| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AGENDA ITEM                                                     | LZE CO<br>SUMMARY                           | OUNTY BOARD      | OF COUNT                 | Y COMMISSI<br>BLU           | ONERS<br>E SHEET NO: 200           | )30066-UT                                   | `L                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|------------------|--------------------------|-----------------------------|------------------------------------|---------------------------------------------|-------------------------------------|
| ACTION I<br>Board appro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TED MOTION:<br>REQUESTED:<br>ove Division of<br>ercial customer | Utilities' dete                             | rmination not to | o grant any              | additional wa               | ater or sewer credi                | t adjustm                                   | ents to Reddy                       |
| WHY ACT<br>Request by I<br>Ice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TON IS NECESS<br>Reddy Ice, Inc.                                | ARY:<br>to have Board                       | l of County Co   | mmissioner               | s review the a              | adjustments previo                 | ously gran                                  | ted to Reddy                        |
| WHAT AC<br>Present all fa<br>review and f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TION ACCOMP<br>acts and inform<br>inal administra               | LISHES:<br>ation regardin<br>tive determina | g Reddy Ice's i  | request for              | additional wa               | ter and sewer cred                 | lits to the                                 | Board for                           |
| 2. DEPARTM<br>COMMISS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IENTAL CATEG                                                    | ORY: 10 - UTI<br>#: 5                       | LITIES A         | OA                       | 3. MEET                     | ING DATE: O2-                      | 04-6                                        | 2003                                |
| 4. AGENDA:  CONSENT ADMINISTR APPEALS PUBLIC WALK ON TIME REQUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | (Specify)STATUTEORDINANADMIN. C             |                  | -                        | A. COMMISSIO<br>B. DEPARTME |                                    | Public Worl                                 |                                     |
| 7. BACKGROUND:  January 11, 1999, Clear Channel Real Estate opened a commercial account for water and sewer service at 13320 Metro Parkway. One-1.5" meter serves the entire building, the rate established as Commercial 1.5", and services provided were water and sewer. LCU was notified that the type of customer that would be occupying the space was a radio broadcasting station and that it was a (single) commercial account.  (CONT'D.)  8. MANAGEMENT RECOMMENDATIONS: No further credits are warranted due to the circumstances of the matter. |                                                                 |                                             |                  |                          |                             |                                    |                                             |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                             | 9. RECOMM        | IENDED API               | PROVAL                      |                                    | <u> </u>                                    |                                     |
| (A)<br>DEPARTMENT<br>DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (B) PURCH. OR CONTRACTS                                         | (C)<br>HUMAN<br>RESOURCES                   | (D)<br>OTHER     | (E)<br>COUNTY<br>ATTORNE | v                           | (F)<br>BUDGET<br>SERVICES          |                                             | (G)<br>COUNTY<br>MANAGER            |
| Date: 1.31.03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A<br>Date:                                                    | N/A<br>Date:                                | Date:            | D. Owen Date:            | OA<br>P.M<br> 23  08        | OM Risk  123/03 (140-103)          | GC PS,                                      | Jaundy<br>Lavender<br>Date: [-22-63 |
| 10. COMMISS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DEN                                                             | ROVED<br>HED<br>ERRED<br>HER                |                  | Date:<br>Time:           | 1/22/UD<br>3.49             | RECEIVED COUNTY A COUNTY A FORWARD | DMIN,<br>{ 3 - 03<br><i>  1:10</i><br>DMIN. |                                     |
| S:\UTILS\UTIL-AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M/WP/BLUESHEETS/REC                                             | DY ICE.DOC-1/21/0                           | 3 5:19 PM        | Forward Burney           | rded To:                    | 43                                 | 330                                         | <b>=</b>                            |

### BLUESHEET NO. 20030066-UTL PAGE 2

November 17, 1999, Rosemary Pond, Office Manager with Reddy Ice, Inc., contacted Utilities staff requesting sewer credits for water used in ice production, which was their business. At that time, the customer was told that a second meter would need to be installed to separate the production water from water used in restrooms and more information would be needed to determine volume of ice returning to the County sewer system. The telephone call was referred to Jim Swift, Water Distribution Manager for site check and customer consultation.

Between November 17, 1999 and December 16, 1999, the LCU Water Distribution Manager visited the service address and noted the following: The majority of water use goes to ice production; Reddy Ice occupies approximately ½ of the building. The front of the building was vacant and is not part of the ice production business. Some extensive piping changes are needed with 3 total meters for the facility: 1) 1 for unoccupied portion of building, currently vacant; 2) 1 meter for water used in ice production, and; 3) 1 for restrooms for back part of building. To better understand water use at the facility and to ensure compliance with established regulations, the management of Reddy Ice was asked to complete an Industrial Wastewater Questionnaire.

<u>January 24, 2000</u>, Rosemary Pond sent Industrial Wastewater Questionnaire and letter to Kevin Koehler, Utilities Wastewater Collection Utility Manager, requesting phone call and follow up regarding pretreatment issues.

January 27, 2000, Jim Swift, Utilities Water Distribution Utility Manager faxed John Palatta, Pretreatment Officer, City of Fort Myers, the Industrial Wastewater Questionnaire and Ms. Pond's letter. Mr. Swift requested that Mr. Palatta review the documents and accompany Mr. Swift and Mr. Koehler to Reddy Ice for a facility inspection.

<u>February 17, 2000</u>, Memo from Jim Swift, Water Distribution Manager to Glenn Greer, Utilities Director detailing the inspection of Reddy Ice facilities.

February 22, 2000, John Palatta, Pretreatment Officer with City of Fort Myers issued a "Notice of Violation" to Reddy Ice Co., for violations pertaining to City of Fort Myers' Sewer Use Ordinance #2613 and Lee County's Sewer Use Ordinance #98-20. Reddy Ice was given 10 days to take corrective action.

May 2, 2000, Jim Swift, Utility Manager, wrote a letter to Jack Benitez, Plant Manager for Reddy Ice, outlining site inspection findings and possible methods to address the water and sewer use issues at the facility.

May 9, 2000, Gary Maier, Director of Department of Health was faxed a copy of the May 2, 2000 letter from Jim Swift to Jack Benitez, Plant Manager-Reddy Ice. Mr. Maier was asked to review the letter and facility information to determine if the Health Department would need to be involved in modifications needed to address the water and sewer issues at Reddy Ice.

May 15, 2000, Gary Maier, Director of Department of Health wrote letter to Jack Benitez, Plant Manager, Reddy Ice requesting a detailed plan in writing of any proposed changes to the water system so that the Health Department could determine if a permit would be required.

<u>June 15, 2000</u>, Jim Swift and Tom Hill met with Bob Stump of Sun-Tec Plumbing at Reddy Ice to review findings/plans for plumbing changes.

### BLUESHEET NO. 20030066-UTL PAGE 3

June 22, 2000, Bob Stump of Sun-Tec Plumbing and Gary Maier, Director of Environmental Engineering met to discuss the proposed alterations to the potable water system at Reddy Ice. A letter was received from Jack Benitez of Reddy Ice, to Jim Swift guaranteeing that all water sprinkled on their lawn is potable.

<u>July 5, 2000</u>, Jack Benitez wrote a letter to Jim Swift outlining Reddy Ice's plan to eliminate all water coming into building, except for restrooms, from going to the sewer system.

July 6, 2000, Reddy Ice pays water connection fees, main tap fee and water deposit for additional water meter, \$3,120.00. On July 13, 2000, a 1-inch Water Meter is installed. (The existing 1.5 inch diameter meter becomes water only account, rate applied as Commercial 1.5 inch diameter meter, the new meter is water and sewer account for restrooms, rate applied as Commercial 1 inch. Account continues to be in Clear Channel's name, Reddy Ice indicates that it does not want to establish service in their name.)

December 2000, Meeting with Jack Benitez of Reddy Ice, Jim Swift, Carolyn Andrews and Rosa Silcox of Lee County Utilities staff regarding request for rate adjustment for production water being measured by 1.5 inch diameter water meter. Water accounts continue to be in the name of Clear Channel Real Estate. Utilities staff recommended that Reddy Ice place accounts into their name so that staff could work with Reddy Ice directly as the customer, instead of having to direct communications through the current customer, Clear Channel Real Estate.

December 12, 2000, Received approval from Utilities Director and Rate Analyst to change rate of 1.5 inch diameter water meter for production water from Commercial 1.5 inch diameter to Commercial Non-irrigation 1.5 inch diameter classification, if service was placed in Reddy Ice's name. December 2000 ice production utility bill was billed at the Commercial Non-irrigation 1.5-inch diameter rate.

<u>September 19, 2001</u>, letter from Rosemary Pond, Office Manager with Reddy Ice requesting credit for difference between Commercial 1.5 inch diameter and Commercial Non-irrigation 1.5 inch diameter classification.

November 2001, meeting with Joel M. Sinkule, Energy Diagnostic Services, Inc. Utility Assessment Group representing Reddy Ice, and Carolyn Andrews, Customer and Meter Service Manager of Utilities. Mr. Sinkule requested water rate adjustment between Commercial 1.5-inch diameter rate and Commercial Non-irrigation 1.5-inch diameter rate and sewer credit for water used in ice production between October 1999 and December 2000.

November 26, 2001, letter from Joel Sinkule, Energy Diagnostic Service, Inc. to Rick Diaz, Utilities Director outlining credit requested for water and sewer services for production water between October 1999 and December 2000.

January 17, 2002, letter from Rick Diaz to Joel Sinkule granting credit for rate difference for water usage from August 2000 through November 2000. Rate adjustment calculated based on difference between the Water Commercial 1.5 inch diameter service rate and the Water Commercial Non-irrigation 1.5 inch diameter service rate (\$8,484.00), since the necessary plumbing modifications were not complete until July 2000. No sewer credit adjustments from October 1999 to July 2000 were made.

### BLUESHEET NO. 20030066-UTL PAGE 4

<u>February 14, 2002</u>, letter from Joel M. Sinkule, Energy Diagnostic Services, Inc. to Rick Diaz, acknowledging receipt of Mr. Diaz's letter of January 17, 2002.

<u>August 19, 2002</u>, letter from Rosemary Pond, Office Manager, Reddy Ice requesting sewer rate adjustment from October 1999 to July 2000 crediting for sewer charges of approximately \$37,000.

October 8, 2002, letter from Rick Diaz to Rosemary Pond, Office Manager, Reddy Ice explaining that the original account was in the name of the landlord, Clear Channel Real Estate. When Reddy Ice agreed to place the service into their name, the Commercial Non-irrigation rate ("Z" rate) was made available to them. Previously water credit was adjusted to the account (between Commercial 1.5-inch diameter rate and Commercial Non-Irrigation 1.5-inch diameter rate) for August 2000 through November 2000. No further credit for sewer service was granted.

All credits duly applicable to Reddy Ice based upon the facts of the situation as outlined above have been made to Reddy Ice. No further credits are warranted due to the circumstances of the matter.

Attachments: Background Documents

From:

Terry Kelley

To:

Swift, Jim

Date:

11/17/99 2:31PM

Subject:

READY ICE @ 13320 METRO PKWY

768-6541

Reply requested when convenient

JIM

Aug

ROSEMARY FROM READY ICE CALLED THIS AM BECAUSE OF HIGH BILL. WOULD LIKE A WAY TO RECV CREDIT FOR WATER USED IN THE PRODUCTION OF THE ICE THAT DOES NOT GO INTO THE SEWER SYSTEM. I EXPLAINED WE WOULD PROBABLY HAVE TO HAVE A SECOND METER INSTALLED FOR THE PRODUCTION BUT WOULD NEED EVIDENCE OF WHAT ACTUALLY GOES INTO THE SEWER SYSTEM. ALSO WHAT HAPPENS TO THE EXCESS OR ICE CHIPS ETC FROM THIS PRODUCTION? DOES IT GO DOWN DRAINS & ULTIMATELY INTO THE SEWER SYSTEM? WOULD YOU BE ABLE TO VISIT THE SITE & MAKE SOME RECOMMENDATIONS ON WHAT NEEDS TO BE DONE?

IF YOU HAVE ANY QUESTIONS, I'M AT ROSA'S DESK DOWNSTAIRS FOR THE NEXT COUPLE OF WEEKS.

**THANX** 

**TERRY** 



PACKAGED ICE, INC.

