE ABOVE WORK.....TOTAL		20,000.00
DISCOUNT SHOULD YOU DECIDE TO GO WITH Centrifugal Pumping Equipment.....TOTAL		2,000.00
TOTAL COST TO PERFORM THE ABOVE WORK.....TOTAL		18,000.00
<p>Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above estimate. All agreements contingent upon strikes, accidents, or delays beyond our Control.</p>		
<p>Respectfully submitted: Jerry E. Thompson, Jr. / President Jerry E. Thompson, Jr. / President</p>		<p>Note - This proposal may be withdrawn by us if not accepted within 10 days.</p>
Acceptance of Proposal		
<p>The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined. <u>Paid In Full Upon Completion</u></p>		<p>Owner or Authorized Agent Signature:  Printed Name And Title Of Person Signing Kevin Burge (Date :) 5/5/2015</p>

Thompson Well & Pump, Inc.
P.O. Box 371
Deland, FL 32721-0371

05/21/2015

SALE

Total: \$5,200.00

Master Card xxxxxxxxxxxx1653
Exp. Date: xx / xx
Name: Holly B. Burge

Auth. Code: 02177Z QuickBooks Trans. No:
Trans. ID: PB0023136362 Merchant No.: 5247710001485663

Thank you for your business

CUSTOMER COPY

Thompson Well & Pump, Inc.
P.O. Box 371
Deland, FL 32721-0371

05/21/2015

SALE

Total: \$1,300.00

Master Card xxxxxxxxxxxx1653
Exp. Date: xx / xx
Name: Holly B. Burge

Auth. Code: 02111Z QuickBooks Trans. No:
Trans. ID: PD0023138587 Merchant No.: 5247710001485663

Thank you for your business

CUSTOMER COPY

Thompson Well & Pump, Inc.
P.O. Box 371
Deland, FL 32721-0371

05/21/2015

SALE

Total: \$9,000.00

Master Card xxxxxxxxxxxx2925
Exp. Date: xx / xx
Name: Holly B. Burge

Auth. Code: 40005Z QuickBooks Trans. No:
Trans. ID: PB0023136941 Merchant No.: 5247710001485663

Thank you for your business

CUSTOMER COPY

Thompson Well & Pump, Inc.
P.O. Box 371
Deland, FL 32721-0371

05/21/2015

SALE

Total: \$4,000.00

Master Card xxxxxxxxxxxx9953
Exp. Date: xx / xx
Name: Holly B. Burge

Auth. Code: 02118P QuickBooks Trans. No:
Trans. ID: PD0023139280 Merchant No.: 5247710001485663

Thank you for your business

CUSTOMER COPY

Thompson Well & Pump, Inc.
P.O. Box 371
Deland, FL 32721-0371

05/21/2015

SALE

Total: \$3,200.00

Credit Card xxxxxxxxxxxx6909
Exp. Date: xx / xx
Name: Holly B. Burge

Auth. Code: 05309B QuickBooks Trans. No:
Trans. ID: PD0023139804 Merchant No.: 5247710001485663

Thank you for your business

CUSTOMER COPY

Large Water Utility Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
7/1/2014 TO 12/31/2014

WS949-14-W-2-R Aquarina Utilities, Inc. P. O. Box 308 Jensen Beach, FL 34958-0308
--

FOR PSC USE ONLY	
Check # _____	
\$ _____	0604001
	003001
\$ _____ E	
\$ _____ P	0604001
	004010
\$ _____ I	
Postmark Date _____	
Initials of Preparer _____	

Please Complete Below If Official Mailing Address Has Changed

<u>AQUARINA UTILITIES, INC.</u>	<u>P.O. Box 308</u>	<u>JENSEN BEACH, FL</u>	<u>34958</u>
(Name of Utility)	(Address)	(City/State)	(Zip)

