

FIMC Hideaway Inc.

1. Hideaway Water Treatment Plant

- a. June 30th 2013
- b. No, pictures taken by Engineer Clayton Lewis
- c. N/A
- d. I have offered for free the removal of the old water tanks. I have exhausted interest.
- e. Concrete capped per DEP. July 2013 by Robert McBride.
- f. The WTP was depreciated out of records and books.
- g. Property would have to be cleared and rezoned cost is unknown.

2. Hideaway Wastewater Treatment Plant

- a. November 25th 2013
- b. No, pictures taken by Engineer Clayton Lewis.
- c. N/A
- d. I have inquired with Florida Septic Company in Hawthorne to remove tanks, the cost would be tremendous.
- e. The WWTP was depreciated out of records and books.
- f. Property would have to be cleared and rezoned cost is unknown.

3. Sludge Removal Expense

- a. Invoice copies included.

4. Self Insurance

1. Robert Dodrill completed Annual Report.
2. We have not considered liability insurance.
3. Southern Insurance and Nature Coast Insurance quote included, the only two to reply.

5. Cost of Debt

- a. Response to questions 1-2-3-and 4.
In the summer of 2013 the Water Tank at Springside developed a leak in the side which every day had gotten larger. We purchased a new tank from Dixie Tank Jacksonville installed August 2013 by Two Fold Water and me with Credit Cards. I don't believe 22% debt service is reasonable but what if this is the only way to purchase a new Tank.

I Robert McBride tried every bank in Gainesville, Rural Water, DEP, PSC, Credit Unions even our own Banks. There is no interest to loan money to small Utilities. Florida Farm Bureau offered a loan of no less than 80,000 I was in need for 30,000.

6. Bad Debt Expense

- a. Copy included. Recorded liens on all.

7. Employee Pensions and Benefits

- a. John Martin, who lives in Springside on contract. No benefits. \$100.00 Christmas bonus.

RECEIVED-FPSC
2018 FEB 28 AM 8:22
COMMISSION
CLERK

8. Water Usage

- a. Estimate of 5gal. per minute to reduce foam in the wastewater tanks caused by customer introducing Oil, Grease, and others into wastewater.
 1. FIMC hand delivered each customer January 2017 a help notice (copy included) to control Oil and Grease.
 2. No monthly metered water usage available because meter recently installed. Will begin with 2018 meter reading sheets.

9. Emergency Contact Numbers

- a. All emergency situations are handled immediately by John Martin or Operator.
 1. John Martin
 2. Copy included
 3. Rarely, most contacts are the issue of help with billing-wastewater credit because of their own property water leaks.
 4. Yes, new signs being produced with two phone numbers.
 5. Yes, warning signs posted.
 6. Pictures included.

10. System Pressure

- a. Pressure at the water tank is keep at 45-55psi.
- b. At the customer meeting the concerned pressure customers were asked **each** by our operator Todd Hubbard if they wanted their pressure checked at their home and all told Todd not interested. Customers the farthest from water tank are asked about pressure regularly. Pressure thru-out the community seems OK.

11. Secondary Standards

- a. Yes, a meeting will our operator Todd Hubbard and Rural Water is to be scheduled week of 2/19/18 to address water issue.
Rural Water suggested a Blow-Out, we will install as soon as possible.
- b. FIMC is in compliance with all testing required by DEP, a test is required for color, odor and taste every 3 years, test results are included.

9. #s 5 and 6 new signage complete will e-mail pictures to Matthew Sibley as soon as they are in place.

FIMC Hideaway Inc.
PO Box 357246
Gainesville, FL 32635-7246
jandrmcbride@cox.net
352-316-5117

**Florida Public Service Commission
Staff's Data Request**

**Re: Docket No. 20170147-WS-Application for staff-assisted Rate Case in Levy
County by FIMC Hideaway Inc.**

**Office of Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850**

#1 thru #11

FIMC HIDEAWAY

Customer Account Aging

(+90/Active/Vacant as of Feb 17, 2018)

Account	Name	Status	Current	Over 30	Over 60	Over 90	Total
01-00120-00	JANET LEE HAZARD	V	0.00	0.00	0.00	2,764.83	2,764.83
01-00128-00	WESLEY FARNHAM	V	0.00	0.00	0.00	1,228.32	1,228.32
01-00241-00	JACQUELINE FICKA	V	0.00	0.00	0.00	3,538.39	3,538.39
01-00256-00	JIM CHRISTIE	V	0.00	0.00	0.00	1,106.55	1,106.55
01-00258-00	GEORGE NEESE	V	0.00	0.00	0.00	998.68	998.68
01-00309-00	DAN CARVER	A	32.27	30.66	31.46	15.00	109.39
02-00029-00	LEON DUBEY	V	0.00	0.00	0.00	2,099.40	2,099.40
02-00103-00	CHRISTOPHER TALLENT	V	0.00	0.00	0.00	2,265.22	2,265.22
02-01169-00	FRANK MARTORANA	V	0.00	0.00	0.00	877.60	877.60
Accounts Listed: 9			32.27	30.66	31.46	14,893.99	14,988.38