Jack Benitez Plant Manager

(941) 768-6037 Fax: (941) 768-5506

13320 Metro Parkway Ft. Myers, Florida 33912

Rosemary Pond Office Manager

13320 Metro Parkway Ft. Meyers, Florida 33912

> (941) 768-6841 Fax: (941) 768-5506 (800) 395-6760

| Utility Contacts by Account # (UCAC) = CISSSIS = 18 242 65 (1811) = 4 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) = 5 (1814) | ×                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |
| Path Account 27206 Name CLEAR CHANNEL REAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LESTATE                                                                                                      |
| UC List/Acct #   UC Acct Info UC Comment Entr   Letter Select   UC Def/Response   UC Comment Entr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ment Hist                                                                                                    |
| Contact Number 499777 Contact Type BILL Bill - Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e Chg Inquiry                                                                                                |
| Print Date Print Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | aggage (anguna ng Pilangan ng Magana) in da i lana aki ng ana ganta ya na ng ang ang ang ang ang ang ang ang |
| Print Comment 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |
| Print Comment 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |
| Print Comment 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |
| Comment Lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Times &                                                                                                      |
| CUSTOMER QUESTION ABOUT BEING CHARGE FOR SEVER AND THEY USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                                                                                                            |
| MOST OF THE WATER FOR MAKING ICE: EXPLAIN LCU CAN NOT MEASURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | c l                                                                                                          |
| THE AMOUNT OF WATER USE FOR ICE AND AMOUNT GOES INTO THE SEWER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C: switch All the same                                                                                       |
| FOR OTHER USE TOILETS, JAN WILL CALL CUSTOMER BACK. NAME IS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                                                                                                            |
| MS, POND @758-6841.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C                                                                                                            |
| 11/8/99 3:15 TALKED TO ROSEMARY POND. TELEPHONE WAS ANSWERED AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C                                                                                                            |
| "READY ICE". (REAL ESTATE COMPRNY OWNS, READY ICE IS TENANT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C                                                                                                            |
| HAVE JUST STARTED PRODUCING ICE. CAN ANYONE GIVE THEM SEVER BATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                                                                                                            |
| AT A FLAT CHARGE, OR AT AN ESTIMATED USAGE. DOESN'T WANT TO PRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C 3 +                                                                                                        |
| Investigate Fold/Unfold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>O</u> K <u>C</u> ancel                                                                                    |

11/8/99

PAGE 172

| Utility Contacts by a                           | Account # (UCAC) & Co         | SSF & E                                |                                                                                                                | \$400 T      | <u>-[0]×</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------|-------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 4 M C                                         |                               | i i i                                  | S Retail                                                                                                       | <b>3</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Path **                                         | Account                       | 27206 Name                             | CLEAR CHANNEL REA                                                                                              | LESTATE      | the state of the s |
| •                                               | ct Info <u>U</u> C Comment En |                                        |                                                                                                                | •            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Contact Number                                  | 499777                        | Contact Type                           | BILL Bill Service                                                                                              | e Chg Inquir | maker dende anesakside daska ( rusaa uzenende)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Print Date Print Comment 1                      |                               | Print Amount                           | <u> </u>                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Print Comment 2                                 | [                             |                                        |                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Print Comment 3                                 |                               | ······································ |                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 | Sommen                        | t Lines                                |                                                                                                                | Jupel        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SEWER IF HAVEN'T                                | USED IT. WILL A               | REFER TO CAROLYN                       | AND EITHER HAVE                                                                                                | C            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HER CALL CUSTOME                                | R OR I WILL CALL              | CUSTOMER BACK.                         | JAN                                                                                                            | C            | Magazi E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                 |                               |                                        |                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                               |                                        |                                                                                                                | *            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                 |                               |                                        |                                                                                                                |              | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                 |                               |                                        |                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                               |                                        |                                                                                                                |              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                 |                               | P-v-                                   |                                                                                                                |              | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Investigate                                     | F <u>o</u> ld/Unfold          |                                        |                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| F-17-18-19-19-19-19-19-19-19-19-19-19-19-19-19- |                               |                                        | - The second | <u>0</u> K   | Cancel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

ΩK

<u>C</u>åncel

5/99

Investigate

主人的 15万分的

Fold/Unfold

11/9/49

Page 1

Terry Kelley - READY ICE, 13320 Metro Pkwy.

From:

Jim Swift

To:

Kelley, Terry: Silcox, Rosa

Date:

12/16/99 4:33PM

Subject:

READY ICE, 13320 Metro Pkwy.

Terry / Rosa,

Could you provide me with water use records (by January 6, 2000) for the Ready Ice business from the time they opened for business approximately 6 months ago.

FYI - We are investigating for Ready Ice management the possibility of providing a separate meter for their bathrooms, etc. to reduce their high sewer use charges. Practically all of the water used at the facility goes out as bags of ice and very little water goes into the County sewer.

The building is where the old Daniels Food Company use to be. Complicating the issue of separating water use in the facility is that Ready Ice is occupying only half of the building. The front of the building is vacant and will not be part of the ice making business. Some extensive piping changes are probably going to be needed and then a total of 3 meters would be required at the facility.

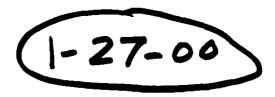
Thanks.

Jim

CC:

Hill, Thomas

Jim -As Requested





## DEPARTMENT OF PUBLIC WORKS ENVIRONMENTAL SERVICES 1500 Monroe Street Third Floor Fort Myers, FL 33901

PHONE NUMBER (941) 479-8181

FAX NUMBERS: UTILITIES (941) 479-8176 SOLID WASTE (941) 479-8119 NATURAL RESOURCES (941) 479-8108

| TO:     | John Palatta – Pretreatment Officer  | FAX NO.:      | 278-7300                 |
|---------|--------------------------------------|---------------|--------------------------|
| FROM: _ | Jim Swift - Utilities Manager, Water | PHONE NUMBER: | 479-8149                 |
| DATE: _ | January 27, 2000                     | NO. OF PAGES: | 10<br>INCLUDING THIS ONE |
| SUBJECT | Pretreatment Survey – Ready Ice      |               |                          |

### SPECIAL INSTRUCTIONS/MESSAGE:

Included with this fax are copies of a letter and pretreatment survey form from Ready Ice. Following your review of the documents, Kevin Koehler and I would like for you to accompany us to the site for a facility inspection. Please call me at 479-8149 so we can schedule a time to meet. Thanks.



Lee County Utilities Attn: Kevin Koehler 2172 McGregor Blvd Ft. Myers, Fl 33902-2737

January 24, 2000

Dear Mr. Koehler:

Enclosed is the Industrial Wastewater Questionnaire from filled out by the plant manager at Reddy Ice Corporation.

We have been working with Mr. Swift of your company in an effort to get the sewer usage charges adjusted due to the fact that the water used in our facility is turned into a finished product, ice, and not processed by the county sewer system. The invoices bill the sewer usage based on the amount of water used, and that is not the case with our plant. This only became a problem when we actually got the plant into operation and began producing ice here in September 1999.

We will be awaiting a call from someone in your company to take this investigation on to the next step.

If you have any questions at this time, please contact our plant manager, Mr. Jack Benitez or myself.

Sincerely,

Rosemary Pond Office Manager

JAN 26 2000

ENVIRONMENTAL SERVICES
THIRD FLOOR

# CITY of FORT MYERS / LEE COUNTY UTILITIES WASTEWATER TREATMENT PROGRAM

### INDUSTRIAL WASTEWATER QUESTIONNAIRE

| SECTION A                                                            | GENERAL INFORMATION                                                                                                                                       |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                                                                   | Company Name: REDDY ICE Co.  Mailing Address: 13300 METRO PKWY FT MYER FL.                                                                                |
| 2.                                                                   | Mailing Address: 13320 METRO PKWY FT MYER FL. 33912.                                                                                                      |
| 3.                                                                   | Premise Address: <u>SAME</u> .                                                                                                                            |
| 4.                                                                   | Name, title and telephone number of person authorized to represent this firm in official dealings with the City of Fort Myers/Lee County Utilities.       |
|                                                                      | Name: JACK BENITEZ. Title: Plant MANAGER. Telephone 768-6841                                                                                              |
| 5.                                                                   | Alternate person to contact.  Name RUSEMANY POND.  Title OFFICE MANAGER. Telephone 768-6841                                                               |
| 6.                                                                   | Identify the type of business conducted (auto repair, machine shop, electroplating, meat packing, warehousing, etc.)  TCF MANUFACTURING AND DISTRIBUTION. |
| 7.                                                                   | SIC Code (Standard Industrial Classification Number) for your facilities:  1 0 0 5 additional code:  .                                                    |
| review by the available to a large person document ar responsible to | // 1 // — <del>//</del>                                                                                                                                   |
| Date                                                                 | Signature (Seal, if applicable)                                                                                                                           |

| SECTION B.               | PRODUCT OR SERVICE INFORMATION                                                    |
|--------------------------|-----------------------------------------------------------------------------------|
| Provide                  | a brief narrative description of manufacturing or service activities at premises: |
| $-\omega$                | E MANUFACTURE WAREhOUSE AND DISTRIBUTE                                            |
| ICE                      | . WE USE THE CITY WATER TO PRODUCE OUR                                            |
|                          | AND BAG IT ON THE PREMISES.                                                       |
|                          |                                                                                   |
| ·                        |                                                                                   |
| SECTION C.               | PLANT OPERATION CHARACTERISTICS                                                   |
| 1.                       | Are major processes batch or continuous?                                          |
|                          | % Batch % Continuous                                                              |
|                          | Average number batches per 24 hour day: Per year                                  |
| 2.                       | Shift Information                                                                 |
|                          | a. Number shifts per work day                                                     |
|                          | b. Number work days per week 6                                                    |
| • •                      |                                                                                   |
|                          |                                                                                   |
|                          | 1st 8 2nd 1 3rd 7 Total 10                                                        |
| •                        | d. Shift start times                                                              |
|                          | 1st 770300 2nd 3-7012003rd 12707                                                  |
| SECTION D.               | WATER CONSUMPTION AND LOSS                                                        |
| 1.                       | Raw water source (Utility) City, County, etc.):                                   |
| ¥1                       |                                                                                   |
| 2.                       | List past twelve months water usage from water bills:                             |
| OLD Meter#235-06-410-003 |                                                                                   |
| New Hefer # 60180647     | Gallons 35,380 From Sept 8, 1999 TO, TD Dec 10, 1999                              |
| New present to took 41   | Wastewater system (City, County, Utility, or Septic): County                      |
| <b>.</b>                 |                                                                                   |
|                          |                                                                                   |
|                          |                                                                                   |
| ,                        |                                                                                   |
|                          | Is wastewater discharge just from bathrooms and sinks? (Yes) No                   |
|                          |                                                                                   |
| Pretreatment Questi      | onnaire Page 2                                                                    |

| SECTION D  | (Continued)                     |                                                          |
|------------|---------------------------------|----------------------------------------------------------|
| 4.         | List average volume of discharg | e or water loss due to the following:                    |
|            |                                 | Average gal, per day                                     |
| •          | a. Municipal Sewer              |                                                          |
|            | b. Storm Sewer                  | · ·                                                      |
|            | c. Surface Water                |                                                          |
|            | d. Groundwater                  |                                                          |
|            | c. Waste Haulers                |                                                          |
|            | f. Evaporation                  | ·                                                        |
|            | g. Contained in product         |                                                          |
|            | h. Other                        | · · · · · · · · · · · · · · · · · · ·                    |
| 5.         | Are there any batch discharges  | to the sewer system? If yes, indicate the following:     |
|            | Frequency                       |                                                          |
|            | Volume                          |                                                          |
|            | Chemical Constituents           |                                                          |
|            |                                 | *                                                        |
|            |                                 |                                                          |
| 6.         | Describe any wastewater treatm  | nent equipment or process in use:                        |
|            | N/A.                            |                                                          |
|            | <u></u>                         |                                                          |
| •          |                                 |                                                          |
| 7.         | Describe any raw water treatme  | ent process utilized:                                    |
|            | N/A                             |                                                          |
|            |                                 |                                                          |
|            |                                 | · · · · · · · · · · · · · · · · · · ·                    |
|            |                                 |                                                          |
| SECTION E. | WASTEWATER INFO                 |                                                          |
| 1.         | •                               | ve been performed on the wastewater discharged from      |
|            | , ,                             | f the most recent data to this questionnaire. Be sure to |
|            |                                 | ame of laboratory performing the analysis, and location  |
|            | from which samples were taker   | n (attach sketches, plans etc.).                         |
|            |                                 |                                                          |
|            |                                 |                                                          |
|            |                                 |                                                          |

2. If your facility employs processes in any of the industrial, business, or institutional activities listed below and any of these processes generate wastewater or waste sludge, circle the appropriate activity.

### Industrial Categories

**Aluminum Forming** 

Asbestos Manufacturing

Battery Manufacturing

Builder's Paper

Carbon Black

Cement Manufacturing

**Coil Coating** 

Copper Forming

Dairy Products Processing

Electrical and Electronic Components

Electroplating

Feedlots

Ferroalloy Manufacturing

Fertilizer Manufacturing

Fruits and Vegetables Processing

Glass Manufacturing

Grain Mills Manufacturing

Ink Formulating

Inorganic Chemicals

Iron and Steel Manufacturing

Leather Tanning and Finishing

Meat Processing

Metal Finishing

Metal Molding and Casting

Nonferrous Metals Manufacturing

Paint Formulating

Paving and Roofing (Tars and Asphalt)

Pesticides

Petroleum Refining

Pharmaceuticals

Phosphate Manufacturing

Photograph Processing (more than 1600 sf per

day)

Plastics Molding and Forming

Porcelain Enameling

Pulp and Paper

Rubber Processing

Seafood or Shrimp Processing (more than 2000

lb/day)

Soaps and Detergents Manufacturing

Steam Electric

Sugar Processing

Timber Products Manufacturing

Textile Mill

**Business Categories** 

Dairy Products

Slaughter/Meat Packing/Rendering (handling

more than 6000 lbs per day)

Food/Edible Products Processor

Beverage Bottler

Institutional Category

Hospital

### 3. Priority Pollutant Information

Please circle the compounds in the table below you would expect to find in your wastewater discharged to the sewer. (See attached table of chemical uses.)

