

State of Florida



Public Service Commission

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

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

DATE: March 16, 2016

TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

FROM: Sonica C. Bruce, Economic Analyst, Division of Economics *SCB*

RE: Docket No. 130265-WU - Application for staff-assisted rate case in Charlotte County by Little Gasparilla Water Utility, Inc.

By email dated March 15, 2016, Little Gasparilla responded to OPC issues and concerns. Attached are the utility's responses. Please incorporate these documents into the above-referenced docket.

RECEIVED-FPSC
2016 MAR 16 AM 9:38
COMMISSION
CLERK

Little Gasparilla Water Utility Inc.

PO Box 5159 Grove City Fl. 34224/ email LGWU7777@yahoo.com / 941-681-2778

March 15, 2016

Docket No. 130265-WU

The following is the Response to OPC Issues and Concerns dated February 8th 2016:

Dear Ms. Stauffer,

Statements #1 & 2

The allegations of licensing violations and permit violations in statements 1 & 2 are true. I was in violation of the existing laws of Charlotte County along with ever home on the island that is serviced by a well or cistern. County Code requires a permit from a licensed plumber for any connection from the water source.

30 years ago we did not have water meters on any of our existing customers and at that time the County Code did not require a permit for the utility to install a meter. Over the years when, we set a new service for an existing home, most of the time the customers would make the connection to their home but I might assist at their request, just to be a good neighbor. I have probably connected or assisted in connecting over 100 or so homes on the island over the past 30 years. Yes, in the past few years we started charging to offset this cost to the Utility. This was a service not a business. This was not an issue until the Mandatory Water Connections became a political issue. Once the code enforcement contacted me, I ceased helping customers connect to their homes and now licensed plumbers do so. Please contact code enforcement to verify restitution has been make.

Statement # 3

According to Florida Statutes section 489.103(5) and county law, no permit is required for a Utility setting a service connection. So please understand I set the service connection and I would be the one to inspect it. I might understand if we had more than one person setting meters? That is like what came first the Chicken or the Egg?

Statement #4

In the late 1990 LGWU tried to become a customer owned Not-for-Profit utility and was exempt from County taxes. Well by 2000 we converted back to a for profit and the county determined we would need to pay back taxes. Needless to say I didn't have the necessary cash and we agreed to a payment program that we (attachment #4) haven't missed a payment. Please contact Lisa in the Charlotte County tax collector's office if you have any questions. 941-743-1911

Statement #5

I am sorry Misses Stokes was not notified but she is not a customer. Yes, we had an emergency repair but was isolated to a small part of the island. Yes, we take all safety precautions and started with door to door notification along with calling customers. We notified the FDEP and issued a "precautionary boil water notice" Attachment #5-1-3 are the water samples submitted to Sanders Laboratory. Also for better communication with our customers we are just about to launch our web page. We

are also taking customer emails and locating them into groups that will allow us to communicate even better.

Sincerely,

Jack Boyer

Cc: Sonica Bruce (via email)

Charlotte County Tax Collector #4

Vickie L. Potts

www.cctaxcol.com



INSTALLMENT PAYMENT CONTRACT FOR DELINQUENT TANGIBLE TAXES

DATE: October 18, 2013

NAME: LITTLE GASPARILLA WATER UTILITY INC
ADDRESS:

PHONE: 941-681-2778-941-626-8294

BUSINESS NAME: LITTLE GASPARILLA WATER UTILITY INC

ACCOUNT NUMBER: CNT-011266-9

PROPERTY DESCRIPTION: 2011 THRU 2013

10/16/14
2011 pd —
2012 owe 9,854.53
2013 owe 12,923.73
Total 22,778.26

PERSONAL PROPERTY TAX DUE: \$ 33,562.57

LISA-941-743-1911
TAX DEPT.

PAYMENT TERMS: I hereby agree to pay \$ 1000.00 per month for until paid in full towards my delinquent Tangible Taxes due. Payments are due and payable to the Charlotte County Tax Collector. The first payment is due and payable on November 1st and on the 1st day of each month thereafter until payment is received in full. The payments include any delinquency charges, interest, and costs allowed by Chapter 98-167.

Signature of Applicant

Date

10/18/13

CHARLOTTE COUNTY TAX COLLECTOR

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

10-200-226 Reporting Format Edition 07/2004 Revised 02/2005

Sanders Laboratories, Inc. 10290 Bermuda Rd (250) Endicott Cr
 Ft Myers, FL 33913 Nokomis, FL 33425
 239-490-0337 941-484-8103
 E65457 E64380

Report Number: 1601896 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
 Total Coliforms/col Total Coliform/Fecal Enterococci Coliforms HPC Other: _____

Public Water System (PWS) Name: LELAND

PWS Address: PO Box 5191

PWS or PWS Owner's Phone: 941 622 0250

Collector:

Collector's Phone # 414 622 0250

Type of Supply: (check only one)
 Community Water System Non-Transient Non-Community Water System Transient Non-Community Water System
 Limited Use System Domestic Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Problem Distribution Request Flow (Organic or assessment) Raw (Organic or assessment) additional Well Survey
 Closure Replacement (also check type of service being replaced) Lead Water Notice Other: _____
 Sample Collection Date: 1/27/10 2:50 PM