Florida Public Service Commission Certificate

	#		#	#
WATER OPERATING REVENUES				
1. Unmetered Water Revenues (460)	\$	—	\$	\$
MEASURED WATER REVENUES				
2. Residential Revenues (461.1)		50,351		
3. Commercial Revenues (461.2)		1,904		
4. Industrial Revenues (461.3)		—		
5. Revenues from Public Authorities (461.4)		—		
6. Multiple Family Dwelling Revenues (461.5)		17,936		
7. TOTAL METERED SALES	\$	70,191	\$	\$
FIRE PROTECTION REVENUES				
8. Public Fire Protection (462.1)		—		
9. Private Fire Protection (462.2)		—		
10. TOTAL FIRE PROTECTION REVENUE	\$	—	\$	\$
11. Other Sales to Public Authorities (464)		—		
12. Sales to Irrigation Customers (465)		52,635		
13. SALES FOR RESALE (466)		—		
14. Interdepartmental Sales (467)		—		
15. TOTAL WATER SALES (Lines 1+7+10+11+12+13+14)	\$	122,826	\$	\$
OTHER WATER REVENUES				
16. Guaranteed Revenues (Include Revenues from A.F.P.I. Charges) (469)		—		
17. Forfeited Discounts (470)		—		
18. Miscellaneous Service Revenues (471)		1,227		
19. Rents From Water Property (472)		—		
20. Interdepartmental Rents (473)		—		
21. Other Water Revenues (474) Describe:		—		
Describe:		8,145		
22. TOTAL OTHER WATER REVENUES (Lines 16+17+18+19+20+21)	\$	9,372	\$	\$
23. TOTAL WATER OPERATING REVENUES ⁽¹⁾ (Lines 15+22)	\$	132,198	\$	\$
24. Less: Expense for Purchased Water From FPSC-Regulated Utility	(—	((
25. NET WATER OPERATING REVENUES (Line 23 Less Line 24)		132,198		
26. REGULATORY ASSESSMENT FEE DUE – (Multiply Line 25 by 0.045) (If more than \$25, enter amount. If less, enter \$25) ⁽²⁾		5,949		
27. Less: Payment for January 1-June 30 Period	(—	((
28. Less: Approved Prior-Period Credit	(—	((
29. NET REGULATORY ASSESSMENT FEE (See #11 on back)	\$	5,949	\$	\$
30. Penalty for Late Payment (see "4. Failure to File by Due Date" on back)		—		
31. Interest for Late Payment (see "4. Failure to File by Due Date" on back)		—		
32. Extension Payment Fee (see "5. Extension" on back)		—		
33. TOTAL AMOUNT DUE (Line 29 + 30 + 31 + 32)	\$	5,949	\$	\$

⁽¹⁾These amounts must agree with Annual Report Schedule F-3
⁽²⁾As provided in Section 350.113, Florida Statutes, the Minimum Annual Fee is \$25; see Item #7 on back
 If service was purchased from a regulated utility, please insert its name: N/A

This form must be completed and returned regardless of the amount of revenues reported.

I, the undersigned owner/officer of the above-named vendor, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Holly Burge (Signature of Utility Official) ACCT MGR (Title) 1/15/2015 (Date)

HOLLY BURGE (Please Print Name) Telephone Number 772 708-8350 Fax Number N/A

F.E.I. No. 27-4368504

Large Water System Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 07/01/2014 TO 12/31/2014

WS949-14-W-2-R
Aquarina Utilities, Inc.

P.O. Box 308
Jensen Beach , FL 34958-0308

FOR PSC USE ONLY

Check # _____

\$ _____ 0604001

\$ _____ P 003001

\$ _____ 0604001

\$ _____ I 004010

Postmark Date _____

Initials of Preparer _____

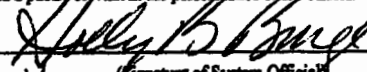
Please Complete Below if Official Mailing Address Has Change