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-856-1344 FAX 813-856-2213



Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

Two Fold Water Engineering
FIMC Hideaway

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: FIMC Hideaway, INC. PWS I.D. #:

2	3	8	1	4	0	9
---	---	---	---	---	---	---

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: Post Office Box 72

City: Chiefland Zip Code: 32644

Phone: (352) 486-2828 Fax: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1509616-01 Sample Date: 9/15/15 Sample Time: 9:10 am

AM	PM
----	----

 (Circle One)

Sample Location (be specific): Entry to Distribution Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max. Residence Time
- Ave. Residence Time
- Near First Customer

Reason (s) for Sample (Check all that apply)

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites **
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.
** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Anthony Hubbard (Print Name) operator (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 9/18/15
Certified Operator #: 172902 Phone #: 352 475 2248 Sampler's Fax #: 352 475 5389
Sampler's E-Mail: twofoldwater@gmail.com

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



Two Fold Water Engineering
FIMC Hideaway

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 09/15/2015

PWS ID (From Page 1): 2381409 Sample Number (From Page 1): 1509616-01 Lab Assigned Report # or Job ID: 1509616-01

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics

- All Except for Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos

Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director, do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: *Francis I. Daniels* Date: 09/16/2015

- * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
- ** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 1509616-01
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1920	Odor, Dechlorinated @ 25C	3	TON	1	U	SM 2150B	1	9/15/15	15:38	E84129

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

FIMC HIDEAWAY
P.O.BOX 357246
GAINESVILLE, FL 32635 352-493-2181



ACCOUNT	SERVICE		AMOUNT
	FROM	TO	
01-00138-00	12/23/17	01/26/18	
PREV	CURR	USAGE ITEM	AMOUNT
		SEWER (WELL RATE) SWR	26.61
PREV	0.00		
CURR	26.61	BILLED ON	01/26/18
NET	26.61	DUE ON	02/16/18
LATE	31.51	LATE ON	02/17/18

RETURN THIS STUB WITH PAYMENT

MAKE CHECKS PAYABLE TO: FIMC HIDEAWAY INC.
LATE PENALTY MAY BE ADDED IF NOT PAID BY DUE DATE. IF PREVIOUS BALANCE IS NOT PAID BY DATE DUE, SERVICE MAY BE DISCONNECTED WHICH WILL RESULT IN A RECONNECT FEE.

ACCOUNT	01-00138-00
DUE DATE	02/16/18
AMOUNT	26.61

Svc Addr: 11072 NW 114TH ST
New Phone Number

UTF

ARTHUR SHELLEY
11072 NW 114TH STREET
CHIEFLAND FL 32626-8077

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1509616

Client Name Two Fold Water Engineering	Contact / Phone: Rick Tisdale 352-475-2248
--	--

Project Name / Location FIMC Hideaway PWS 2381409	Turn Around Time Requested ("Surcharges may apply") 24 Hour <input type="checkbox"/> 48 Hour <input checked="" type="checkbox"/> 5 Bus. Days <input type="checkbox"/> 10 Bus. Days <input checked="" type="checkbox"/>
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Samplers: (Signature)		PARAMETER / CONTAINER DESCRIPTION											
Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water		Date	Time	Matrix	Composite		Odor					No. of Containers (Total per each location)	
SAL Use Only	Sample No.				Sample Description	Grab							
	<i>[Signature]</i>												
		9-15-15	9:10	DW		X	1						

Containers Prepared/Relinquished:	Date/Time:	Received:	Date/Time:	Seal intact? <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	Instructions / Remarks
Relinquished: <i>[Signature]</i>	Date/Time: 9-15-15 11:20	Received: <i>[Signature]</i>	Date/Time: 11:20 09/15/15	Samples intact upon arrival? <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	
Relinquished: <i>[Signature]</i>	Date/Time: 14:15 09/15/15	Received: <i>[Signature]</i>	Date/Time: 14:15	Received on ice? Temp _____ <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	
Relinquished:	Date/Time:	Received:	Date/Time:	Proper preservatives indicated? <input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	
Relinquished:	Date/Time:	Received:	Date/Time:	Rec'd w/in holding time? <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	
				Volatiles rec'd w/out headspace? <input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	
				Proper containers used? <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	

SAL Report Page ___ of ___
Page 4 of 4

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2219



Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Two Fold Water Engineering
FIMC Hideaway THM-HAA

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: FIMC Hideaway, Inc. PWS I.D. #: 2 3 8