Lab Receipt Date & Time: 1/27/10 10:55 AM
 Analysis Date & Time: 1-28-2010 12:15 PM
 Sample Acceptance Criteria: _____
 Sample Preservation: On Ice DND On Ice 4°C
 Distributor Check: Not Detected _____ mg/L
 This sample does not meet the following NELAP requirements:

5-1

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Dish-Soak Residual (mg/l)	pH	Analysis Method(s)	Total Coliform	Fecal E. coli	Enterococci or Coliforms	Outlier*	Dist. Smp
3	Highway	11:00	R	4.0	7.0	ECALING	P	A			1A
4	615 RT 3	1:05	G	4.0	7.0		A	A			2A

Average of enterococci residuals for distribution routes & repeat samples: * Five cities or Total (check one)
 Distributor Residual Analysis Method:
 DBO Colorimetric Other: _____

Person performing distributor analysis (see instructions on reverse):
 LA certified operator (#) _____
 Supervised by certified operator (#) _____
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAP standards, and the results relate only to the sample(s) Date and time DEP/DOH notified by lab of positive results: 1-28-10
 Date Report Issued: 1-28-2010

Lab Signature: _____
 Title: Microbiology Technical Director

Name: E. G. ...
 Mailing Address: 1155 ...
 City/State/Zip: ... FL 33425
 Email Address: ...
 Phone Number: 312-211

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DE/P/DOH: _____
 DEP/DOH Reviewing Official: _____

* A = Hachman's Coliphage Assay, P = Hachman's Coliphage Present, C = (Sanifera) Growth, TNTC = Too Numerous To Count
 Page 1 of 1

5-2

(PROCESSING AND REPORTING) & CERTIFICATION NUMBER)

Analysis: 1-28-16, 15°C

Disinfectant Check: Not Detected mg/L
This sample does not meet the following NELAP requirements:
1/28/16 12:00 (15)
X on ice 3.0°C

Report Number: 1601942 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliforms BPC Other: _____

Public Water System (PWS) Name: LGWU PWS ID: 6090175
PWS Address: PO Box 5159 or Grove City, OH

PWS or PWS Owner's Phone #: 941 626 9294 Fax #: _____
Collector: Frank Bagan Collector's Phone #: 941 626 9294

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Report Flow (planned or assessment) Flow (planned or assessment) additional O&M Survey
 Clearance Replacement (also check type of sample being replaced) Other: _____

Sample Collection Date: 1/28/16

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliforms	Date Analyzed	Lab Sample #
3R	Hobbyway	10:45	G	4.	7.		1	1		1A

Average of disinfectant residuals for distribution routine & report samples. Free chlorine or Total chlorine (circle one)

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (check one as relevant):
 A certified operator (# _____)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DSP or DCH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAP standards, and the results relate only to the samples.
Date and time PWS notified by lab of positive results: _____
Date and time DEP/DCH notified by lab of positive results: _____
Date Report Issued: 1-29-16
Lab Signature: [Signature]
Microbiology Technical Director
Title: _____

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)
LGWU
PO 5159
Grove City 31224

DEP/DCH USE ONLY
 Microbiology
 Sample Collection Information
 Report Samples Required
 Replacement Samples Required
Date Received by DEP/DCH: _____
DEP/DCH Receiving Official: _____

* called Jack w/ results 1-29-16, 945, 200

The Single Operator Certification is a...
The Analytical Methods Institute...
These methods are...
Subject to Public Address...
Copyright by... &...
Page 1 of 1

www.ammara.com

Page 4 of 4

DBPix Evaluation

5-3

www.ammara.com

ANALYSIS & CERTIFICATION NUMBER

Analysis: 1-29-16, 2:00 PM, JBJ

Disinfectant Check: Not Detected mg/L
This sample does not meet the following NELAC requirements:
1/29/16 11:55 (DB)
X on ice 3.30C

Report Number: 1601972 Sub-Contract Lab ID:

Analysis Requested: (check all that apply)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other

Public Water System (PWS) Name: LGWU PWS ID: 6080175

PWS Address: P05159 City: Grove City

PWS or PWS Owner's Phone #: 941 626-3274 Fax #:
Collector: Jack Boyer Collector's Phone #: 500-2

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other:

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other:

Sample Collection Date: 1-29-16

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): SAM 92239				
						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliforms*	Data Qualifier	Lab Sample #
382	Hidaway	11:00 AM	G	4.1	7		A	A		1A

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one)

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other:
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (#)
 Supervised by certified operator (#)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results:
Date and time DEP/DOH notified by lab of positive results:
Date Report Issued: 1-29-16
Lab Signature: [Signature]
Title: Microbiology Technical Director

(URGENT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)
P O Box 5159
Grove City FL 34224

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

called Jack Boyer
1-29-16 2:14 PM

* For Sample Types see Instructions Item 1.0
* For Analysis Methods see Instructions Item 2.0
* Please check appropriate residues
* Valid in Florida Administrative Code Rule 62-260, Subpart 1
* Complete for construction & non-licensed requirements, various testing procedures up to and including 4.000. Do not include any or more samples in this category.
Page 1 of 1