State of Florida



Public Service Commission

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

DATE: November 30, 2001

TO: Division of Commission Clerk and Administrative Services

FROM: Patricia Brady, Division of Regulatory Oversight

RE: Docket No. 011402-WU - Notice of abandonment of water services in Marion

County by Silver City Utilities.

Please add to the docket file the attached facsimile note dated November 28, 2001, from Helen Prong, Secretary for Silver City Subdivision homeowners, to Patricia Brady of Commission staff. The note, along with its attachments, transmits costs incurred by the homeowners for the utility in 2001. The note also transmits the latest Monthly Operating Report for the utility as filed with the Florida Department of Environmental Protection.

Attachment

cc: Division of Regulatory Oversight (Redemann)

Division of Economic Regulation (Iwenjiora)

Division of Legal Services (Harris)

Division of Commission Clerk and Administrative Services (Security File)

DOCUMENT REMIES PATE

15047 NOV 30 E

Pat Brady Frat 1-850-413-6687 Nov. 28, 2001.
Tat Brady Frag 1-850-413-6687 Nov. 28, 2001.
The last bear bear a the
The following is a breakdown of the expenses faced by Silver lity Subdivision Thomesware for the grant 2001 for the
the season of th
- Homerware forther year good for the -
water signten.
HOUR PURE
Twice weekly testing 150,00 per month. 1800.00
netrates 131/01
supply and install volve
and gauges 3/20/21 492.00.
GGO 16m GAMIROES
Sodium Hyperhlaite 1/13/61 64.40 Sodium Hyperhlaite "/01/61 65.55
Soduin Thypredicite "/09/0, 65.55
CLAY ELECTRIC
Ceverase sower cost In 1 year 315.00
Ceverage power costs for 1 year 315.00 2776.95
There the deline will arent
Those there figures will account
Dam Jajung the clatest children from
Clay Electric, Courter Controls and
Ogus Rece togetherwith agent Persis
latest monthly report and a copy of the
secrept dated man 22, 2001 for parts dated
chequesthe December , 2001 for
Claus Ture monthly expensed
Claus Ture monthly expensed
Fax Tom GREGAR GREENWOOD 519- 781- 4622 J delan França
Fax To m Green Gueron 519-781-4622 J delen Frances Low 24, L. V. G. R. P. 3 5
FAX TO M'GACCAR GUCCOWOOD 519-786-4622 J delan Frang Low 24, L. V. G. R. F. # 5 Forest Ontario Canada NON 1JO
Fax To m Green Gueron 519-781-4622 J delen Frances Low 24, L. V. G. R. P. 3 5

ILE16 carboniers	Dina.	RECEIPT Date 3-22: 300/ No. 2627 Received from Nelson from four flows
		For less () a la Silver the HOAT Dollars \$ 160 000 000 000 000 000 000 000 000 000
REDIECON		ANT COUNT CASH MINEL 2001 C.F038 3. MAT PAID CHECK BANKER D WORLD BY Struck Drivers.



AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 EAST STATE RD 40 SILVER SPRINGS, PL 34488 PHONE, (382) 625-2822 PAX (352) 626-6039

Invoice Invoice Number 56262 Invoice Date

Sold To: Silver City Subdivision MOA Attn: Helen Prong Box 24, L.V.G. R.R. #5 Forest, Ontario MONIJO Canada

Customer ID	- Customer PO	Payment Terms			
		Ship Date	Due Date		
Quantity Item	Description	Unit Price	Extension		
1.00 Ser-1	Monthly operation of water system	150 00	150 0		
-	ss required by Fla. D. E. P.				

Subtotal Sales Tax

Total Invoice Amount Payment Received

TOTAL

150.00

150.00

150.00

CUSTOM CONTROLS & PUMPS, INC. CHEMICAL DIVISION P.O. Drawer 490 Silver Springs, Florids 34489-0490 (352)622-9244/FAX(352)622-9404

57

Check No:

INVOICE NO. 1865-08

CUSTOMER NO. 3170

1.15

To Place Orders Call 1-(800)-537-9633

] COD [CHG INVOICE PAYMENT IS DUE WITHIN 30 DAYS OF THE SHIP DATE.[] Entry

5 Silver City c/o Helsn Prong Box 24, L.V.G. RR #5 Forast Ontario NONIJO Canada Silver City Madison St/Lee Ava (enter across from PO circle) Ft McCoy Ft 32134 L T 11/09/01 -DEL YICKET-VO 101098 -PO NUMBER-

---- UNIT --- PRICE -- TOTAL ---QUANTITY -- STOCK # ------- DESCRIPTION ----

CL2 WELL Sodium Hypochlorite

Chy # 0319

SUBTOTAL 65.55 TAXABLE TOTAL SALES TAX 0.00

INVOICE TOTAL

65.55

65.55

For your convenience we now except payment by credit card ! VISA, MASTERCARD, AMERICAN EXPRESS