Acenapthene .

Acrolein

Acrylonitrile<sup>\*</sup>

Aldrin/Dieldrin

Antimony and compounds

Arsenic and compounds

Ashestos

Benzene

Benzidine

Beryllium and compounds

Cadmium and compounds

Carbon Tetrachloride

Chlordane .

Chlorinated benzenes

Chlorinated ethanes

Chloroalkyl ethers

Chlorinated napthalene

Chlorinated phenols

Chloroform

2-chlorophenol

Chromium and compounds

Copper and compounds

Cyanides

DDT and metabolites

Dichlorobenzenes

Dichlorobenzidine

Dichloroethylenes

2, 4-dichlorophenol

Dichloropropane & Dichloropropene

2, 4-dimethylphenol

Dinitrotoluene

Diphenylhydrazine

Endosulfan and metabolites

Endrin and metabolites

Ethylbenzene

Fluoranthene

Haloethers

Halomethanes

Heptachlor and metabolites

Hexachlorobutadiene

Hexachlorocyclopentadiene

Hexachiorocyclohexane

Isophorone

Lead and compounds

Mercury and compounds

Naphthalene

Nickel and compounds >

Nitrobenzene

Nitrophenols

Nitrosamines

Pentachlorophenol

Phenol

Phthalate esters

Polychlorinated biphenyls (PCB)

Polynuclear aromatic hydrocarbons

Selenium and compounds

Silver and compounds

2,3,7,8,-Tetrachlorodibenzo-p-dioxin (TCDD)

Tetrachloroethylene

Thallium and compounds

Toluene

Toxaphene

Trichloroethylene

Vinyl chloride

Zinc and compounds

| 4.             | Pretreatment device                                        | es or processes used for treat                                                                             | ling wastewater sludge (circ | cle all that are  |
|----------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|
|                | appropriate). Wher                                         | e underlined provide type of                                                                               | of device or process.        |                   |
| Air Flotation  |                                                            |                                                                                                            |                              |                   |
| Centrifuge     |                                                            |                                                                                                            |                              |                   |
| Chemical Pred  | pitation                                                   |                                                                                                            |                              |                   |
| chlorination   |                                                            |                                                                                                            |                              |                   |
| Cyclone        |                                                            |                                                                                                            |                              |                   |
| Filtration     |                                                            | :                                                                                                          |                              |                   |
| Flow Equaliza  | ntion                                                      |                                                                                                            |                              |                   |
| Grease or Oil  | Separation                                                 |                                                                                                            |                              |                   |
| Grease Trap    |                                                            |                                                                                                            |                              |                   |
| Grit Removal   |                                                            |                                                                                                            |                              |                   |
| Ion Exchange   | ·                                                          | T.                                                                                                         |                              |                   |
| Neutralization | n, pH correction                                           |                                                                                                            | N                            |                   |
| Ozonation      |                                                            |                                                                                                            |                              |                   |
| Reverse osmo   | osis                                                       |                                                                                                            |                              |                   |
| Screen         |                                                            |                                                                                                            |                              |                   |
| Sedimentation  | n                                                          | 999.0                                                                                                      |                              |                   |
| Septic tank    | • .                                                        |                                                                                                            |                              |                   |
| Solvent Sepa   | ration                                                     |                                                                                                            |                              |                   |
| Spill Protecti | on                                                         |                                                                                                            |                              |                   |
| Sump           |                                                            |                                                                                                            |                              |                   |
| Biological Tr  | reatment                                                   |                                                                                                            |                              |                   |
|                | <del>-</del>                                               |                                                                                                            |                              | ·                 |
|                |                                                            |                                                                                                            |                              |                   |
| Other Physic   | al Treatment                                               |                                                                                                            |                              |                   |
| <del></del> "  |                                                            |                                                                                                            |                              | 40.00             |
| No Pretreatm   | nent Provided                                              |                                                                                                            |                              |                   |
| ( ,.)<br>( )   | on-site storage<br>on-site disposal<br>cribe the method(s) | ess wastes, does your comp<br>( ) off-site storage<br>( ) off-site disposal<br>of storage or disposal chec | cked above:                  | -<br>-            |
| ·              |                                                            |                                                                                                            |                              | -<br><del>-</del> |

Pretreatment Questionnaire

Page 6

### TABLE OF CHEMICAL USES

Acenapthene - Dye intermediate; pharmaceuticals; insecticide; fungicide; plastics

Acrolein - Intermediate for polyurethane and polyester resins, and pharmaceuticals; herbicide; teargas.

Acrylonitrile - Acrylic fibers

Aldrin/Dieldrin-Insecticide

Antimony and compounds - Storage batteries; cable sheaths; bearing metal; solder; semicond. Tech.

Arsenic and compounds - Alloying additive for metals; semiconductors; medicine; insecticides; dyeing; paint pigments; leather industry; wood treating; glass making.

Asbestos - Fireproof fabrics; brake lining; gaskets.

Benzene - Styrene; synthetic detergents; insecticides; paint remover; rubber cement.

Benzidine - Congo red dye; stiffening agent in rubber compounding.

Beryllium and compounds - Special windows for x-ray tubes; electron tubes;.

Cadmium and compounds - Coatings on metals; electrical equipment; solar and storage batteries; power transmission wire; photography; dyeing and printing textiles.

Carbon Tetrachloride - Refrigerants and propellants; metal degreaser; agricultural fumigant.

Chlordane - Insecticide

Chlorinated benzenes - DDT; pharmaceuticals; solvent.

Chlorinated ethanes

Chloroalkyl ethers

Chlorinated naphthalene - Plastics; solvent; mineral and vegetable oils; varnish.

Chlorinated phenols - Solvent; Intermediate in dyes and drugs; fungicide.

Chloroform - Fluorocarbon refrigerants and propellants; solvents.

2-chlorophenol - Organic synthesis

Chromium and compounds - plating on metals for corrosion resistance; automotive; recording tapes, tanning; photography baths.

Copper and compounds - Wiring; plumbing; switches; cooking utensils; paint pigments; mildew preventive;

Cyanides - Electroplating; cleaning metals, insecticide; fumigation.

DDT and metabolites - insecticide.

Dichlorobenzenes - Insecticide; fumigant; solvent; degreaser; metal polisher.

Dichlorobenzidine - Intermediate for dyes and pigments.

Dichloroethylenes - Solvent for organics, dye extraction; lacquers.

2, 4-dichlorophenol - Organic synthesis

Dichloropropane & Dichloropropene - Antiknock fluids; solvents; spotting agent; organic synthesis; soil fumigant.

2, 4-dimethylphenol (xylenol) - Disinfectant; solvent pharmaceutical; additive to lubricant and gasoline.

Dinitrotoluene - Organic synthesis; explosives; dyes

Diphenylhydrazine -

Endosulfan and metabolites - Insecticide,

Endrin and metabolites - Insecticide.

Ethylbenzene - Intermediate in styrene production; solvent.

Fluoranthene - Coal tar.

Haloethers

Halomethanes

Heptachlor and metabolites - Insecticide.

Hexachlorobutadiene - Solvent; hydraulic fluid.

Hexachlorocyclopentadiene - Intermediate for resins, dyes, pesticides, pharmaceuticals.

Hexachlorocyclohexane

Isophorone - In solvent mixtures for finishes; for polyvinyl resins; pesticides.

Lead and compounds - Storage batteries; sheet and pipe; solder; paint base; staining glass; ceramics; varnish; paint drier; putty; curing agent.

Mercury and compounds - Electric switches; chlorine & caustic production; vapor lamps; thermometers; medicine; batteries; photography.

Naphthalene - Moth repellent; fungicide; lubricant; synthetic resin & tanning; preservative; solvent.

Nickel and compounds - Alloys; electroplated coatings; storage batteries; ceramics.

Nitrobenzene - solvent for ethers; metal and shoe polishes.

Nitrophenols - Indicator; intermediate in organic synthesis.

Nitrosamines

Pentachlorophenol - Fungicide, algicide; herbicide; wood preservative (telephone poles, pilings).

Phenol - epoxy resins; dyes.

Phthalate esters

Polychlorinated biphenyls (PCB) - Insulating fluid in electrical equipment

Polynuclear aromatic hydrocarbons

Selenium and compounds - Electronics; rectifiers; relays.

Silver and compounds - Photographic chemicals; water distillation; mirrors batteries; table cutlery; jewelry; medicine.

2,3,7,8,-Tetrachlorodibenzo-p-dioxin (TCDD)

Tetrachloroethylene - Dry-cleaning solvent; drying agent for metals.

Thallium and compounds - Medicine; catalyst; Analysis.

Toluene - High octane blending for gasoline; solvent for paints, resins; thinner; adhesive solvent for plastics; dyes

Toxaphene - Insecticide

Trichloroethylene - Solvent for oils, fats waxes; refrigerant; anesthetic.

Vinyl chloride - PVC; adhesives for plastics

Zinc and compounds - Galvanizing iron; electroplating; auto parts; fuses; batteries; roofing gutters; engravers plates cable wrappings.

# ENVIRONMENTAL SERVICES DEPARTMENT UTILITIES DIVISION

|     |             | DATE: | February 17, 2000                     |  |
|-----|-------------|-------|---------------------------------------|--|
|     |             | _     |                                       |  |
|     |             |       |                                       |  |
|     |             |       |                                       |  |
| Го: | Glenn Greer | From: | Jim Swift                             |  |
|     |             | -     | · · · · · · · · · · · · · · · · · · · |  |

SUBJECT: READY ICE - SEWER USE CHARGES

Ready Ice (Packaged Ice, Inc.) management has asked LCU to provide for reduced monthly sewer charges at their Metro Parkway facility. They rightfully contend that the potable water used at the facility is primarily for the production of ice that is shipped offsite to various retail establishments. They currently are using over a million gallons a month and only a small portion of the water is actually going into the County sewer system.

John Palatta, Pretreatment Officer for the City of Fort Myers, performed an inspection of the Ready Ice facility with Tom Hill and me on 2/15/00. Mr. Palatta noted only some unacceptable floor drains that need to be plugged. He will be providing a copy of his inspection report to LCU. Observations pertaining to water use at the facility are as follows:

The building is currently served with one (1 1/2") meter and a fire line. The water service will require backflow prevention.

Four restrooms (2 men, 2 women) are connected to the building's potable water service. Ready Ice is leasing only the rear half of the building with two of the restrooms. A separate meter is needed for the front portion of the building.

Excess snow/ice from ice production is moved by conveyer and is stored in a tank behind the facility. Water from the melted ice in the tank is used for the cooling tower unit on top of the building. This "pre-chill" tank appears to remain full and continually overflows into the facility drains which then flows into the County sewer system.

Ice dropped or spilled from the ice production equipment and during the bagging of ice melts and goes into the floor drains and flows into the County sewer system.

Although not visible from piping during this inspection, condensation from the ice production equipment drains into the County sewer system.

Possible considerations to reduce Ready Ice sewer charges:

Install two new water meters for the building's restrooms. Re-pipe the potable water lines to the restrooms providing separate meters for both the front and rear restrooms.

Utilize the existing (1 1/2") meter for ice production as a "water only account" without sewer charges.

Plug all of the facility floor drains and (except for restrooms) plug or disconnect all on-site sewer lines connected the County sewer system.

Require Ready Ice to handle all excess waste water from ice production on site. Possible disposal methods, subject to regulatory agencies' approval, include but are not necessarily limited to:

- Providing onsite storage and utilizing the excess water for lawn sprinkling.
- Installing a septic tank and/or drain field for the excess water.
- Piping the excess water to the on site retention ponds.
- Installing a well for disposing of the excess water.

Following your review and comment on the findings and recommendations, we can present Ready Ice management options for further action.

cc: Jo Ann Greenwell Tom Hill





P.O. Drawer 2217 Fort Myers, FI 33902-2217

City of Palms

## \*NOTICE OF VIOLATION\*

IN THE MATTER OF:

INDUSTRY: **REDDY ICE CO.**ADDRESS: 13320 Metro Parkway

Fort Myers, FL. 33912 Mr. Jack Benitez, Plant Mgr.