	#	#	#	
(Systems Name)	(Address)	(City/State)	(Zip)	
Florida Public Service Commission Certificate	#	#	#	517-W
	As Filed	Amendment	Amended	Amended
WATER OPERATING REVENUES				
1. Unmetered Water Revenues (460)	\$ -	\$ -	\$ -	-
MEASURED WATER REVENUES				
2. Residential Revenues (461.1)	50,351	1	50,352	50,352
3. Commercial Revenues (461.2)	1,904	1	1,905	1,905
4. Industrial Revenues (461.3)	-	-	-	-
5. Revenues from Public Authorities (461.4)	-	-	-	-
6. Multiple Family Dwelling Revenue (461.5)	17,936	-	17,936	17,936
7. TOTAL METERED SALES	\$ 70,191	\$ 2	\$ 70,193	70,193
FIRE PROTECTION REVENUES				
8. Public Fire Protection (462.1)	-	-	-	-
9. Private Fire Protection (462.2)	-	-	-	-
10. TOTAL FIRE PROTECTION REVENUE	\$ -	\$ -	\$ -	-
11. Other Sales to Public Authorities (464)	-	-	-	-
12. Sales to Irrigation Customers (465)	52,635	-	52,635	52,635
13. SALES FOR RESALE (466)	-	-	-	-
14. Interdepartmental Sales (467)	-	-	-	-
15. TOTAL WATER SALES (Lines 1 + 7 + 10 + 11 + 12 + 13 + 14)	\$ 122,826	\$ 2	\$ 122,828	122,828
OTHER WATER REVENUES				
16. Guaranteed Revenues (include Revenues from A. F. P. I. Charges) (469)	-	-	-	-
17. Forfeited Discounts (470)	-	-	-	-
18. Miscellaneous Service Revenues (471)	9,372	3,671	13,043	13,043
19. Rents From Water Property (472)	-	-	-	-
20. Interdepartmental Rents (473)	-	-	-	-
21. Other Water Revenues (474) Describe:	-	-	-	-
22. TOTAL OTHER WATER REVENUES (Lines 16+17+18+19+20+21)	\$ 9,372	\$ 3,671	\$ 13,043	13,043
23. TOTAL WATER OPERATING REVENUES*(Lines 15+22)	\$ 132,198	\$ 3,673	\$ 135,871	135,871
24. LESS: Expense for Purchased Water From FPSC Regulated Utility	()	()	()	()
25. NET WATER OPERATING REVENUES (Line 23 Less Line 24)	132,198	3,673	135,871	135,871
26. Regulatory Assessment Fee Due - (Multiply Line 25 by 0.045)			6,114	6,114
27. LESS: Payments Made with Original Return(s)		()	5,949	5,949
28. LESS: Approved Prior Period Credit		()	-	-
29. NET REGULATORY ASSESSMENT FEE (Line 26 Less Line 27)			165	165
30. Penalty for Late Payment			-	-
31. Interest for Late Payment			-	-
32. TOTAL AMOUNT (REFUND) DUE			165	165


*These amounts must agree with Annual Report Schedule F-3
 If service was purchased from a regulated utility, please insert its name:

AS PROVIDED IN SECTION 350.113, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$25

I, the undersigned owner/officer of the above named vendor, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.



 (Signature of System Official)
HOLLY B. BURGE
 (Please Print Name)



 (Title)
 Telephone Number (772) 708 8350 Fax Number N/A
 F.E.I. No. 27-4368504
 3/16/2015
 (Date)

Large Water Utility Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

1/1/2014 TO 6/30/2014

WS949-14-W-1-R
 Aquarina Utilities, Inc.
 P. O. Box 308
 Jensen Beach, FL 34958-0308

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # _____
 \$ _____ 0604001
 _____ 003001
 \$ _____ E
 \$ _____ P 0604001
 _____ 004010
 \$ _____ I
 Postmark Date _____
 Initials of Preparer _____

(Name of Utility) (Address) (City/State) (Zip)

Florida Public Service Commission Certificate

WATER OPERATING REVENUES

1. Unmetered Water Revenues (460)

MEASURED WATER REVENUES

- 2. Residential Revenues (461.1)
- 3. Commercial Revenues (461.2)
- 4. Industrial Revenues (461.3)
- 5. Revenues from Public Authorities (461.4)
- 6. Multiple Family Dwelling Revenues (461.5)
- 7. **TOTAL METERED SALES**

