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RECEIVED
FLORIDA PUBLIC SERVICE COMMISSION
APR -1 AM 10:46
MAIL ROOM

1029 WEST MAGNOLIA STREET
LEESBURG, FLORIDA 34748

March 29, 1996

Director, Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

960406-104

Dear Sir or Madam:

Enclosed please find the Application for Small System Exemption, together with an analysis reporting document from the water service.

I hope the information provided to you is sufficient to determine that this is a small system. If you need additional information, please don't hesitate to contact me at your convenience.

Thank you for your attention to this matter.

Very Truly Yours,



J. Robert Duggan
Attorney At Law

JRD/kl

Enclosures

DOCUMENT NUMBER - DATE
03746 APR -1 96
FPSC-RECORDS/REPORTING

APPLICATION FOR SMALL SYSTEM EXEMPTION
SECTION 367.022(6), FLORIDA STATUTES
RULE 25-30.055 AND 25-30.060(3)(f), FLORIDA ADMINISTRATIVE CODE

NAME OF SYSTEM: EATON'S BEACH

PHYSICAL ADDRESS OF SYSTEM: 15790 S. E. 134th Avenue
Weirsdale, Florida 32195

MAILING ADDRESS (IF DIFFERENT): Same

COUNTY: Marion

PRIMARY CONTACT PERSON:

NAME: JESSIE C. PHEIL, JR.

ADDRESS: 15790 S.E. 134th Avenue
Weirsdale, Florida 32195

PHONE #: (352) 821-3565

NAMES OF OWNER(S): JESSIE C. PHEIL, JR.

NATURE OF APPLICANT'S BUSINESS ORGANIZATION: (CORPORATION,
PARTNERSHIP, SOLE PROPRIETOR, ETC.): SOLE PROPRIETOR

I believe this system to be exempt from the regulation of the Florida Public Service Commission pursuant to Section 367.022(6), Florida Statutes, for the following reasons:

1. The system has or will have the capacity to serve 100 or fewer persons as defined in Rule 25-30.055, Florida Administrative Code (refer to Page 2 of Form 6).
2. The utility services provided are:
Water Yes (Yes or No) Wastewater No (Yes or No)

For utility service not provided, state how handled:

3. The service territory is located at: 15790 S.E. 134th Avenue
Weirsdale, Florida 32195

DOCUMENT NUMBER-DATE

03746 APR-18

APPLICATION FOR SMALL SYSTEM EXEMPTION


4. Documentation verifying the capacity of the system(s) is attached.

For a wastewater system, documentation verifying the capacity of **both** the treatment facility and disposal facility is attached.

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, punishable as provided in S. 775.082, S. 775.083, or S. 775.084.

March 29, 1996

(Date)


Applicant's Signature

JESSIE C. PHEIL, JR.

Applicant's Name (Typed or Printed)

Applicant's Title

When you finish filling out the application, the original and four copies of the application and documentation verifying the capacity of the system should be mailed to:

Director, Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488

FD-302 (Rev. 11-17-83)

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Estero's Beach ID # HRS 705
Address: 15790 SE 134th Av. Weirsdale, FL 32195 Phone # (904) 821-3565
Type (check one): Community Nontransient Noncommunity Noncommunity ID-4

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MM/DD/YY): 04/26/94 Sample Time: 11:00
Sample Location (be specific): Not Provided
Sampler Name and Phone: Layne Phel (904) 821-3565
Sampler's Signature: On file Title: Owner

Check Type(s): Distribution Feedback of MCL Resample of Lab Invalidated Sample
 Clearance This Max Res. Time Plant Tap
 Distribution pt Raw Composite of Multiple Sites—Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab)

Lab Name: Aqua Pure, Inc. HRS # 83166 Expiration Date: 6/30/94
Address: 10865 E. State Road 40 Phone: (904) 625-2822
Subcontracted Lab HRS # 8311/ER3033 Groups Analyzed: Volatile Organics

ANALYSIS INFORMATION (to be completed by lab)

SAMPLE NUMBER 9404264037

Date Sample(s) Received: 04/26/94 Group(s) Analyzed & Results: attached for compliance with 17-550, F.A.C.

<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> Nitrite	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Turbidity
Inorganics-- <input type="checkbox"/> All 18 <input checked="" type="checkbox"/> Partial	Trihalomethanes-- <input type="checkbox"/> All 4 <input type="checkbox"/> Partial	Volatile Organics-- <input type="checkbox"/> All 21 <input checked="" type="checkbox"/> Partial	Secondaries-- <input type="checkbox"/> All 14 <input type="checkbox"/> Partial
Pesticides & PCBs-- <input type="checkbox"/> All 29 <input type="checkbox"/> Partial	Group I Unregulated-- <input type="checkbox"/> All 14 <input type="checkbox"/> Partial	Group II Unregulated-- <input type="checkbox"/> All 17 <input type="checkbox"/> Partial	Radiochemicals-- <input type="checkbox"/> Single Sample <input type="checkbox"/> Only Composite*

* Provide radiochemical sample dates & locations for each quarter

I, Lisa K. Saupp, do HEREBY CERTIFY that all attached analytical data are correct

Signature: *Lisa K. Saupp*

Title: Laboratory Director Date: May 18, 1994

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested for: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DER/ACPHU Reviewing Official: _____