### \*\*\* LEGAL AUTHORITY \*\*\*

In accordance with the City of Fort Myers' Sewer Use Ordinance #2613 and Lee County's Sewer Use Ordinance #98-20, you are hereby notified that the above described property is in violation of Section 26-114 of City Ordinance #2613. Findings are made and notice issued pursuant to the authority vested in the PUBLIC WORKS DIRECTOR.

#### **FINDINGS**

- 1. The City of Fort Myers is charged with construction, maintenance and control of the City's sewer system and its Wastewater Treatment Facilities.
- 2. To protect the sewer system and Wastewater Treatment Facilities, the City of Fort Myers administers a industrial pretreatment program.
- 3. Upon inspection of this facility's engine room, it has been determined that a violation and a potential hazard exists.

VIOLATION: Compressor engines, oil feeds and oil drums are within a few feet of several floor drains which discharge into sanitary sewer. Corrective action must be taken to prevent an accidental discharge of lubricants/oils from entering any of the floor drains.

### THEREFORE, BASED ON THE ABOVE FINDINGS, IS HEREBY NOTIFIED THAT:

- 4. This facility is in violation of the City of Fort Myers' Industrial Pretreatment Ordinance 2613, Section 26-114.b & Section 26-113.4,5,6,7.
- 5. This facility has 10 days to respond in writing/telephone, stating what corrective action will be taken. Pretreatment office: 941-278-7266.

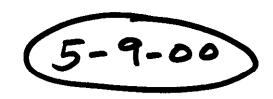
6. Failure to comply with this NOTICE may result in a fine of up to \$1,000.00 per/day.

John S. Palatta, Pretreatment Officer

CITY of FORT MYERS

COPY

Date: 02/22/00





## DEPARTMENT OF PUBLIC WORKS ENVIRONMENTAL SERVICES 1500 Monroe Street Third Floor Fort Myers, FL 33901

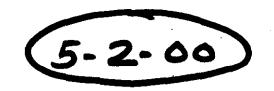
PHONE NUMBER (941) 479-8181

FAX NUMBERS: UTILITIES (941) 479-8176 SOLID WASTE (941) 479-8119 NATURAL RESOURCES (941) 479-8108

| TO:      | Gary Maier - Director, DOH                        | FAX NO.:                 | 939-4038             |
|----------|---------------------------------------------------|--------------------------|----------------------|
| FROM:    | Jim Swift – Utilities Manager                     | PHONE NUMBER:            | 479-8149             |
| DATE:    | May 9, 2000                                       | NO. OF PAGES:            | 4 INCLUDING THIS ONE |
| SUBJECT  | T: Reddy Ice – Water / Sewer use                  |                          | -                    |
| SPECIAL  | . INSTRUCTIONS/MESSAGE:                           |                          |                      |
| Pleas    | e review the letter included with this fax to det | termine if your office w | ould require         |
| involv   | ement in addressing issues pertaining to water    | and sewer use at the Re  | eddy Ice             |
| fcility. | Thank you.                                        |                          |                      |

PLEASE CONTACT THIS OFFICE IMMEDIATELY IF TRANSMITTAL IS NOT RECEIVED PROPERLY. THANK YOU.





BOARD OF COUNTY COMMISSIONERS

| Writer's Direct Dial Number: | (941) 479-8181 |
|------------------------------|----------------|
|                              |                |

John E. Manning District One

Douglas R. St. Cerny District Two May 2, 2000

Ray Judah District Three

Jack Benitez, Plant Manager

Andrew W. Coy

Packaged Ice, Inc.

13320 Metro Parkway Fort Myers, Fl. 33912

John E. Albion District Five

Donald D. Stilwell County Manager

SUBJECT: WATER/SEWER USE CHARGES

James G. Yaeger County Attorney

Dear Mr. Benitez:

Diana M. Parker County Hearing Examiner

You had requested consideration for a reduction in sewer charges based on water use for your ice production facility. It is understood that most of the metered water used at the facility is made into ice and transported off-site with only a portion of the water going into the County sewer system.

Lee County Utilities staff, along with City of Fort Myers Pretreatment staff, performed a general inspection and evaluation of the ice production facility. The purpose was to determine how the potable water is used at the facility and the feasibility of separating water used for ice production from what actually goes into the County sewer system. The following are observations from the Packaged Ice (Reddy Ice) facility inspection:

- The building is currently served with one (1 1/2") meter and a fire line. The water service will require backflow prevention.
- Four restrooms (2 men, 2 women) are connected to the building's potable water service. Reddy Ice is leasing only the rear half of the building with two of the restrooms. A separate water meter may be needed for the front portion of the building.
- A cooling tower at the rear of the building is indirectly supplied by metered water. A drain line from the cooling tower is supposedly connected to the County sewer system. It is our understanding that a cooling tower "blow down" is performed periodically releasing an unknown quantity of wastewater from the unit into the County sewer system.
- A "pre-chill" tank at the rear of the facility supplies cold water to the cooling tower.
   Excess snow/ice from ice production is moved by conveyer and stored in the tank. The
   tank appears to remain full with a considerable amount of water from the melted ice
   continually overflowing into the facility drain piping which then flows into the County
   sewer system.



- Floor drains in the facility appear to be connected to the County sewer system. Ice dropped or spilled from the ice production equipment and during the bagging of ice melts and goes into the floor drains and flows into the County sewer system.
- The ice production equipment is connected with drain piping. Although not visible during the inspection, condensation from the ice production equipment would appear to drain into the County sewer system.

All areas in the facility relating to water and sewer use must be considered. Although not meant as approved or required actions for addressing the facility water use issues, the following possibilities are included for your consideration:

- 1. Have two new water meters installed specifically for the building's restrooms. Repipe the potable water lines to the restrooms providing a separate meter for both the front and rear restrooms.
- 2. Utilize the existing (1 1/2") meter for ice production as a "water only account" without sewer use charges.
- 3. Except for restrooms, plug or disconnect all on-site facility drain lines connected to the County sewer system.
- 4. Disconnect the cooling tower drain line from the County sewer system or re-pipe to provide only metered water to the unit. Currently it appears there is no way of determining how much of the cooling tower water is continually or sporadically being allowed into the County sewer. Disconnecting the cooling tower drain from the County sewer system may not be feasible.
- 5. Reddy Ice would need to address how to handle all excess water from the ice production facility. Possible disposal methods (subject to regulatory agencies' approval) include but are not necessarily limited to:
  - Providing onsite storage utilizing any excess water for lawn sprinkling.
  - Installing a septic tank and/or drain field for the excess water.
  - Piping the excess water to the on site retention ponds.
  - Installing an injection well for disposing of the excess water.

Jack Benitez, Plant Manager May 2, 2000

Lee County Utilities is willing to consider allowing separate metered accounts for the Reddy Ice facility. Reddy Ice management must, however, provide a detailed plan in writing as to how the various facility water use issues are to be addressed. This would include demonstrating that no water from a newly established "water only account" would enter the County sewer system. Lee County Utilities will continue to work with you and your staff and provide assistance where possible to resolve the issues.

Thank you very much.

Sincerely,

ENVIRONMENTAL SERVICES DEPARTMENT

Jim Swift

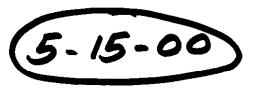
Utilities Manager Lee County Utilities

cc:

A. Glenn Greer, P.E. Director Jo Ann Greenwell, Manager







Robert G. Brooks, M.D. Secretary

May 15, 2000

Jack Benitez, Plant Manager Packaged Ice, Inc. 13320 Metro Parkway Fort Myers, FL 33912

Reference:

Proposed Changes to Water Use to Facilitate a Reduction in Sewer Charges

Dear Mr. Benitez:

It has come to the attention of the Lee County Health Department (LCHD) that your Packaged Ice (Reddy Ice) facility may be planning to alter its water system in order to facilitate a reduction in sewer charges.

A water system construction permit may be required from the LCHD prior to commencing construction or alteration.

Please provide a detailed plan in writing of any proposed changes to the water system so that the LCHD can determine whether a permit is required. The detailed plan should include drawings of the proposed work project which contain sufficient detail to clearly appraise the LCHD of the work to be undertaken.

Thank you for cooperating with the LCHD. If you have any questions, please call me at (941) 939-4245.

Sincerely,

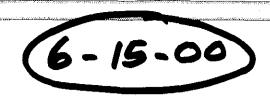
Gary A. Maier, P.E.

Hary a, mais

Director

**Environmental Engineering** 

cc: Jim Swift



From:

Jim Swift

To:

Hill, Thomas

Date: Time: 6/15/00 9:00AM - 10:00AM

Subject:

**Building Plumbing Modifications** 

Place:

Reddy Ice - Metro Pkwy

Tom,

Please meet with Bob Stump of Sun-Tec Plumbing to review findings/plans for plumbing changes. See me prior to this meeting. Thanks.

Jim



## PACKAGED ICE, INC.



To: Jim Swift
Utilities Manager
Lee County Environmental Services
Utilities Division

From: Jack Benitez Reddy Ice Corporation

Date: June 22, 2000

Dear Mr. Swift:

As per the plans that have been submitted on our behalf by Suntech Plumbing, we guarantee that all water to be sprinkled on our lawn is totally potable and contains no harmful chemicals or additives.

We thank you for your cooperation and look forward to proceeding with our project.

Jack Benitez

Reddy Ice Corporation

JUN 27 2000

ENVIRORMENTAL SERVICES
THRO FLYOR

June 22, 2000

Robert Stumpf Vice President Sun Tech Plumbing Inc. 2738 Craig St., #2 Fort Myers, FL 33905

Reference: Packaged Ice Facility (Reddy Ice) @ 13320 Metro Parkway, Fort Myers.

Dear Mr. Stumpf:

Thank you for meeting with me today to discuss the proposed alterations to the potable water system at the above referenced facility. It is our understanding that there will be two metered potable water service connections serving this facility, and that each service connection will have a reduced-pressure principle backflow-prevention assembly on it for premises isolation. It is also our understanding that air gaps will be used on all process equipment for internal protection.

Based upon current guidance, this project will not need a drinking water construction permit from the Lee County Health Department (LCHD). Our guidance may change in the future, so please do not extrapolate this decision to other future projects.

Although the LCHD is not requiring a drinking water construction permit for this project, you must ensure that the components are constructed in accordance with acceptable engineering principles as established in Rule 62-555.310 through .360, F.A.C. Also, prior to placing the components into service, you must ensure that all components required to be disinfected according to Chapter 62-555, F.A.C., (and AWWA disinfection standards incorporated by reference therein) are disinfected and bacteriologically tested with results showing the absence of total coliform organisms in two consecutive daily samples.

Please be aware that your proposed water discharge to the ground is an industrial discharge under the jurisdiction of the Florida Department of Environmental Protection (DEP). Please contact Tom Jackson or Charles Davault at DEP (941-332-6975) to obtain approval for your proposed industrial discharge. Thank you for working with the LCHD on this project. If you have any questions, please call me at (941) 939-4245.

Sincerely,

Gary A. Maier, P.E.

Director

Environmental Engineering

JUN 23 2500

- MUNION

DESTERNING TO THE PROPERTY OF THE PROPERTY OF

cc:

Jim Swift, Lee County Utilities Jack Benitez, Packaged Ice, Inc Charles Davault, DEP Tom Jackson, DEP





APPROVED

FOR MESER

WSTACCATION

7/6/00

To: Jim Swift Utilities Manager Lee County Environmental Services **Utilities Division** 

From: Jack Benitez

Reddy Ice Corporation

Date: July 5, 2000

Dear Mr. Swift:

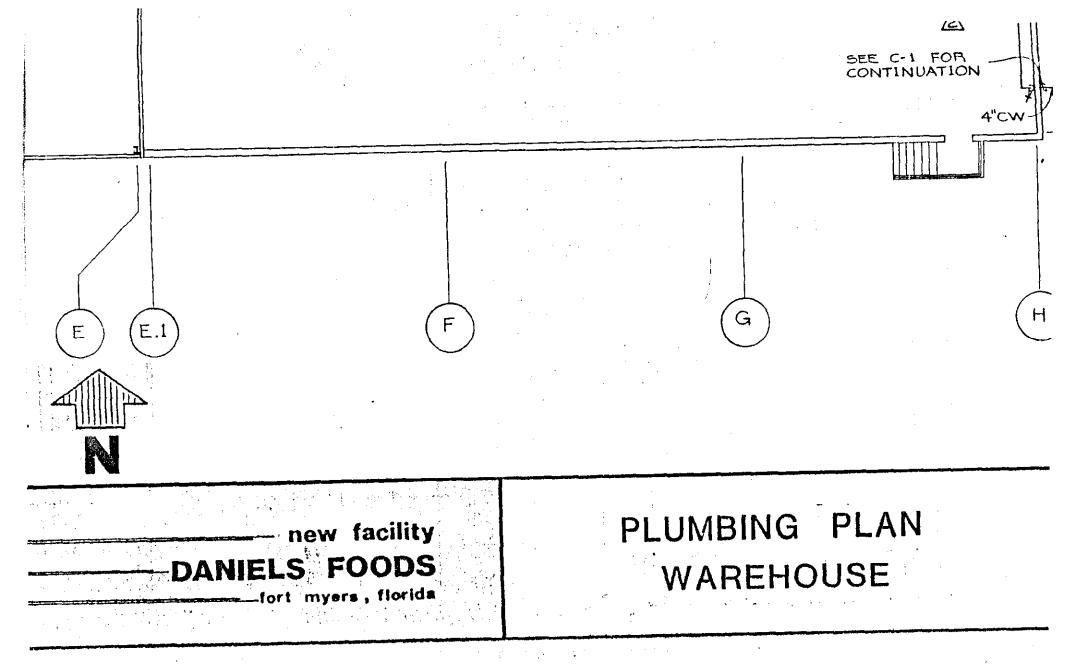
As per our conversations, we here at Reddy Ice along with Suntech Plumbing, would like to present our plan in order to eliminate all water other than that coming from our restrooms from entering the sewer system. Below we list items covered in our plan.