FIRE PROTECTION REVENUES

- 8. Public Fire Protection (462.1)
- 9. Private Fire Protection (462.2)
- 10. **TOTAL FIRE PROTECTION REVENUE**
- 11. Other Sales to Public Authorities (464)
- 12. Sales to Irrigation Customers (465)
- 13. **SALES FOR RESALE (466)**
- 14. Interdepartmental Sales (467)
- 15. **TOTAL WATER SALES (Lines 1+7+10+11+12+13+14)**

OTHER WATER REVENUES

- 16. Guaranteed Revenues (Include Revenues from A.F.P.I. Charges) (469)
- 17. Forfeited Discounts (470)
- 18. Miscellaneous Service Revenues (471)
- 19. Rents From Water Property (472)
- 20. Interdepartmental Rents (473)
- 21. Other Water Revenues (474) Describe:

Describe:

- 22. **TOTAL OTHER WATER REVENUES (Lines 16+17+18+19+20+21)**
- 23. **TOTAL WATER OPERATING REVENUES ⁽¹⁾ (Lines 15+22)**
- 24. **Less: Expense for Purchased Water From FPSC-Regulated Utility**
- 25. **NET WATER OPERATING REVENUES (Line 23 Less Line 24)**
- 26. **REGULATORY ASSESSMENT FEE DUE - (Multiply Line 25 by 0.045)**
 (If more than \$25, enter amount. If less, enter \$25)⁽²⁾
- 27. **Less: Payment for January 1-June 30 Period**
- 28. **Less: Approved Prior-Period Credit**
- 29. **NET REGULATORY ASSESSMENT FEE (See #11 on back)**
- 30. Penalty for Late Payment (see "4. Failure to File by Due Date" on back)
- 31. Interest for Late Payment (see "4. Failure to File by Due Date" on back)
- 32. Extension Payment Fee (see "5. Extension" on back)
- 33. **TOTAL AMOUNT DUE (Line 29 + 30 + 31 +32)**

<p># <u>WS949</u></p> <p>\$ <u>—</u></p> <p><u>57,379</u></p> <p><u>1,563</u></p> <p><u>—</u></p> <p><u>20,161</u></p> <p>\$ <u>79,103</u></p> <p><u>—</u></p> <p>\$ <u>—</u></p> <p><u>44,895</u></p> <p><u>—</u></p> <p>\$ <u>123,998</u></p> <p><u>—</u></p> <p><u>9,536</u></p> <p><u>—</u></p> <p><u>—</u></p> <p>\$ <u>9,536</u></p> <p>\$ <u>133,534</u></p> <p><u>—</u></p> <p><u>133,534</u></p>	<p># _____</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>\$ _____</p>
---	--

6,009.03

(_____)

(_____)

\$ 6,009.03

(_____)

(_____)

\$ 6,009.03

⁽¹⁾ These amounts must agree with Annual Report Schedule F-3

⁽²⁾ As provided in Section 350.113, Florida Statutes, the Minimum Annual Fee is \$25; see Item #7 on back)

If service was purchased from a regulated utility, please insert its name: _____

This form must be completed and returned regardless of the amount of revenues reported.

I, the undersigned owner/officer of the above-named vendor, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Holly Burge
 (Signature of Utility Official)
Holly BURGE
 (Please Print Name)

Act Manager
 (Title)

6/27/2014
 (Date)

Telephone Number 712 708 8350

Fax Number (_____)

F.E.I. No. 27-4368504

UTILITY NAME: Aquarina Utilities, Inc.
 SYSTEM NAME / COUNTY: Aquarina Utilities, Inc. / Brevard

YEAR OF REPORT
December 31, 2014

WATER UTILITY PLANT ACCOUNTS (NON-POTABLE)