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: P.O. Box 112

City: Chiefland Zip Code: _____

Phone: _____ Fax: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1509400-01 Sample Date: 9/8/15 Sample Time: 3:10 pm AM PM (Circle One)

Sample Location (be specific): 11496 NW 112th Terrace Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 7.2

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max. Residence Time
- Ave. Residence Time
- Near First Customer

Reason (s) for Sample (Check all that apply)

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites **
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Ross Bogert (Print Name), operator (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 9/22/15

Certified Operator #: C18962 Phone #: 352 475 2248 Sampler's Fax #: 352 475 5389

Sampler's E-Mail: twofoldwater@gmail.com

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2213



Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Two Fold Water Engineering
FIMC Hideaway THM-HAA

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 09/09/2015

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1509400-01 Lab Assigned Report # or Job ID: 1509400-01

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input type="checkbox"/> All Except for Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input checked="" type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite	<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: *Francis I. Daniels* Date: 09/21/2015

- * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
- ** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1044 FAX 813-855-2218



Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS

62-550.310(3)

Report Number / Job ID: 1509400-01

Disinfectant Residual (mg/L) (From Page 1): 1.2

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	2.9		EPA 552.2	0.76	2.0	9/18/15	8:36	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.68	U	EPA 552.2	0.68	1.0	9/18/15	8:36	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.52	I	EPA 552.2	0.34	1.0	9/18/15	8:36	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	9/18/15	8:36	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.99		EPA 552.2	0.26	1.0	9/18/15	8:36	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	4.41		EPA 552.2	0.26	---	9/18/15	8:36	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.6	I	EPA 524.2	0.2	1.0	9/11/15	13:30	E84129
2942	Bromoform	N/A	ug/L	1.6		EPA 524.2	0.2	1.0	9/11/15	13:30	E84129
2943	Bromodichloromethane	N/A	ug/L	1.0		EPA 524.2	0.2	1.0	9/11/15	13:30	E84129
2944	Dibromochloromethane	N/A	ug/L	2.2		EPA 524.2	0.1	1.0	9/11/15	13:30	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	5.4		EPA 524.2	0.1	---	9/11/15	13:30	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



CHAIN OF CUSTODY

Client: Two Fold Water Engineering
Project: FIMC Hideaway THM-HAA

Project Number:
Project Manager: Rick Tisdale

SAL Workorder Number: 1509400
SAL Project Manager: Christy Whitehurst

Number	Sample Identification	Matrix	Type	Sampled Date/Time	Container	Qty	Analyses
01	11496 NW 112th Terrace	Water	Grab	9-8-15 15:10	2 524-40ml V, Na2S2O3 3 552-40ml aV, NH4Cl	5	524.2-tthm, 552.2

Cl⁻ = 1.2 ppm

Ph = 7.2

Page 4 of 4

Relinquished By: WOM Date/Time: 09015/1100
Received By: _____ Date/Time: _____

Relinquished By: [Signature] Date/Time: 9-9-15 8:00
Received By: _____ Date/Time: _____

Relinquished By: [Signature] Date/Time: 9-9-15 11:10
Received By: ADH Date/Time: 090915 1110

Relinquishing ADH 1610 090915

Received By: [Signature] 1610 9-9-15 Page 1 of 1 1.0

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAY VIEW BOULEVARD, OULIEMA, FL 34677 313-855-1044 FAX 813-855-2218



Two Fold Water Engineering
FIMC Hideaway

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: FIMC Hideaway, INC. PWS I.D. #:

2	3	8	1	4	0	9
---	---	---	---	---	---	---

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: Post Office Box 72

City: Chiefland Zip Code: 32644

Phone: (352) 486-2828 Fax: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1508798-01 Sample Date: 8/26/15 Sample Time: 3:30 pm AM PM (Circle One)

Sample Location (be specific): Entry to Distribution Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max. Residence Time
- Ave. Residence Time
- Near First Customer

Reason (s) for Sample (Check all that apply)

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites **
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions.
And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and
attach a results page for each site

SAMPLER CERTIFICATION

I, Anthony Hubbard (Print Name), operator (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: Anthony Hubbard Date: 9/11/15

Certified Operator #: 012902 Phone #: 352-475-2248 Sampler's Fax #: 352-475-5389

Sampler's E-Mail: twofoldwater@gmail.com

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

1110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format - Revised

Two Fold Water Engineering
FIMC Hideaway

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 08/27/2015

PWS ID (From Page 1): 2381409 Sample Number (From Page 1): 1508798-01 Lab Assigned Report # or Job ID: 1508798-01

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics

- All Except for Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos

Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 11/06/2015

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

INORGANIC CONTAMINANTS - REVISED
62-550.310(1)

Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.02	I	EPA 353.2	0.02	9/4/15	10:28	E84129
1041	Nitrite (as N)	1	mg/L	0.01	U	SM 4500NO2-E	0.01	8/27/15	17:06	E84129
1005	Arsenic	0.010	mg/L	0.0013	I	EPA 200.8	0.00093	9/8/15	13:44	E84129
1010	Barium	2	mg/L	0.010		EPA 200.8	0.00018	9/8/15	13:44	E84129
1015	Cadmium	0.005	mg/L	0.00027	U	EPA 200.8	0.00027	9/8/15	13:44	E84129
1020	Chromium	0.1	mg/L	0.0032	I	EPA 200.8	0.00035	9/8/15	13:44	E84129
1024	Cyanide	0.2	mg/L	0.0050	U	SM 4500CN-E	0.0050	9/8/15	10:47	E84129
1025	Fluoride	4.0	mg/L	0.51		SM 4500F-C	0.020	8/31/15	12:12	E84129
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	9/8/15	13:44	E84129
1035	Mercury	0.002	mg/L	0.00010	U	EPA 245.1	0.00010	9/3/15	13:46	E84129
1036	Nickel	0.1	mg/L	0.0083		EPA 200.8	0.00046	9/8/15	13:44	E84129
1045	Selenium	0.05	mg/L	0.0038	I	EPA 200.8	0.00093	9/2/15	14:03	E84129
1052	Sodium	160	mg/L	23		EPA 200.7	0.13	9/2/15	15:59	E84129
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	9/2/15	14:03	E84129
1075	Beryllium	0.004	mg/L	0.00012	U	EPA 200.7	0.00012	9/2/15	15:59	E84129
1085	Thallium	0.002	mg/L	0.00024	U	EPA 200.8	0.00024	9/8/15	13:44	E84129

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

SECONDARY CONTAMINANTS - REVISED
62-550.320

Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.050	U	EPA 200.7	0.050	9/2/15	15:59	E84129
1017	Chloride	250	mg/L	31		SM 4500Cl-E	1.0	8/28/15	13:20	E84129
1022	Copper	1	mg/L	0.010		EPA 200.8	0.0001	9/8/15	13:44	E84129
1025	Fluoride	2.0	mg/L	0.51		SM 4500F-C	0.020	8/31/15	12:12	E84129
1028	Iron	0.3	mg/L	0.069	I	EPA 200.7	0.020	9/2/15	15:59	E84129
1032	Manganese	0.05	mg/L	0.0016	I	EPA 200.7	0.0010	9/2/15	15:59	E84129
1050	Silver	0.1	mg/L	0.000069	U	EPA 200.8	0.000069	9/8/15	13:44	E84129
1055	Sulfate	250	mg/L	510		EPA 375.4	2.0	8/31/15	11:30	E84129
1095	Zinc	5	mg/L	0.016		EPA 200.8	0.00088	9/8/15	13:44	E84129
1905	Color	15	CU	5		SM 2120B	5	8/27/15	17:12	E84129
1920	Odor, Dechlorinated @ 25C	3	TON	1	U	SM 2150B	1	8/27/15	15:07	E84129
1930	Total Dissolved Solids	500	mg/L	1000		SM 2540C	10	8/31/15	15:21	E84129
2905	Foaming Agents	0.5	mg/L	0.048	U	SM 5540C	0.048	8/28/15	8:55	E84129

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.



**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

DISINFECTION BYPRODUCTS - REVISED
62-550.310(3)

Report Number / Job ID: 1508798-01

Disinfectant Residual (mg/L) (From Page 1): _____

PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.6	I	EPA 524.2	0.2	1.0	8/29/15	6:24	E84129
2942	Bromoform	N/A	ug/L	1.7		EPA 524.2	0.2	1.0	8/29/15	6:24	E84129
2943	Bromodichloromethane	N/A	ug/L	1.0		EPA 524.2	0.2	1.0	8/29/15	6:24	E84129
2944	Dibromochloromethane	N/A	ug/L	2.5		EPA 524.2	0.1	1.0	8/29/15	6:24	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	5.8		EPA 524.2	0.1	—	8/29/15	6:24	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

RADIONUCLIDES - REVISED
62-550.310(6)

Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification
4006	Combined Uranium (mass)	30	ug/L	0.74		EPA 200.8	0.054	1		9/8/15	13:44	E84129

** If the result for Gross Alpha (Excl Uranium) exceed 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the result for Gross Alpha (Incl Uranium) exceeds 5 pCi/L, a measurement for Radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. DEP/DOH will subtract the Uranium value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. Uranium) of 15 pCi/L. If the result of ID 4002 Gross Alpha (Including Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

*Qualifiers:

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

VOLATILE ORGANICS - REVISED
62-550.310(4)(a)

Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.3	U	EPA 524.2	0.3	0.5	8/29/15	6:24	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.09	U	EPA 524.2	0.09	0.5	8/29/15	6:24	E84129
2955	Xylenes (total)	10,000	ug/L	0.3	I	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2964	Dichloromethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2968	o-Dichlorobenzene	600	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2969	para-Dichlorobenzene	75	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2976	Vinyl chloride	1	ug/L	0.3	U	EPA 524.2	0.3	0.5	8/29/15	6:24	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2980	1,2-Dichloroethane	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2982	Carbon tetrachloride	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2983	1,2-Dichloropropane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2987	Tetrachloroethylene	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2989	Monochlorobenzene	100	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2990	Benzene	1	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2991	Toluene	1000	ug/L	0.09	U	EPA 524.2	0.09	0.5	8/29/15	6:24	E84129
2992	Ethylbenzene	700	ug/L	0.08	U	EPA 524.2	0.08	0.5	8/29/15	6:24	E84129
2996	Styrene	100	ug/L	0.05	U	EPA 524.2	0.05	0.5	8/29/15	6:24	E84129

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

SYNTHETIC ORGANICS - REVISED
62-550.310(4)(b)

Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.05	U	EPA 525.2	0.05	0.01	9/3/15	9/3/15	21:10	E84129
2010	Lindane	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	9/3/15	9/3/15	21:10	E84129
2015	Methoxychlor	40	ug/L	0.02	U	EPA 525.2	0.02	0.1	9/3/15	9/3/15	21:10	E84129
2020	Toxaphene	3	ug/L	0.52	U	EPA 508.1	0.52	1	9/3/15	9/4/15	16:35	E84129
2031	Dalapon	200	ug/L	0.33	U	EPA 515.3	0.33	1	9/2/15	9/3/15	3:12	E84129
2032	Diquat	20	ug/L	0.38	U	EPA 549.2	0.38	0.4	9/1/15	9/2/15	16:01	E84129
2033	Endothall	100	ug/L	6.7	U	EPA 548.1	6.7	9	9/2/15	9/3/15	12:46	E84129
2034	Glyphosate	700	ug/L	2.7	U	EPA 547	2.7	6	9/2/15	9/2/15	15:51	E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.07	U	EPA 525.2	0.07	0.6	9/3/15	9/3/15	21:10	E84129
2036	Oxamyl (Vydate)	200	ug/L	0.88	U	EPA 531.1	0.88	2	9/4/15	9/4/15	0:29	E84129
2037	Simazine	4	ug/L	0.03	U	EPA 525.2	0.03	0.07	9/3/15	9/3/15	21:10	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.6	U	EPA 525.2	0.6	0.6	9/3/15	9/3/15	21:10	E84129
2040	Picloram	500	ug/L	0.048	U	EPA 515.3	0.048	0.1	9/2/15	9/3/15	3:12	E84129
2041	Dinoseb	7	ug/L	0.15	U	EPA 515.3	0.15	0.2	9/2/15	9/3/15	3:12	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0.05	U	EPA 525.2	0.05	0.1	9/3/15	9/3/15	21:10	E84129
2046	Carbofuran	40	ug/L	0.60	U	EPA 531.1	0.60	0.9	9/4/15	9/4/15	0:29	E84129
2050	Atrazine	3	ug/L	0.02	U	EPA 525.2	0.02	0.1	9/3/15	9/3/15	21:10	E84129
2051	Alachlor	2	ug/L	0.03	U	EPA 525.2	0.03	0.2	9/3/15	9/3/15	21:10	E84129
2065	Heptachlor	0.4	ug/L	0.08	U	EPA 525.2	0.08	0.04	9/3/15	9/3/15	21:10	E84129
2067	Heptachlor epoxide	0.2	ug/L	0.07	U	EPA 525.2	0.07	0.02	9/3/15	9/3/15	21:10	E84129
2105	2,4-D	70	ug/L	0.10	U	EPA 515.3	0.10	0.1	9/2/15	9/3/15	3:12	E84129
2110	2,4,5-TP (Silvex)	50	ug/L	0.041	U	EPA 515.3	0.041	0.2	9/2/15	9/3/15	3:12	E84129
2274	Hexachlorobenzene	1	ug/L	0.04	U	EPA 525.2	0.04	0.1	9/3/15	9/3/15	21:10	E84129
2306	Benzo(a)pyrene	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	9/3/15	9/3/15	21:10	E84129
2326	Pentachlorophenol	1	ug/L	0.014	U	EPA 515.3	0.014	0.04	9/2/15	9/3/15	3:12	E84129
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.086	U	EPA 508.1	0.086	0.1	9/3/15	9/4/15	16:35	E84129
2931	Dibromochloropropane	0.2	ug/L	0.0051	U	EPA 504.1	0.0051	0.01	9/3/15	9/3/15	19:49	E84129
2946	Ethylene dibromide (EDB)	0.02	ug/L	0.0051	U	EPA 504.1	0.0051	0.02	9/3/15	9/3/15	19:49	E84129
2959	Chlordane	2	ug/L	0.045	U	EPA 508.1	0.045	0.2	9/3/15	9/4/15	16:35	E84129