- 1. Install new 1 inch water line with meter and backflow protection in order to supply our restrooms, allowing you to monitor the amount of water going into the sewer system.
- 2. Installing new backflow protection on our existing water line and making it an ice production only line. No water from this line will go in the sewer system.
- 3. Cutting and capping off sewer line coming out of our drain lines in our humidity control room evaporators.
- 4. Disconnecting floor drains in packaging room and overflow line from condenser from the sewer system and connecting them to a 1100 gallon holding tank, also connected to sprinkler lines that will allow us to sprinkle the overflow water out on our lawn. All water used is potable and contains no contaminants or chemicals harmful to the environment.
- 5. All drains in the engine room will be capped so as to eliminate any water going into the sewer system.
- 6. Blow off water coming from the condenser, even though minimal, will be piped into a 500 gallon holding tank and will be pumped out off site by an independent service. We have not yet determined who the contractor will be. We will keep a running file of water transferred off site for your inspection.
- 7. We will maintain the lift station for the sewer system currently on site for your inspection.

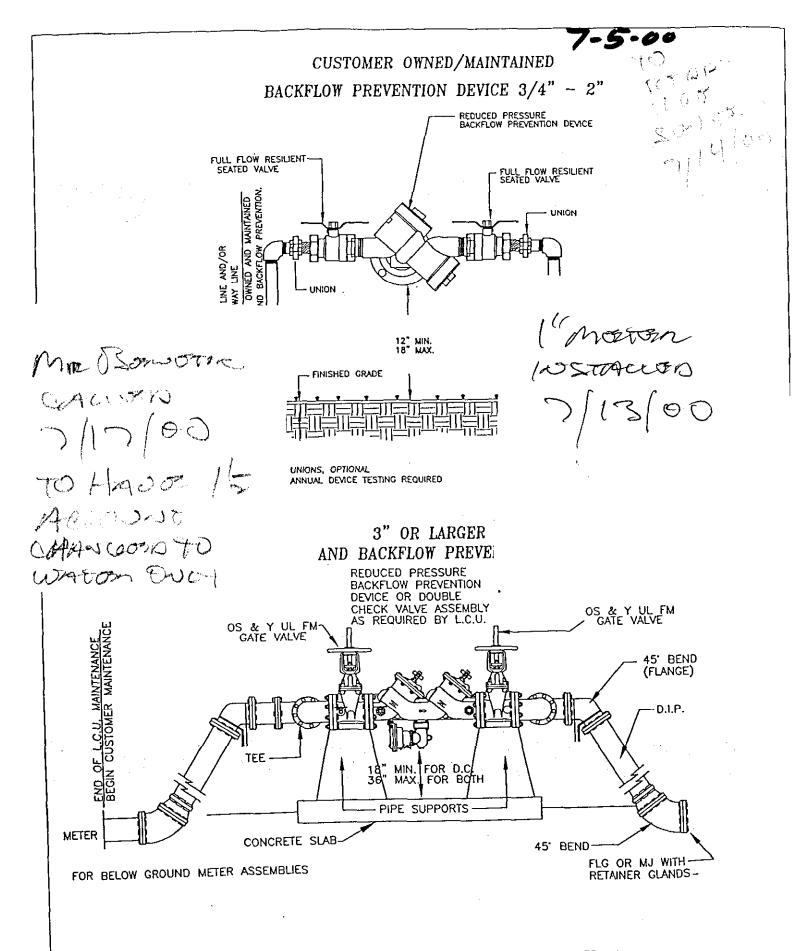
I hope this plan will satisfy your requirements.

Jack Benitez

Plant Manager



COMPLETE PLAN W/JIM SWIFT



NOTE: IF UNINTERUPTED SERVICE IS REQUIRED, A PARALLEL BACKFLOW PREVENTION DEVICE MAY BE INSTALLED, WITH TEES AND BENDS.



From:

Jim Swift

To:

Whitman, Amy 7/6/00 4:32PM

Date: Subject:

Reddy Ice

Amy,

Heft a check form Jack Benitez of Reddy Inc. at you desk. Assuming the amount is correct and all appropriate paperwork is in order, you may proceed with issuing a work order for an additional meter to be installed for Reddy Ice at 13320 Meteo Pkwy.

After the new meter is installed and the plumbing work has been completed, we will be asked to change the existing 1-1/2 inch meter to a water only account. Before this existing account is changed, we will probably need to inspect the facility to ensure all required plumbing modifications have been completed.

If you need to speak with Mr. Benitez, his number is 768-6037.

Thanks.

Jim

CC:

Silcox, Rosa

Cust 21206-2

January & St.

40 LISA NEW COMBE

13320 METRO PKWY
FT MYERS FC

33912



7-6-00



## Lee County Utilities Water/Sewer Service **Fee Receipt**

07/07/00

STRAP No.: 19-45-25-00-00002.001A

Type of Service Water

Case No.:LWS2000-00963

Owner Name: CLEAR CHANNEL REAL ESTATE INC

Owner Telephone 768-6037

Owner Address: 200 CONCORD PLAZA STE 600

**Project Name:** Description:

INSTALL 1" METER TAP IN

Job Address:

13320 METRO PKWY

Subdivision

Block:

Contractor/Agent: CLEAR CHANNEL REAL ESTATE

Mailing Address:

C/O LISA NEWCOMBE 13320 METRO PKWY FT MYERS, FL 33912

Directions

Fees:

Lot:

Tap-In Meter Size 1" \$455.00 Water Connection Meter 1" \$2,550.00 Water Dep. Com. Meter 1" \$115.00 \$3,120.00 Total Fee Amount: **Total Amount Paid:** \$3.120.00 0.00 Total Amount Due

TO GUARANTEE THE PAYMENT OF ANY AND ALL INDEBTEDNESS FOR WATER AND/OR SEWER SERVICES WHICH MAY BE OR BECOME DUE TO UTILITIES DEPARTMENT (HEREINAFTER CALLED THE DEPARTMENT) BY SAID CUSTOMER. CUSTOMER AGREES THAT SUCH DEPOSIT OR ANY PART THEREOF MAY BE APPLIED BY THE DEPARTMENT AT ANY TIME IN SATISFACTION OF SAID GUARANTEE. THAT AFTER SUCH APPLICATION THE REMAINDER THEREOF MAY BE APPLIED IN DISCHARGE OF ANY INDEBTEDNESS OF THE CUSTOMER TO THE DEPARTMENT WHATSOEVER AND THAT THE DEPARTMENT MAY USE SAID DEPOSITS AS IF THE DEPARTMENT WERE THE ABSOLUTE OWNER THEREOF, UPON DISCONTINUANCE OF ANY OR ALL SERVICES COVERED BY THIS DEPOSIT, AND THE PRESENTATION OF THIS RECEIPT AND PROPER IDENTIFICATION IF REQUIRED. THE DEPARTMENT AGREES TO REFUND TO THE CUSTOMER THAT PORTION OF THE DEPOSIT APPLYING TO THE SERVICE OR SERVICES DISCONTINUED, LESS ANY AMOUNTS THEN DUE THE DEPARTMENT.

THIS DEPOSIT SHALL NOT PRECLUDE THE DEPARTMENT FROM DISCONTINUING FOR NONPAYMENT ANY AND ALL SERVICES COVERED BY THIS DEPOSIT REGARDLESS OF THE SUFFICIENCY OF SAID DEPOSIT TO COVER SUCH INDEBTEDNESS FOR SUCH SERVICES.

RENDERING OF SERVICES COVERED BY THIS DEPOSIT RECEIPT IS SUBJECT TO CLEARANCE FROM OUR ENGINEERING AND ACCOUNT DEPARTMENTS.

- 1. I HEREBY REQUEST AND AUTHORIZE LEE COUNTY UTILITIES DEPARTMENT TO SUPPLY WATER AND/OR SEWER SERVICE TO THE ABOVE DESCRIBED PROPERTY UNTIL RECEIPT OF FORMAL NOTICE FROM ME REQUESTING DISCONTINUANCE OF SUCH WATER AND/OR SEWER SERVICE
- I AGREE TO PROMPTLY PAY FOR SAID WATER AND/OR SEWER SERVICE AT THE RATES ESTABLISHED BY THE LEE COUNTY UTILITIES DEPARTMENT AND WITHIN THE TIME PERIODS DELINEATED IN THE DEPARTMENT OF LEE COUNTY UTILITIES **OPERATIONS MANUAL.**
- I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS APPLICABLE TO SAID WATER AND/OR SEWER SERVICE AS DELINEATED IN THE DEPARTMENT OF LEE COUNTY UTILITIES OPERATIONS MANUAL.

| Owner/Contractor: | Identification: |
|-------------------|-----------------|



Receipt #: 1199920338

7-6-00

Date: 7/7/00

#### Line Items:

| Case No Tran Code |  | Description               | Revenue Account No.      | Amount Due |
|-------------------|--|---------------------------|--------------------------|------------|
| LWS2000-00963     |  | Water Connection Meter 1" | GC5000048712.343300.9003 | \$2,550.00 |
| LWS2000-00963     |  | Water Dep. Com. Meter 1"  | 48710.220010             | \$115.00   |
| LWS2000-00963     |  | Tap-In Meter Size 1"      | OD5360048700.343300.9002 | \$455.00   |

### Payments:

| Method | Payer            | Bank No | Acct Check No | Amount Paid |
|--------|------------------|---------|---------------|-------------|
| Check  | PACKAGED ICE INC | 4816    | 368631        | \$3,120.00  |
|        |                  |         | ***           |             |

TOTAL AMOUNT PAID:

\$3,120.00

| 36.8631<br>NET AMOUNT                                                                                                | 3,120.00 | 3,120.00                                | 3686311<br>5685311                                                                                                                                         | CHECK AMOUNT  ****3 120 100  CEING RESURSIDA PIES W  FERNIS PARTICULAR |
|----------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCOUNT                                                                                                             | 00•      | CHECK                                   | WE 18 18 18 18 18 18 18 18 18 18 18 18 18                                                                                                                  | PACKAGED CENTORS  PACKAGED CEN |
| SIDIARIES<br>GROSS AMOUNT                                                                                            | 3,120.00 |                                         | BANKEONE EK<br>BANKONE EK<br>BOST KITHORIES<br>SOF SOF SOF SOF SOF SOF SOF SOF SOF SOF                                                                     | CENTS  CENTS  CENTS  CONTROL   |
| PACKAGED ICE, INC. & SUBSIDIARIES 3535 Tavis Sinet. Sule 10. B 104 Delis, Tr. 75204 INVOICE NO. INVOICE DATE GROSS A | 00/02/90 | UR FILES                                | ILES. K. W.S. 2000 T. I.                                                                                               | DOLLARS OO CENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PACKAGEU<br>3533                                                                                                     | 15260    | PLEASE DETACH AND RETAIN FOR YOUR FILES | & SUBSIDIARIES<br>ATONI<br>WATER<br>170. LB 104                                                                                                            | NDRED TWENTY DOLLARS OG CENTS SERVICES DEP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| DESCRIPTION                                                                                                          | ·        | PLEASE DETACH                           | PACKAGED ICE, INC. & SUBSIDIARIE REDDY, ICE CORPORATION SOUTHERN BOTTLED WATER CASSCO COLD STORAGE 3535 TRAVIS STREET, SUITE 170, LB 104 DALLAS, TX. 75204 | PAY THREE THOUSAND ONE HUI TOTHE ORDER OF PUBLIC WORKS ENVIRO 1500 MONROE ST FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| VENDOR NO.                                                                                                           | 994207   |                                         | PAG.                                                                                                                                                       | PAY THREE TI<br>TOTHE ORDER OF<br>PUBLIC<br>1500 MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

 $\omega_{\rm constraint}(GS)(c_{\rm constraint}(GS))$ 



## PUBLIC WORKS ENVIRONMENTAL SERVICES DEPARTMENT UTILITIES DIVISION - CUSTOMER SERVICE SECTION (941) 479-8160

#### **QUOTE**

PROJECT NAME:

NA

NA

STRAP NUMBER: 19-45-25-00-00002.001A

SERVICE LOCATION: 13320 METRO PARKWAY

DESCRIPTION OF SERVICE: WATER 1" METER

AMOUNT DUE: \$3,120.00 (See breakdown below)

Water Deposit \$ 115.00 Water Tap In Fee 455.00 Water Connection Fee 2,550.00

**REMIT PAYMENT TO:** 

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

PUBLIC WORKS/ENVIRONMENTAL SVC DEPT. UTILITIES DIV./ CUST. SVC. - AMY WHITMAN

1500 MONROE ST - FIRST FLOOR

FORT MYERS, FL 33901

(941) 479-8160

METER WILL NOT BE INSTALLED UNTIL REQUESTED LETTER IS RECEIVED AND APPROVED BY MR. SWIFT.