ACCT. NO. (a)	ACCOUNT NAME (b)	PREVIOUS YEAR (c)	ADDITIONS (d)	RETIREMENTS (e)	CURRENT YEAR (f)
301	Organization	\$ 653		\$ -	\$ 653
302	Franchises				
303	Land and Land Rights				
304	Structure and Improvements		-		
305	Collecting and Impounding Reservoirs				
306	Lake, River and Other Intakes				
307	Wells and Springs				
308	Infiltration Galleries and Tunnels				
309	Supply Mains				
310	Power Generation Equipment				
311	Pumping Equipment	513			513
320	Water Treatment Equipment				
330	Distribution Reservoirs and Standpipes				
331	Transmission and Distribution Mains	4,221			4,221
333	Services				
334	Meters and Meter Installations	10,534			10,534
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant / Miscellaneous Equipment	631	-		631
340	Office Furniture and Equipment				
341	Transportation Equipment				
342	Stores Equipment				
343	Tools, Shop and Garage Equipment				
344	Laboratory Equipment	-			
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment	-			
348	Other Tangible Plant				
TOTAL WATER PLANT		\$ 16,552	\$ -	\$ -	\$ 16,552

NOTE: Any adjustments made to reclassify property from one account to another must be footnoted.

UTILITY NAME: Aquarina Utilities, Inc.
 SYSTEM NAME / COUNTY: Aquarina Utilities, Inc. / Brevard

YEAR OF REPORT
December 31, 2014

ANALYSIS OF ENTRIES IN WATER ACCUMULATED DEPRECIATION (NON-POTABLE)

ACCT. NO. (a)	ACCOUNT NAME (b)	BALANCE AT BEGINNING OF YEAR (c)	ACCRUALS (d)	OTHER CREDITS * (e) (1)	TOTAL CREDITS (d + e) (f)
301	Organization	653	-		\$ -
302	Franchises				
304	Structure and Improvements				
305	Collecting and Impounding Reservoirs				
306	Lake, River and Other Intakes				
307	Wells and Springs				
308	Infiltration Galleries and Tunnels				
309	Supply Mains				
310	Power Generation Equipment				
311	Pumping Equipment	252	26		26
320	Water Treatment Equipment				
330	Distribution Reservoirs and Standpipes				
331	Transmission and Distribution	1,832	98		98
333	Services				
334	Meters and Meter Installations	4,432	527		527
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant / Miscellaneous Equipment	631	-		
340	Office Furniture and Equipment				
341	Transportation Equipment				
342	Stores Equipment				
343	Tools, Shop and Garage Equipment				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment	-			
348	Other Tangible Plant				
TOTAL WATER ACCUMULATED DEPRECIATION		\$ 7,800	\$ 651	\$ -	\$ 651

* Specify nature of transaction.
 Use () to denote reversal entries.
 Note (1): Reclass entry

UTILITY NAME: Aquarina Utilities, Inc.
 SYSTEM NAME / COUNTY: Aquarina Utilities, Inc. / Brevard

YEAR OF REPORT
December 31, 2014

ANALYSIS OF ENTRIES IN WATER ACCUMULATED DEPRECIATION (NON-POTABLE) (CONT'D)

ACCT. NO. (a)	ACCOUNT NAME (b)	PLANT RETIRED (g)	SALVAGE AND INSURANCE (h)	COST OF REMOVAL AND OTHER CHARGES (i)	TOTAL CHARGES (g-h+i+j) (j)	BALANCE AT END OF YEAR (c+f-k) (k)
301	Organization	\$ -	\$ -	\$ -	\$ -	\$ 653
302	Franchises					
304	Structure and Improvements					
305	Collecting and Impounding Reservoirs					
306	Lake, River and Other Intakes					
307	Wells and Springs					
308	Infiltration Galleries and Tunnels					
309	Supply Mains					
310	Power Generation Equipment					
311	Pumping Equipment					278
320	Water Treatment Equipment					
330	Distribution Reservoirs and Standpipes					
331	Transmission and Distribution					1,930
333	Services					
334	Meters and Meter Installations					4,959
335	Hydrants					
336	Backflow Prevention Devices					
339	Other Plant / Miscellaneous Equipment					631
340	Office Furniture and Equipment					
341	Transportation Equipment					
342	Stores Equipment					
343	Tools, Shop and Garage Equipment					
344	Laboratory Equipment					
345	Power Operated Equipment					
346	Communication Equipment					
347	Miscellaneous Equipment					
348	Other Tangible Plant					
TOTAL WATER ACCUMULATED DEPRECIATION		\$ -	\$ -	\$ -	\$ -	\$ 8,451