*Qualifiers: ** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b)

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



CHAIN OF CUSTODY

Client: Two Fold Water Engineering

Project Number:

SAL Workorder Number: 1508798

Project: FIMC Hideaway

Project Manager: Rick Tisdale

SAL Project Manager: Christy Whitehurst

Number	Sample Identification	Matrix	Type	Sampled Date/Time	Container	Qty	Analyses
01	Chlorinated Entry to distribution	Water	Grab	8-26-15 15:30	1 125ml P, H2SO4 1 250ml aG, Cool 1 250ml P, HNO3 1 250ml P, NaOH 1 500ml P, Cool 1 500-525-4LaG, Na2S2O3-OK 2 524-40ml V, Na2S2O3	10	524.2-tthm, 525-DEHP, INORG-PRIM, INORG-SEC, U 200.8

Cl⁻ 1.0 ppm

Ph: 7.2

Page 9 of 9

Relinquished By [Signature] 8-26-15 18:10
Date/Time

Received By [Signature] 8-26-15 18:10
Date/Time

Relinquished By [Signature] 8-27-15
Date/Time

Received By [Signature] 8/27/15 10:30
Date/Time

Relinquished By [Signature] 8/27/15 12:20
Date/Time

Received By [Signature] 8/27/15 12:20
Date/Time

FIMC Hideaway Inc.

January, 2017

Dear Homeowner, your help is needed.

The MOST IMPORTANT THINGS you should NEVER POUR DOWN the DRAIN are
FATS, OIL, GREASE

These items should never be poured down YOUR DRAIN.

The MOST IMPORTANT THINGS you should NEVER POUR DOWN the TOILET are
HAIR, DENTAL FLOSS, BAND-AIDS, PAPER TOWELS, MEDICATION, DISPOSABLE WIPES,
CONTRACEPTIVES AND PROPHYLACTICS, KITTY LITTER, FEMININE HYGEIENE PRODUCTS.

These items should never be put in YOUR TOILET

You can help protect the environment, Wastewater treatment equipment and
the people who operate your Treatment facilities.

Your cooperation is greatly appreciated.

Thank you,

FIMC Hideaway Inc.

WATER TREATMENT PLANT

avery baker

To JANDRMCBRIDE@COX.NET

2/12/2018 11:17 AM 

Hi Mr. McBride,

I have contacted all my brokers and unfortunately I don't have a market for water treatment plants or waste water plants. I only broker through a few companies because I mostly do personal lines insurance.

You can try the 2 agencies in our area that, to my knowledge, have the biggest commercial markets. First is Nature Coast Ins here in Chiefland at 352-493-2565 or Don Martin Ins in Fanning Springs at 352-463-1582. Those are the only 2 that might have a market for what you are looking for in our area otherwise you might need to find out who you had it with in Gainesville before and get back with them.

I appreciate the opportunity to try to get you insured but I just don't have the commercial markets.

Thank You
Avery Baker
Southern Insurance Agency
352-490-8919

Water Treatment Facilities - Insurance

Reid Fleming

To jandrmcbride@cox.net

2/12/2018 2:23 PM  2 attachments View Download

Bob,

I checked with my brokerages and there was only one broker willing to write the insurance and the insurance company's minimum premium was \$10,000.

Please let me know if you would like for me to proceed. Thank you!

IMPORTANT NOTICE: COVERAGES CANNOT BE BOUND, CHANGED, OR CANCELLED VIA THE E-MAIL SYSTEM. 

Reid Fleming, Agent



P O Box 1520

Chiefland, FL 32644

(352) 528-0443 Williston

(352) 493-2565 Chiefland

Fax (352) 493-0402

<http://www.naturecoastinsurance.com/>

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AMERICAN PIPE & TANK, INC
 418 CYPRESS ROAD
 OCALA, FL 34472



Statement of Account

FIMC HIDEAWAY, INC
 PO BOX 357246
 GAINESVILLE, FL 32635

STATEMENT DATE
01/31/18
ACCOUNT NO.
SPRINGSIDE

DATE	INVOICE	DESCRIPTION	CHARGES	CREDITS	AMOUNT DUE	AMOUNT DUE
12/05/17	74596	10700G/LS	2033.00	0.00	2033.00	2033.00

applied to S-S sewer

*✓ # 3989
2/6/18*

Current	1 to 30	31 to 60	61 to 90	Over 90	TOTAL	
0.00	2033.00	0.00	0.00	0.00		2033.00



A-Able Septic Sewer Service, Inc.
 2190 N. Crede Avenue
 Crystal River, FL 34428
 (352)7951554

Invoice 35825

DATE 01/16/2017	PLEASE PAY \$1,260.00	
---------------------------	---------------------------------	--

BILL TO
 Springside MHP WWTP
 FIMC Springside MHP
 PO Box 357246
 Gainesville, FL 32635

Please detach top portion and return with your payment.