\* \* \* \* IEE COINTY E-CIS \* \* \* \*

| пре  | COOMIT  | <b>□</b> -/TΩ | • | - | • |  |
|------|---------|---------------|---|---|---|--|
| Seri | rice or | der           |   |   |   |  |

Service Order \*\* DUPLICATE COPY \*\* Service Order #

Service Order Type

32612 NI

Account Information Account #

Point of Interest

C/O LISA NEWCOMBE

13320 METRO PKWY FT MYERS FL 33912

Name CLEAR CHANNEL REAL ESTATE

51448-9

51000710579

Service Order Information

New Install - Activate W Only

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

Crew Public Works Bldq - ENG -

Scheduled 7/07/2000

Time

Taken By ROSA

Date 7/07/2000 Time 8:59:33 Req by JIM SWIFT FOR REDDY ICE

Req by

Other

Call Back Phone #

Phone Number Business Phone

Premises #

768-6037

Premises Information

Service Address 13320 METRO PKWY 1" MR, FT MYERS, FL

Additional Desc

Route 2250 Stop

Premises Type Pending - New Installation

\* \* \* New Connect SERVICE ORDER \* \* \*

Current Read Date

| Meter  | Information | Meter #        | Serial # |       |         |  |
|--------|-------------|----------------|----------|-------|---------|--|
| MFG    | Mult        | Type           | Size     | Dials | Install |  |
| Commer | nt-         |                |          |       |         |  |
| Commer | TNICONALI   | an Mismiss man | TNI      |       |         |  |

INSTALL 1" METER TAP IN

| ATTN DIS | TRIBUT | ION:   | PLEASE  | NOTIFY | LCU (AMY  | WIL/NAMTIHW  | SWIFT) |
|----------|--------|--------|---------|--------|-----------|--------------|--------|
| WHEN MET | ER IS  | INSTAL | LED. I  | F POSS | IBLE, PLE | ASE FAX COMP | LETED  |
| W/O AS W | ELL.   | FAX N  | UMBER 4 | 79-839 | 9         |              |        |
| CONTACT  | PERSON | AT RE  | DDY ICE | MR.    | BENITEZ   | 768-6037     |        |
|          | ·      |        |         |        |           |              |        |
|          |        |        |         |        |           |              | ,      |
|          |        |        |         |        |           |              |        |
|          |        |        |         |        |           |              |        |
|          |        |        |         |        |           |              |        |
|          |        |        |         |        |           |              |        |
|          |        |        |         |        |           |              |        |
|          |        |        |         |        |           |              |        |
|          |        |        |         |        |           |              |        |

Start Date \_\_\_\_\_ Time Completed by \_\_\_\_\_ Date \_\_\_\_ Time \_\_\_ Keyed



PAPERWORK BROUGHT TO DECEMBER 2000 MEETING BY JACK BENETIZ, MANAGER-REDDY ICE, INC.

## PACKAGED ICE, INC.



#### 1 cubic ft. = 7.48 gallons

#### Tampa

1.30 per 100 cubic ft. 1.73 per 1000 gallons

#### Jacksonville

2.45 per 100 cubic ft. 3.34 per 1000 gallons

#### New Smyrna

1<sup>st</sup> 50,000 gallons 1.05 per 1000 gallons 2<sup>nd</sup> 50,000 gallons 1.25 per 1000 gallons over 100,000 gallons 1.70 per 1000 gallons

#### Ft. Myers

1<sup>st</sup> 30,000 gallons 2.18 per 1000 gallons 2<sup>nd</sup> 30,000 gallons 2.68 per 1000 gallons 3<sup>rd</sup> 30,000 gallons 3.18 per 1000 gallons over 4.18 per 1000 gallons

#### Davie

1.37 per 1000 gallons

\* DUPLICATE BILL \*





Account Number: 0027206-2 Please pay by Nov 06, 2000 CLEAR CHANNEL REAL ESTATE

Service Address 13320 METRO PKWY FT MYERS, FL \$4,184.60
Commercial
Service from Sep 12 to Oct 10, 2000
Billing Date Oct 23, 2000

| Meter Number   0060180647             | Rate Type<br>C-1.5 | No of Days<br>28 | New Meter Read<br>16212 | Last meter read<br>15171 | Multiplier<br>1 | Usage<br>1041     |                  |                              |      |          |
|---------------------------------------|--------------------|------------------|-------------------------|--------------------------|-----------------|-------------------|------------------|------------------------------|------|----------|
| Your meter v                          | was read           | On Oct 10,       | 2000                    |                          |                 |                   |                  |                              |      |          |
| Previous Ba                           | lance              |                  |                         | 4,958                    | . 63            |                   |                  |                              |      |          |
| Payments as                           | s of Oct 1         | 0, 2000          |                         | -5,012                   | .88             |                   |                  | verage                       |      |          |
| Adjustments                           |                    | arges            |                         | -9                       | .18             |                   |                  | e during                     |      |          |
| Unpaid previ                          | ious bal.          |                  |                         |                          |                 | ~\$63.43          | period<br>per da | l was \$1<br><sub>!</sub> y. | 51.7 | 2        |
| Total charges                         |                    | r-Commercia      | <del></del>             |                          | .65             |                   | Your t           | ast usa                      | ge:  |          |
|                                       | •                  |                  | 30.00 x \$02.1800       |                          | .40             |                   | Bill             | Usage N                      | D.   | Use      |
|                                       |                    | 0 x \$02.6800    |                         |                          | .40             |                   | Month            | _ a                          | t    | per      |
|                                       |                    | 0 x \$03.1800    |                         |                          | .40             |                   |                  | đ                            | ays  | day      |
|                                       |                    | 00 x \$04.180    | 0                       | 3,975                    | .18             | <b>*</b>          | Oct 00           | 1041.00                      | 28   | 37       |
| Total Charge                          | <b>)</b> \$        |                  | •                       |                          |                 | 4,248.03          | Sep 00           | 1211.00                      | 36   | 34       |
|                                       |                    |                  |                         |                          |                 |                   | Aug 00           | 1309.00                      | 26   | 50       |
| Other charge                          |                    |                  |                         |                          |                 |                   | Jul 00           | 3806.00                      | 34   | 112      |
| Total other o                         | harges             |                  |                         |                          |                 | .00               | Jun 00           | 3306.00                      |      | 118      |
|                                       |                    |                  |                         |                          |                 |                   | May 00           | 3352.00                      |      | 99       |
| Total Balanc                          | æ                  |                  |                         |                          |                 | <b>\$4,184.60</b> | Apr 00           | 2594.00                      |      | 89       |
|                                       |                    |                  |                         |                          |                 |                   | Mar 00           | 1970.00                      |      | 68       |
|                                       |                    | F                | Please pay by N         | ov 06, 2000              |                 | \$4,184.60        | Feb 00           | 1428.00                      |      | 48       |
| · · · · · · · · · · · · · · · · · · · |                    |                  | • •                     | -                        |                 |                   | Jan 00           | 1664.00                      |      | 54       |
| E MERCHANDISE                         | HEREON WAS         | RECEIVED         |                         |                          |                 |                   | Dec 99           | 1768.00                      |      | 55<br>65 |
| y shown and g                         | OOD CONDIT         | IONL ITIS]       |                         |                          |                 |                   | Nov 99<br>Oct 99 | 2022.00<br>3286.00           |      | 110      |
| or payment,                           | •                  | Ì                |                         |                          |                 |                   | Sep 99           | 106.00                       |      | 4        |
| ACCT No. 200                          | vana Dre           | 413              |                         |                          |                 |                   | Cop 00           |                              |      | _        |

IN QUANTITY SHOWN AND GOOD CONDITION IT IS APPROVED FOR PAYMENT.

CHARGE ACCT. No. 300/338 205413

I CERTIFY



#### LEE COUNTY UTILITIES

P O BOX 2737 FORT MYERS FL 33902-2737 (941) 338-3535

Account Number: 0027206-2 Please pay by Nov 06, 2000

\$4,184.60

Enter payment amount

4184.60

hilliablidandlablidabliabliabliablidbid

CLEAR CHANNEL REAL ESTATE C/O LISA NEWCOMBE 13320 METRO PKWY FORT MYERS FL 33912-4703 LO CK.NO. 11-3.00

Keep this portion for your records. Please see reverse for important information.

Please return this portion

with your payment.

00272062 000000418460 000000418460

REDDY ICE CORP 5050 SW 51 ST

DAVIE FL 33314-5758



TOWN OF DAVIE PO. BOX 5917 DAVIE, FL 33310-5917

talladiadhadhladhladhladdadhadha

ACCOUNT NUMBER

9132-47316

TOTAL BALANCE DUE 1

3,850.60

PAYMENT MUST BE RECEIVED BY DUE DATE TO AVOID LATE CHARGE

CURRENT GHARGES DUE DATE

10/19/2000

AMOUNT ENCLOSED

DISCONNECTION DATE FOR PAST DUE BALANCE

Make check payable in U.S. funds to TOWN OF DAVIE
Please do not send cash through the mail.
Entering your account number on your check or money order can insure correct handling. handling.

#### 9132473160000000000003850600

| 91324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1731600000000<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|
| ACCOUNT NUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | IRN TOP PORTIC<br>ADDRESS | ON OF BILL WITH Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BILLING DATE | TO DUE DATE        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | <u> </u>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | /20/20/200         |
| 9132-47316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | PLANT ST                  | US CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9/27/2000    | 10/19/209          |
| Section of the sectio |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           | LAST PAYME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                    |
| 3,323.15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | /2000                                 |                           | 3,323.15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·            | .00                |
| 3,525.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A service of the serv |                                       | RY OF NEW                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SERVIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E USED                                | AL ZOF                    | MENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ER READING   | U\$AGE             |
| 53833615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8/15/2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9/18/20                               |                           | 44639                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 41949        | 2690               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                                     |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T.                                    | ater Base                 | Chama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | 165.20             |
| FICE LOCATED AT AVIE TOWN HALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | ater Usaç                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 165.30<br>3,685.30 |
| DAVIE, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100          |                    |
| NIGHT DEPOSIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>`</b>                              |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | jak          | •                  |
| LOCATED ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )                                     |                           | SERVE A STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AOS1 JA      | •                  |
| WEST SIDE OF<br>TOWN HALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                     |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 83 B         |                    |
| COMPLEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                                     |                           | Transfer Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | () ()        |                    |
| OR CUSTOMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , , , , , , , , , , , , , , , , , , |                           | The Contract of the Contract o | )]0          |                    |
| SERVICE, CALL<br>(954) 797-2050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                     |                           | O WA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5            |                    |
| 1ONDAY-FRIDAY<br>30 AM • 5:00 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                     |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                    |
| 30 AW + 5;00 FW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           | * . * * * * * * * * * * * * * * * * * *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                    |
| FOR SERVICE ROBLEMS AFTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                    |
| PM WEEKDAYS,<br>WEEKENDS &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CURRENT CHAR<br>DUE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GES 10/                               | 19/2000                   | TOTAL NEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CHARGES      | 3,850.60           |
| 10LIDAYS CALL<br>(954) 433-4009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DISCONNECTION<br>FOR PAST DUE BAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE                                  |                           | TOTAL BALA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NCE DUE      | 3,850.60           |

torm 4100093 1297

8710 E BROADWAY AVE TAMPA, FL 33619-7700 Service For: SERVICE TO: 08/25/2000 SPARKLE ICE CORP 8710 E BROADWAY AVE **TENANCE** \*100 CU, FT, Used Meter Number \*Mater Reading DISCOUNT **Amount Now Due AY/VOID** 03 193 17 16 WTR 64669 P 3753 DATE \$5,465.30 10,706.90 LAST BILLING LESS PAYMENTS 10,706,90CR Your Accoupt Number 000180454001-12/V MATER CONSERVATION RATE 586.40 VATER CHARGE 4.878.90 QUANTITY 92 B3 PRODUCT 100 82 82 Water Customer Class FOR PAYMENT LARGE INDUSTRIAL Water Usage History Hundred Cubic Pay Thie Amount Feet (CCF) Months 3753 SEP **IANAGER** AUG 6249 PLEASE PAY MY 08/22/2000 TO AVOID DELINQUENCY 7717 JUL ALL BILL INQUIRIES, AND START/STOP SERVICE DIAL... (813)... 274-8611 5921 JUN TO MAKE PAYMENT ARRANGEMENTS ON PAST DUE BILLS....(813)...274-8760 FOR MISSED PICK-UP OF SOLID WASTE............(819)...948-1111 MAY 5485 YOU MAY ALSO REACH US BY E-WAIL AT "UTILBILLOCI.TAMPA.FL.US" OR 5135 APR BY FAX AT .....(813)274-8430. 3420 MAR DO YOU HAVE A "WATER WISE" YARD? THE SECOND ANNUAL COMMUNITY WATER WISE AWARDS RECOGNIZE RESIDENTIAL AND COMMERCIAL PROPERTIES THAT HAVE CREATED AESTHETICALLY PLEASING, WATER EFFICIENT LANDSCAPES. FOR AN ENTRY FORM OR MORE INFORMATION, CONTACT THE HILLSBORDUGH COUNTY COOPERATIVE EXTENSION SERVICE AT 744-5519. EXT. 144 BEFORE THE AUGUST 31, 2000 DEBOLTNE SFP 15 2000 \* See Reverse Side for additional information PAGE 1 OF 0908 Date NO. CD. OVEARIDE CHECK NO. Entered By:

ACCOUNTS PAYABLE - White Copy

VENDOR - Yellow Copy

| UTILITIES COMMISS      | ION     |
|------------------------|---------|
| City of New Smyma Bea  | ach, FL |
| P. O. Box 100 - 200 Ca | nal St. |
| New Smyrna Beach, FL   | 32170   |
| (904) 427, 1361        |         |

| To Change Mailing Address, Check |
|----------------------------------|
| Box and Enter on The Back        |

I Wish to Contribute to the WE CARE Fund.