Aquarina Utilities, Inc.
Grouping Schedule Report
Leadsheet codes

3448
Page 1

	Reclassifying AJE	Report Balance Dec 31, 2014
601 Salaries/Wages-Employees		
601.000 - SALARIES & WAGES - NON-POTABLE	(0.19)	61,423.00
Salaries/Wages-Employees Total	<u>(0.19)</u>	<u>61,423.00</u>
615 Purchased Power		
615.000 - PURCHASED POWER - NON-POTABLE	0.11	17,665.00
Purchased Power Total	<u>0.11</u>	<u>17,665.00</u>
616 Fuel for Power Production		
616.000 - FUEL FOR POWER PRODUCTION -NON-I	0.12	412.00
Fuel for Power Production Total	<u>0.12</u>	<u>412.00</u>
618 Chemicals		
618.000 - CHEMICALS - NON-POTABLE	(0.06)	48.00
Chemicals Total	<u>(0.06)</u>	<u>48.00</u>
620 Materials and Supplies		
620.000 - MATERIALS & SUPPLIES - NON-POTABI	(0.20)	3,877.00
Materials and Supplies Total	<u>(0.20)</u>	<u>3,877.00</u>
632 Contract Services-Account		
632.000 - CONT SVC - ACCOUNTING - NON-POTAI	0.33	3,807.00
Contract Services-Account Total	<u>0.33</u>	<u>3,807.00</u>
634 Contract Services-Managem		
634.000 - CONT SVC - MANAGEMENT FEE - NON-I	(0.13)	1,930.00
Contract Services-Managem Total	<u>(0.13)</u>	<u>1,930.00</u>
636 Contract Services-Other		
636.000 - CONT SVC - OTHER - NON-POTABLE	(0.22)	6,989.00
Contract Services-Other Total	<u>(0.22)</u>	<u>6,989.00</u>
641 Rental of Building/Real P		
641.000 - RENTAL OF BLDG - NON-POTABLE	(0.35)	333.00
Rental of Building/Real P Total	<u>(0.35)</u>	<u>333.00</u>
642 Rental of Equipment		
642.000 - RENTAL OF EQUIPMENT - NON-POTABI		7,850.00
Rental of Equipment Total	<u>0.00</u>	<u>7,850.00</u>
650 Transportation Expense		
650.000 - TRANSPORATION EXPENSE - NON-POT/	0.05	6,324.00
Transportation Expense Total	<u>0.05</u>	<u>6,324.00</u>
656 Insurance-Vehicle		
656.000 - INSURANCE - VEHICLE - NON-POTABLE	0.16	1,728.00
Insurance-Vehicle Total	<u>0.16</u>	<u>1,728.00</u>
657 Insurance-Gen'l Liability		
657.000 - INSURANCE - GENERAL LIABILITY - NC	0.31	2,624.00
Insurance-Gen'l Liability Total	<u>0.31</u>	<u>2,624.00</u>
659 Insurance-Other		
659.000 - INSURANCE - OTHER - NON-POTABLE	(0.32)	2,377.00

Aquarina Utilities, Inc.
Grouping Schedule Report
Leadsheet codes

	<u>Reclassifying AJE</u>	<u>Report Balance</u> <u>Dec 31, 2014</u>
Insurance-Other Total	<u>(0.32)</u>	<u>2,377.00</u>
675 Miscellaneous Expenses		
675.000 - MISC EXPENSE - NON-POTABLE	0.34	49.00
675.200 - MISC EXP - MEALS & ENT - NON-POTAB	(0.20)	1,201.00
675.300 - MISC EXP - POSTAGE - NON-POTABLE	0.33	43.00
675.400 - MISC EXP - PROFESSIONAL MEMBERSH	(0.07)	108.00
675.600 - MISC EXP - TELEPHONE - NON-POTABL	0.20	2,793.00
Miscellaneous Expenses Total	<u>0.60</u>	<u>4,194.00</u>
Leadsheet codes Total	<u>0.21</u>	<u>121,581.00</u>
Profit/(Loss)	<u>(0.58)</u>	<u>(83,004.14)</u>