SERVICE	GALLONS	RATE	AMOUNT
Sludge Hauled 9,000 Gallons of Unstabilized Sludge From Springside MHP WWTF at 11290 NW 112th Place Chiefland FL 32626 to A-ABLE Septic Biosolids Treatment Facility (BTF) on 1/13/2017. Taken from CCC and Digester Ordered by Todd @ Two Fold	9,000	0.14	1,260.00

IF YOU WOULD LIKE TO RECEIVE YOUR INVOICES BY EMAIL
 PLEASE SEND YOUR INFORMATION TO THE FOLLOWING
 EMAIL:
 pam@ableseptic.com

CC
 ALL PAYMENTS MADE BY CREDIT CARD WILL HAVE A 3%
 TRANSACTION CHARGE.

Thank you for your business!
 Phone: 352-795-1554
 Fax: 352-795-5423

TOTAL DUE	\$1,260.00
------------------	-------------------

THANK YOU.

*Paye 2/16/17
 Check # 3798*

FIMC Water Pumped MOR'S-----Water Sold 2017 Redline

		Sold					
	Pumped	Water	Lawn	DMR'S	Bad Debt Hwy	\$ Owed	
Jan	761,330	422,640	34,090	0.452			
Feb	645,996	365,560	10,430	0.384			
March	903,996	396,630	35,200	0.415			
April	804,997	385,960	101,150	0.385			
May	897,998	551,070	107,080	0.442			
June	794,995	372,650	207,110	0.416			
July	668,996	492,470	34,770	0.410			
Aug	532,998	318,990	11,080	0.357			
Sept	500,330	356,000	10,970	0.435			
Oct	628,662	366,310	19,920	0.451			
Nov	811,995	370,660	31,350	0.451			
Dec	485,999	331,480	22,000	0.340			
	120,000	2,592,000	flushed @ Wastewater Plant				
Totals	8,558,292	7,322,420					
<p>Three days 40,000 gal per day=120,000 gals add to November water pumped Bad leak at 11211 NW 114th PL Hideaway 11/03/17 repaired 11/6/17 new owner Carver Floyette Brown locked 8/15/13-acct.#01-00309-00</p>							
<p>Water being treated at SS sewer plant 5gal per minute 216,000 gal per month add 2,592,000 gals to total pumped</p>							
<p>Leak @ 11290 NW 113th Ct 1/31/17-2/1/18 Loss of around 50,000 gal.</p>							

FIMC HIDEAWAY

Yearly Consumption (01/2017 thru 12/2017)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
WATER (LAWN)												
34,090	10,430	35,200	101,150	107,080	207,110	34,770	11,080	10,970	19,920	31,350	22,000	625,150

Totals For GAS

34,090	10,430	35,200	101,150	107,080	207,110	34,770	11,080	10,970	19,920	31,350	22,000	625,150
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SEWER (11.81 MIN)

266,940	232,060	255,890	246,350	405,920	221,600	348,550	210,850	237,390	240,680	233,300	206,860	3,106,390
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SEWER (17.85 MIN)

155,700	133,500	140,740	139,610	145,150	151,050	143,920	108,140	118,610	125,630	137,360	124,620	1,624,030
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Totals For SWR

422,640	365,560	396,630	385,960	551,070	372,650	492,470	318,990	356,000	366,310	370,660	331,480	4,730,420
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WATER (13.85 MIN)

266,940	232,060	255,890	246,350	405,920	221,600	348,550	210,850	237,390	240,680	233,300	206,860	3,106,390
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WATER (8.74 MIN)

155,700	133,500	140,740	139,610	145,150	151,050	143,920	108,140	118,610	125,630	137,360	124,620	1,624,030
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Totals For WTR

422,640	365,560	396,630	385,960	551,070	372,650	492,470	318,990	356,000	366,310	370,660	331,480	4,730,420
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Position of Robert Dodrill on Self Insurance

Robert noticed that FIMC, Inc. did not have any Liability Insurance in the expense structure. Just like financing for the water tank, the ultimate burden of providing service to the customers falls on Bob and Janet McBride. In order to reflect this reality, a self insurance charge of \$50.00 per utility per month was added to the FIMC Annual Report.

COMMISSIONERS:
ART GRAHAM, CHAIRMAN
JULIE I. BROWN
DONALD J. POLMANN
GARY F. CLARK

STATE OF FLORIDA



DIVISION OF ECONOMICS
GREG SHAFER
DIRECTOR
(850) 413-6410

Public Service Commission

February 9, 2018

Mr. Robert McBride, President
FIMC Hideaway, Inc.
P. O. Box 35726
Gainesville, FL 32635-7246
jandrmcbride@cox.net

STAFF'S SECOND DATA REQUEST VIA EMAIL & USMAIL

Re: Docket No. 20170147 -WS- Application for staff-assisted rate case in Levy County by FIMC Hideaway, Inc.