Statement Date 11/16/2001



Clay Electric Cooperative, Inc. SALT SPRINGS DISTRICT OFFICE

PO BOX 5500

SALT SPRINGS, FL 352-685-2111

32134

Web Address: clavelectric.com E-Mail

service@clayelectric.com

Customer	Name		Meter	Multiplier	Ser	vice Address		Rot	rte - Stop	
328978-2 LORMAR HOMEOWNERS ASSOCIATIOS7-				1 SI	LVER CITY L-53 WATER PUMP			2440 5253		
F	late - D	From	То	Approx.Next Read Date	Previous	Present	кwн	Days	Dally KWH	
GEN SERVIC	E-NON DEMAND	10/16/2001	11/15/2001	12/14/2001	24788	24852 Nov 2000	64 71	30 29	2 2	
Previous	Statement Bal	ance				167.22CR		,		
	Charges Billed	11/16/200	1			4.70				
ENERGY CUSTOMER	CHARGE					9.00				
	ST ADJUSTMENT	.00220CR X	64 KWH			.14CR				
FLA GROSS	RECEIPTS TAX	•				- 35				
MARION -	FLA SALES TAX	•				•97				
		Current	Charges Du	e on 12/03/	2001	14.88				
CRE	OIT BALANCE *	PLEASE DO	NOT PAY *			152.34CR				
VALID CDES	DIT BALANCE WI	II RE APPI	IED TO YOUR	NEXT BILL						

Reporting a power outage, call toll-free 1-888-434-9844. It's quick & easy because it's an automated system. You enter the phone number of the outage location when prompted. If number not on file you will be asked to enter the customer number.

A late charge of \$3.00 or 1 1/2 percent of the delinquent amount (whichever is greater) will be added to your account, if payment in full is not received within 24 days of billing. When Paying in Person: Bring entire bill with you. When Paying By Mail: Return this portion with your payment.

Clay Electric Cooperative, Inc. P. O. Box 308 Keystone Heights, Florida 32656-0308	Route 2440	<u>Stop</u> 5253	Customerato 328978-2 Phone	I included an additional amount as a donation to Project Share to help those in need.
Mailing Address Correction:			352 595-3840	\$ Payment Amount
911 Emergency Address:			Return this coupon with your payment	Write Customer number on check and make payable to: Clay Electric Cooperative, Inc.

LORMAR HOMEOWNERS ASSOCIATION % HELEN PRONG BOX 24 LVG RR 5 FOREST ONTARIO CANADA NON IJO

Current Charges Due Date 12/03/2001 Total Amount Due

14.88

152.34CR

*** Do Not Pay if Credit ***



Aitemate/Substitute DEP Form 62,555,900(3)



Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: Se	e Page 4								
GENERAIEWANESE	SYSTEMANE	AVANCER!	TREATME	NIZELAN	MINEORMA	TIONEOR	HE MON	THEY EAR OF	77
	October 2001								
Water System Informat	ion								
⊖System Name: ;		Silver City	Subdivision/l	Homeowner	s Assoc.	PWS Iden	tification No	o.: <u>3424660</u>	
☐System Owner					, , , , , , ,	-	• • • •		-
Name:		George Me	ssenger			Telephone	No.:	(352) 595-74	172
Address:		P.O. Box 2	22						
City:		Ft McCoy		State:	FL_	Zip Code:	32134		
□System Type: 🔔	□community:	;	□non-trans	sient non-co		x non-con	-	consecutive)
□No. of Service Conne	ctions at End o	f Month:		_ DTotal Po	pulation Ser	ved at End of	Month:		_
the second of a trade-man of									
Water Treatment Plant					•				
<u> ⊓Treatment Plant</u>						•		•	•
Name:		Silver City	Subdivision/l	Homeownei	s Assoc	Telephone	No.:	(352) 595-74	472
Address:		10672 NE	151 Lane		- 1				
City:		Ft McCoy		State:	FL	Zip Code:	32134		
□Permitted Maximum (nt:	180,000	_ □Plant Ca	ategory and	Class per Rule	62-699.31	10(3), F.A.C.	5/D
□Lead/Chief Plant Ope	erator:								
		Gertificate	Number:	CIESSIVA	BEO OF D	P Day(\$)(8)	III (SHWO)	Kedak a same	16 4 5 17 17
Michael V Hammer		8519	9		C	Day			
II STATEMENT BY I, the undersigned le knowledge and belief, to operations records for	October 2001 ead/chief opera the information the plant listed i	WAFER tor of the w in this repo	rREATMEN vater treatme ort is true and	ent plant listed accurate.	OPERATE ed in Part I o Also, I certify	PEORTH f this form, ce	MONTH trify that, to ving additio	the best of my	
or visited the plant duri records of amounts if applicable, appro Furthermore, I agree available for review u	of chemicals upplates treatment to retain these	sed and ch	nemical feed performance	rates; and records.	at the plant	t site for at le	ast five ye	ars and make	them
Mulian/ Signature and Date	1.1-01	<u>or 11-8</u>	3-211		V. HAMMER	R e Number (p	C-8519 lease type	or print)	•

Side #2

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water											
System PWS Identification Number: 3424660											
Treatment l	Plant Name:			Silver City Subdivision/Homeowners Assoc							
ype of Residual Disenfection Maintained in Distribution System Served by Plant: X free chlorine; combined chlorine (chloramine),											
Type of Resid	ual Disenfectio	n Maintained in Di	stribution System Se	rved by Plant: X fre	e chlorine; combined	chlorine (chloramine	s),				
chiorine dioxic	ie										
Summary of D	Daily Water Tre	atment Data for M	onth:		A TOTAL PROPERTY OF THE PARTY O						
				MUSIBILITIES (OTOMOS)	HORDON VEIGHAL						
					Canada Daniel						
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24	24	3450									
25	24	3450	0.3	0.3	•						
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DEP Form 62.555.900(3)