Aquarina Utilities, Inc.
Grouping Schedule Report
Leadsheet codes

	Reclassifying AJE	Report Balance Dec 31, 2014
461 Metered Water Revenue		
461.100 - RESIDENTIAL REVENUE - WATER	(0.21)	(107,731.00)
461.200 - COMMERCIAL REVENUE - WATER	(0.50)	(3,468.00)
461.500 - METERED REVENUE - WATER - MULTIF	(0.37)	(38,097.00)
Metered Water Revenue Total	<u>(1.08)</u>	<u>(149,296.00)</u>
465 Sales to Irrigation Custo		
465.100 - IRRIGATION - WATER	(0.28)	(97,530.00)
Sales to Irrigation Custo Total	<u>(0.28)</u>	<u>(97,530.00)</u>
471 Misc Service Revenue		
461.600 - MISC METERED WATER	0.30	(17,124.00)
471.100 - MISC. SERVICE REVENUE - WATER	0.15	(3,236.00)
474.100 - OTHER REVENUE - WATER - NON-POTA		(150.00)
474.110 - OTHER WATER REVENUE - WATER - PO		(2,069.00)
Misc Service Revenue Total	<u>0.45</u>	<u>(22,579.00)</u>
Leadsheet codes Total	<u>(0.91)</u>	<u>(269,405.00)</u>
Profit/(Loss)	<u>(0.58)</u>	<u>(83,004.14)</u>

Aquarina Utilities, Inc.
Grouping Schedule Report
Leadsheet codes

	<u>Reclassifying AJE</u>	<u>Report Balance Dec 31, 2014</u>
408		
Taxes Other Than Income		
408.100 - UTILITY REG ASSESS FEES - NON-POTA	0.14	4,389.00
408.101 - UTILITY REG ASSESS FEES - POTABLE	(0.06)	7,771.00
408.110 - PROPERTY TAXES - NON-POTABLE	0.33	4,075.00
408.111 - PROPERTY TAXES - POTABLE	0.33	4,075.00
408.125 - PAYROLL TAXES - MEDICARE - POTABI	0.37	800.00
408.126 - PAYROLL TAXES - SOCIAL SECURITY -	(0.09)	3,419.00
408.128 - PAYROLL TAXES - FL - SUI - POTABLE	0.02	1,489.00
408.130 - PAYROLL TAXES - FUTA - POTABLE	(0.23)	827.00
408.134 - PAYROLL TAXES - MEDICARE - NON-PC	0.35	800.00
408.136 - PAYROLL TAXES - SOCIAL SECURITY -	(0.09)	3,419.00
408.138 - PAYROLL TAXES - FL - SUI - NON-POTA	0.05	1,489.00
408.140 - PAYROLL TAXES - FUTA - NON-POTABI	(0.19)	827.00
408.144 - PAYROLL TAXES - WORKERS COMP - P	0.04	3,116.00
408.102 - UTILITY REG ASSESS FEES - SEWER		7,239.00
408.112 - PROPERTY TAXES - SEWER	0.32	4,075.00
408.122 - PAYROLL TAXES - MEDICARE - SEWER	0.35	800.00
408.123 - PAYROLL TAXES - SOCIAL SECURITY -	(0.09)	3,419.00
408.127 - PAYROLL TAXES - FL - SUI - SEWER	0.05	1,489.00
408.129 - PAYROLL TAXES - FUTA - SEWER	(0.19)	827.00
408.146 - PAYROLL TAXES - WORKERS COMP - SI	(0.04)	1,558.00
Taxes Other Than Income Total	<u>1.37</u>	<u>55,903.00</u>
Leadsheet codes Total	<u>1.37</u>	<u>55,903.00</u>
Profit/(Loss)	<u>(0.58)</u>	<u>(83,004.14)</u>