Dear Mr. McBride:

As a result of comments received during the customer meeting, additional info is needed with respect to several of the issues that were brought up. Please submit the following information to the Office of Commission Clerk, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850, by **February 23, 2018**.

1. Hideaway Water Treatment Plant

- a. When did the Utility abandon the Hideaway water treatment plant (WTP)?
- b. Has the plant been removed?
- c. If yes, what costs did the Utility incur to remove the plant?
- d. If no, does the Utility have plans to remove the plant and have estimates for its removal been obtained?
- e. What is the current status of the wells associated with the former WTP?
- f. What adjustments did the Utility make to its books and records to reflect the abandonment of the WTP?
- g. Does the Utility have future plans for the WTP land? Please explain.

2. Hideaway Wastewater Treatment Plant

- a. When did the Utility abandon the Hideaway wastewater treatment plant (WWTP)?
- b. Has the plant been removed?
- c. If yes, what costs did the Utility incur to remove the plant?
- d. If no, does the Utility have plans to remove the plant and have estimates for its removal been obtained?
- e. What adjustments did the Utility make to its books and records to reflect the abandonment of the WWTP?
- f. Does the Utility have future plans for the WWTP land? Please explain.

3. Sludge Removal Expense

- a. Provide support documentation for the Utility's sludge removal expense for 2016 and 2017.

4. Self Insurance

- a. The Utility reflected insurance expense of \$1,200 for water and \$1,200 for wastewater in its 2012-2015 annual reports. In the 2016 annual report, however, the Utility decreased this amount to \$600 for water and \$600 for wastewater.
 1. Why did the Utility choose to decrease its annual contribution for self insurance?
 2. Has the Utility considered obtaining a general liability insurance policy or received any quotes for such a policy? Please explain and provide support documentation if available.
 3. If no general liability insurance quotes have been obtained previously, please obtain at least three quotes regarding a general liability insurance policy for the Utility. Provide copies of the quotes as part of your response.

5. Cost of Debt

- a. On Schedule 2 of the Staff Report, \$10,371 for credit card debt at a rate of 22% was included for purposes of calculating the Utility's cost of debt.
 1. For what Utility purposes were the charges incurred? Please provide supporting documentation.
 2. Please provide an updated balance as well as documentation showing the current interest rate.
 3. Please justify why the company believes a 22 percent cost of debt is reasonable.
 4. Has the Utility attempted to obtain credit at a rate below 22 percent? If not, please explain why.

6. Bad Debt Expense

- a. Please provide the Utility's bad debt expense for 2017. As part of your response, please include support documentation.

7. Employee Pensions and Benefits

- a. Please provide a list of employees and a list of the benefits they received through June of 2017, including retirement, health, dental, and life insurance (if applicable). Are these same benefits being offered currently?

8. Water Usage

- a. FIMC's 2016 Annual Report indicates that 219,000 gallons of treated water was used monthly for line flushing or other uses. During staff's FIMC plant visit, the operator indicated the accounted for water was used at the WWTP and that a meter had been installed recently.
 1. Please describe what the water is used for at the WWTP.
 2. Please provide the monthly metered water usage at the WWTP for 2017.

9. Emergency Contact Numbers

- a. During the customer meeting, customers indicated that there were not able to reach a utility representative in emergency situations.
 1. To whom does the emergency contact number on the customer bill direct customers?
 2. Please provide a current copy of your customer bill, showing the correct contact number.
 3. How often do customers currently contact the utility or it's representative to address concerns about the water and wastewater systems?
 4. Is there an emergency contact number on the lift stations?
 5. Are the warning signs required by Chapter 62-604.400, Florida Administrative Code (F.A.C.), located at the lift stations?
 6. Please provide pictures, showing the required signage.

10. System Pressure

- a. Does the utility maintain the minimum 20 psi pressure throughout the distribution system?
- b. Is the pressure checked periodically at different locations within the distribution system?

Mr. Robert McBride
Date: February 9, 2018,
Page 4 of 5

11. Secondary Standards

- a. Has the Utility contacted the Florida Rural Water Association to identify ways to address customer concerns related to secondary standards such as the color, odor, and taste of the treated water?
- b. Please describe the types of additional treatment and the estimated costs associated with addressing customer concerns related to the color, odor, and taste of the treated water.

Please contact Matthew Sibley by phone at (850) 413-6516 or by email at Msibley@psc.state.fl.us if you have any questions.

Sincerely,



Matthew Sibley
Public Utility Analyst I
Division of Economics

Attachment

cc: Office of Commission Clerk (Docket No. 20170147-WS)