□ \$1 □ \$2 **□\$**5 **□\$**10

ACCOUNT NUMBER 123506-522300

Please write Account Number on check and make payable to Utilities Commission in U. S. Funds. Thank you for your payment.

| Previous Balance<br>Pay Immediately | Total Amount Due |
|-------------------------------------|------------------|
| 31.00                               | 982.40           |

| Current Charges Past | Please Enter |
|----------------------|--------------|
| Due After This Date  | Amount Paid  |
| 11/3/2000            | \$           |

123501-522300

04586

Please return this portion with payment in enclosed envelope.

\*\*AUTO\*\*\*\*\*\*\*\*\* C/O PACKAGED ICE CLO41 REDDY ICE CORP ICE ACCOUNT 1420 INDUSTRIAL DR NEW SMY BCH FL 32168

10/9/00

11/8/00

Inflantation distribution a

C/O PACKAGED ICE CLO41 REDDY ICE CORP ICE ACCOUNT 1420 INDUSTRIAL DR NEW SMY BCH FL 32168

#### **CUSTOMER STATEMENT**

Statement Date:

10/13/2000

Billing Period: 09/11/2000 to 10/09/2000

**ACCOUNT NUMBER** 123506-522300 **SERVICE ADDRESS:** 1420 INDUSTRIAL DR

Previous Statement Balance 2.066.60 Penalty Charge 31.00 Payment Received - Thank You 2,066.60 CR **BALANCE BEFORE NEW CHARGES** 31.00 Water Service 951.40 TOTAL CURRENT CHARGES (Past Due After 11/03/2000) 951.40

**TOTAL AMOUNT DUE** 

982.40

Meter No. Current

**Previous** 

1000 Gal Used

METER READINGS

Present Read Date:

Meter No.

Current

Previous

Multiplier

kWh Used

Electric

Water

Approx. Next Read Date:

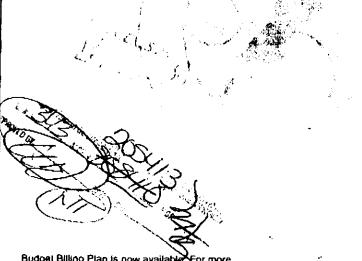
Irrigation Water/Reuse Water

Meter No 7070968 Current 90.928.00 Previous 90,383,00 545.00 1000 Gal Used Deposit on Account 0.00

Street Lights

#### CONSERVATION INFORMATION

|                 | This    | Same Mo   |
|-----------------|---------|-----------|
|                 | Month   | Last Year |
| Energy Usage    |         |           |
| kWh Used        |         |           |
| kWh/Day         |         |           |
| Water           |         |           |
| 1000 Gal Used   |         | 858.00    |
| irrigation/Reus | e Water |           |
| 1000 Gal Used   | 45.00   | N/A       |
| _               |         |           |
| Service Days    | 28      | 29        |



Budget Billing Plan is now available? For more information or application for Budget Billing please call customer service at (904) 427-1361. ACCOUNT NUMBER

32485-04871-0000-7-00-W

4871 EDISON AV



21 West Church Street, Jacksonville, FL, 32202-3139 • 904.632,5200

DILL DATE

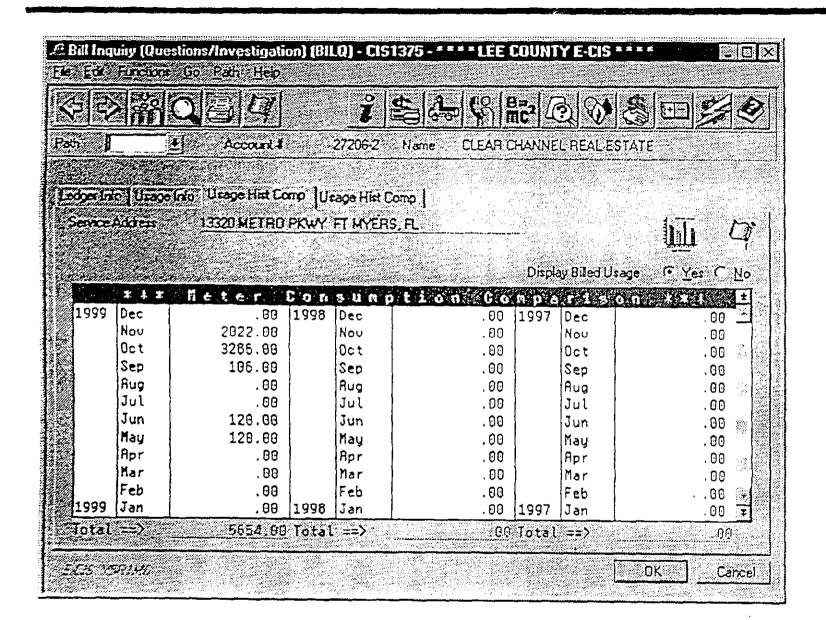
9/13/00

SERVICE ADDRESS

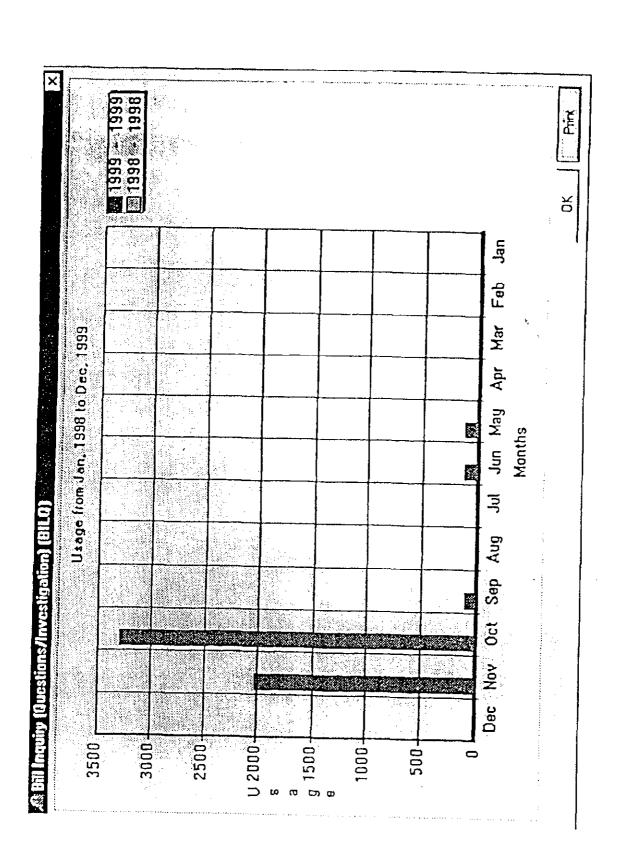
#### WATER/SEW

| REDDY ICE CORPORATION PACKAGED ICE CLO41 4671 EDISON AVE JACKSONVILLE FL 32254  METER NUMBER  METER NUMBER AND DAYS PART BALLED READING TYPE SIZZ ICHERTY ADDITIONAL INFORMATION ON REVERSE  METER NUMBER AND DAYS READING TYPE SIZZ ICHERTY READING TYPE SIZZ ICHERTY READING TYPE SIZZ ICHERT TARE DAILONS  CONSUMPTION ON REVERSE  ADDITIONAL INFORMATION ON REVERSE  CONSUMPTION CONSU  |                                        |                        |                           |                                         | o, 12, 20                                                                                                               | •                        | 40,1 20                     |                              | AATE                                     |                         | <del></del>                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------|---------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|------------------------------|------------------------------------------|-------------------------|--------------------------------------|
| PACKAGED ICE CLOST  4071 EDISON AVE  JACKSONVILLE FL 32254  SEPT. 1999 183,100 CU FT  AUG. 2000 146,200 CU FT  AUG. 1999 154,800 CU FT  AUG. 1999 154,800 CU FT  ADDITIONAL INFORMATION ON REVERSE  METER NUMBER DATE SLED READING TYPE SIZE CONSUMPTION COMPUNDING COMPUNDING COMPUNDING CONSUMPTION COMPUNDING COM  |                                        |                        |                           |                                         |                                                                                                                         |                          |                             |                              |                                          |                         |                                      |
| PACKAGED ICE CLOA!  4671 EDISON AVE  JACKSONVILLE FL 32254  **SEPT. 1989 153.100 CU FT  AUG. 2000 148.200 CU FT  AUG. 1989 154.800 CU FT  ADDITIONAL INFORMATION ON REVERSE  **METER NAMES PATE BLUED READING TYPE SIZE CONSUMPTION CONTINUES CONSUMPTION COST  **DOJIGEA 388 9/08 21 42884 RECULAR 2 172.800 CU FT \$189.99 /  **DUTING the PORT few months, a representative of U.S. 1 Subject Department of U.S. 1 Subject Departmen | aena                                   | SV Ter a               |                           |                                         |                                                                                                                         | <del></del>              |                             |                              | CONSUMPTION H                            | ISTORY                  | <del></del>                          |
| MATER HUMBER  MATE SALE DATE  BILLED  DATE  BILLED  DATE  BILLED  DATE  BILLED  DATE  BILLED  DATE  BILLED  BI  | PACH<br>4671                           | E CLO4                 |                           |                                         | <u></u>                                                                                                                 |                          | SEPT.<br>AUG.<br>AUG.       | 2000<br>1999<br>2000<br>1999 | 172,800<br>183,100<br>145,200<br>154,800 | CU FT<br>CU FT<br>CU FT |                                      |
| During the next few months, a representative of JEA's Business subport Department will visit and of our commercial business sustemers to learn more about how re re doing as your utility provider. We're eager to hear that you have to say - and to concerns. Or assistance with all of your or assistance with all of your account needs, please contact us mousiness@jea.com.  LEASE INDICATE ADDRESS CORRECTION BELOW  BY 10/05/00 TO AVOID S4, 273.08  LEASE INDICATE ADDRESS CORRECTION BELOW  BY 10/05/00 TO AVOID S4, 273.08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | METER NUMBER                           |                        |                           |                                         |                                                                                                                         | 1 1                      |                             |                              | AVERAGE DAILY                            | <del>-</del>            | REVERSE :                            |
| TOTAL DUE  LEASE INDICATE ADDRESS CORRECTION BELOW  TOTAL DUE  BY 10/05/00 TO AVOID  S4,273.08  LEASE INDICATE ADDRESS CORRECTION BELOW  TOTAL DUE  BY 10/05/00 TO AVOID  1.5% LATE PAYMENT EEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0031664386                             | 9/08                   | 31                        | 42894                                   | REGULAR                                                                                                                 |                          |                             | -                            | \$39.9                                   | • /                     |                                      |
| Total Due    | represent<br>Support D<br>many of o    | epart<br>our co        | ot J<br>ment<br>mmerc     | EA's Bu<br>will vi                      | JSiness<br>Sit                                                                                                          |                          | PUBLIC SERVIC               | E TAX.                       |                                          | • 1                     | 112.71                               |
| TOTAL DUE  TOTAL DUE  BY 10/05/00 TO AVOID  S4,273.08  LEASE INDICATE ADDRESS CORRECTION BELOW  SUBJECT OF SUB  | what you address y concerns. For assis | have<br>our q          | e eage<br>to say<br>westi | er to n<br>y - and<br>ons and<br>all of | to                                                                                                                      | SI                       | SHOWNE THE T<br>TO BE CHATE | HERETON                      | TOP HOW HOLD IN THE                      | C1446CC                 |                                      |
| FOTAL DUE  S4,273.08  LEASE INDICATE ADDRESS CORRECTION BELOW  S5, 273.08  S6, 273.08  S7, 273.08  S8, 273.08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | it 665-62<br>ousiness@                 | 50 or<br>jea.c         | by e                      | mail a                                  | t:                                                                                                                      | P 22                     |                             |                              |                                          |                         |                                      |
| LEASE INDICATE ADDRESS CORRECTION BELOW  BY 10/05/00 TO AVOID  1.5% LATE PAYMENT FEE  ST. 10/05/00 TO AVOID  1.5% LATE PAYMENT FEE  ST. 10/05/00 TO AVOID  1.5% LATE PAYMENT FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Λ                                      |                        | 1015<br>1/X               | APO                                     | - 1                                                                                                                     | ľ                        | Po.                         | 5V0                          | f 969                                    |                         |                                      |
| LEASE INDICATE ADDRESS CORRECTION BELOW  1.5% LATE PAYMENT EEE  1.5% LATE PAYMENT EEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | m                                      | $\alpha \overline{1} $ | 1 2                       | real                                    | اسر<br>1.4                                                                                                              |                          | FOTAL DUE                   |                              |                                          |                         | 372 00                               |
| CE CORPORATIO  4671-0000-7-0  4671-EDIS  4671-EDIS  4671-EDIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LEASE INDICA                           | LTE ADDR               | ESS COR                   | RECTION E                               | BELOW                                                                                                                   |                          | BY 10/05/<br>1.5% LATE      | OO TO                        | AVOID                                    | \$4,                    | 273.08                               |
| 8 5 5 1 E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 111<br>7-                              | 5                      | EDISC                     | EDISC                                   | ED 13<br>13<br>14<br>14<br>14<br>15<br>14<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15 | rans on Confidence white | PELE:                       | Company of the Company       | The second second                        | ez eten et ar 4         | gen en en seen een skriper<br>Gester |
| 8 5 5 1 E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20RP0                                  |                        | 4671                      | 4671                                    | 4671                                                                                                                    | MARY                     | TOTAL                       |                              |                                          |                         |                                      |
| BILLING DATE : 9, ACCOUNT NAME : REIP PRIMARY ACCOUNT : 32, ACCOUNT NUMBER MA DT MTR RD MTR NE BUDGET NUMBER MA DT MTR RD MTR NE DAY OO 03064 324650467100001600W O9/07/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/00 031664 09/08/09/09/08/09/09/09/09/09/09/09/09/09/09/09/09/09/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LI 16                                  | <u> </u>               | 955<br>5                  | 302                                     |                                                                                                                         |                          | 1                           | )                            |                                          |                         |                                      |
| BILLING DATE ACCOUNT NAME PRIMARY ACCOUNT ACCOUNT NUMBER BUOGET NUMBER MA DT MTR RD 32465046710000 09/07/00 09/07/00  SUBSIDIARY ACCOUNT 324650467100000 09/08/00  SUBSIDIARY ACCOUNT TO SUBSIDIARY AC  |                                        | ATR NB                 | 1600W<br>030841           | 2500W<br>001510                         | TNFDR<br>3700W<br>331664                                                                                                | TUNT ST                  | SEP 2                       | 7                            |                                          |                         |                                      |
| PRIMARY A ACCOUNT BUGET MA DT MT 32465046 09/07 32465046 09/07 32465046 09/07 09/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | JATE<br>JAME<br>JCCOUN                 | NUMBE<br>NUMBE<br>R RD | 71000/                    | 71000;                                  | CCBUNT<br>7.1000C<br>7.000C                                                                                             | Y ACC                    | 2 20c                       |                              |                                          |                         |                                      |
| PRIM ACCOUNTS SURS SURS SURS SURS SURS SURS SURS SU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DUNT P                                 | COUNT<br>DEET<br>DT MT | 165046<br>09/07           | 65046                                   | 65046<br>09/08                                                                                                          | IDIAR                    | 5                           |                              |                                          |                         |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BIL<br>ACC                             |                        | 35,                       | 32,                                     | PRI#                                                                                                                    | snes                     |                             |                              |                                          |                         |                                      |

| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | n va guja (Inde <del>novages ograsses</del><br>- | reconstruction to the second s | an in the maily strain    | en en egypte viden film skate.<br>Til | स्वत्वेड                                                                                                       | Beliezh                 |
|-----------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------|
| 1                                       |                                                  | e e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                         |                                       | <u> </u>                                                                                                       |                         |
| ļ                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                       |                                                                                                                |                         |
|                                         | 00                                               | 00:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n                         | 3\03\1333                             | ٤                                                                                                              | 3/12/1868               |
|                                         | 00'                                              | 00.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ŋ                         | 6661/68/7                             | 2                                                                                                              | 6661/51/0               |
|                                         | 00.09                                            | 00.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | U                         | 6661/01/9                             | Ş                                                                                                              | 6661/51/5               |
|                                         | 00.09                                            | 00.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ſì                        | 6661/01/9                             | S                                                                                                              | 6661/91/9               |
|                                         | 00'                                              | 00'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Λ                         | 6651/60/4                             | S                                                                                                              | 6661/91/7               |
|                                         | 00.                                              | 60,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Π                         | 6661/60/8                             | \$                                                                                                             | 8\12\1888               |
|                                         | , 2 <mark>3</mark> .00                           | 60'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | . በ                       | 6661/80/5                             | \$                                                                                                             | 6667/97/6               |
|                                         | ₾ 90.6431                                        | 90,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ¥                         | 10\08\1886                            | S                                                                                                              | 10/18/1666              |
|                                         | 00'TIOT                                          | 00'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Λ                         | 5561/90/11                            | S                                                                                                              | 11/19/1688              |
| 7                                       | Usage                                            | Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 39/0                      | े १६०० १००१६                          | 3 5616 1311                                                                                                    | Bittl Date              |
| <u>0</u> <u>N</u>                       | ئە و⊼قلار                                        | क्ये U b <del>श</del> ्रम प्रशिक्तं प                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | ্যা গ্ৰন্থ                            | erioritation en la company de la company | ‡ nete                  |
| DO_                                     | J. 295.                                          | 916 Q Jlí 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ם האאר                    | T 13350 WELL                          | 55206960                                                                                                       | ्र इन्डाया <del>न</del> |
|                                         |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                       |                                                                                                                |                         |
|                                         |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lomo                      | iO faiH ecsal I I om                  | od iziH egesU oir                                                                                              | per Into Usage In       |
| *************************************** |                                                  | ening banda di Maria di Santa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ************************* |                                       |                                                                                                                | 1                       |
|                                         | 3TAT23 JA3                                       | я јзимано пазјо                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ) sms M                   | ₹ <u>9022</u> 2                       | # JnuoppA                                                                                                      | Ŧ                       |
| 2/2/15                                  |                                                  | (a) 12   (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>6</u> 200 €            | 1 2                                   |                                                                                                                | 700/21                  |
| <i>37   4</i> 3   C                     |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | b   30                    | N G                                   |                                                                                                                | ノマー                     |



JB



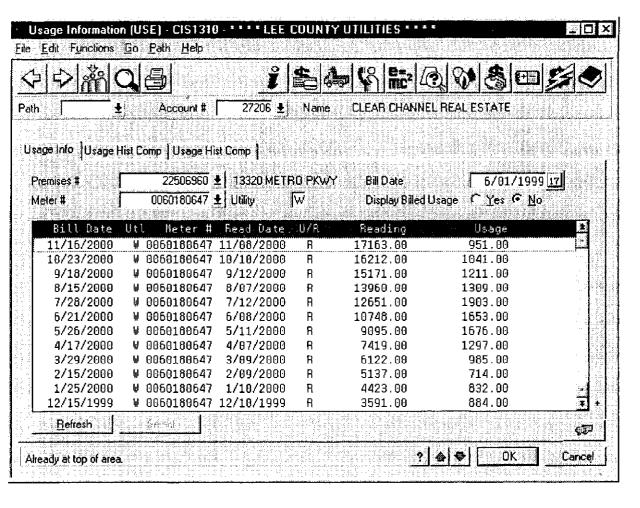
## Dec 2000

PAPERWORK BROUGHT TO DECEMBER 2000 MEETING BY UTILITIES STAFF (LCU)
REGARDING-REDDY ICE, INC.

| L | _ | u |
|---|---|---|
| _ |   |   |

| ● Utility Contacts by Account # (UCAC) - CLS3315 - *** LEF COUNT (EP) (IF)   S                                                         |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| File Edit Functions Go Path Help                                                                                                       |  |  |  |  |  |  |
| 今中語Q9 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                            |  |  |  |  |  |  |
| Path Account 27206 Name CLEAR CHANNEL REAL ESTATE                                                                                      |  |  |  |  |  |  |
|                                                                                                                                        |  |  |  |  |  |  |
| UC List/Acct # UC Acct Info UC Comment Entr Letter Select UC Def/Response UC Comment Hist                                              |  |  |  |  |  |  |
| Contact Number 574428 Contact Type LCUC LCU-Carolyn DO NOT USEI!!                                                                      |  |  |  |  |  |  |
| Print Date LT Print Amount                                                                                                             |  |  |  |  |  |  |
| Print Comment 1                                                                                                                        |  |  |  |  |  |  |
| Print Comment 2                                                                                                                        |  |  |  |  |  |  |
| Print Comment 3                                                                                                                        |  |  |  |  |  |  |
| Comment Lines Language Tupe 2                                                                                                          |  |  |  |  |  |  |
|                                                                                                                                        |  |  |  |  |  |  |
| rates for 1 inch meter to ice mfg. Higher management wants todis C                                                                     |  |  |  |  |  |  |
| cuss water use rates, feel LCU's rates are highest in county. C                                                                        |  |  |  |  |  |  |
| Meter size was field verified by Payne Nally as a 1.5 meter C                                                                          |  |  |  |  |  |  |
| Reading taken at time of verification was 17294.7 on 11/13/00. P C revious reading was 16212.00, consumption since last reading 1082 C |  |  |  |  |  |  |
| .00. Contact was Jack Benetiz, Mgr at the local office 768-6841. C                                                                     |  |  |  |  |  |  |
| Carolyn Andrews C                                                                                                                      |  |  |  |  |  |  |
|                                                                                                                                        |  |  |  |  |  |  |
| Investigate Fold/Unfold CS                                                                                                             |  |  |  |  |  |  |
| E CXS 1/559 7M/3 QK Gencel                                                                                                             |  |  |  |  |  |  |
|                                                                                                                                        |  |  |  |  |  |  |

LCU



LCU

| Rate Schedule Maintenance (RATE) - CIS2105 - ***** LEE COUNTY UTILITIES **** |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                              |                      |  |
|------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|----------------------|--|
| File Edit Functions Go Path Help                                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                              |                      |  |
| 全中警                                                                          | <b>Q3</b>                   | j į                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | 3 W &                        |                      |  |
| Path                                                                         | ±, Rate Schedule            | [C-1.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Commercial 1.5         | 5"                           |                      |  |
| Watr Chrg/Meter                                                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                              |                      |  |
| Aata Sch List Bat                                                            | e Sch Entry 1   Rate Sch Ei | ntry2   Flate Sch (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Entry∃   Rate Sch Desc | Rate Adj List                | Supplmnt Watr 1      |  |
| Utility Type                                                                 | Water Servic                | es.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | alsigaricki<br>Balitarik     |                      |  |
| Effective Date                                                               | 6/01/1999 <mark>!7</mark>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Expiration Date        |                              | 17                   |  |
| Billing Class                                                                | C #                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rate Revenue Type      | JWTR ₹                       |                      |  |
| Rate Description                                                             | Commercial 1.5"             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bill Description       | Water-Comm                   | nercial 1 1/2" Meter |  |
|                                                                              | Limit                       | Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | konstanti da sa asida<br>Kan |                      |  |
| Rate Step 1                                                                  | 30,00                       | 2.1800000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Base Charge            | Control minimum management   | 31.65                |  |
| Rate Step 2                                                                  | 30.00                       | 2.6800000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Base Chg Rev Type      | WTR 4                        |                      |  |
| Rate Step 3                                                                  | 30.00                       | 3.1800000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Base Charge Pgm        |                              |                      |  |
| Rate Step 4                                                                  | 999999999.00                | 4.1800000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Construence carrying an open |                      |  |
| Rate Step 5                                                                  |                             | ille and all a control of the contro |                        |                              |                      |  |
| Rate Step 6                                                                  |                             | e vimtenam z cz świli w bitomanowi z doduże ważni.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                              |                      |  |
| Rate Step 7                                                                  | 1                           | den begann erse mit dilamadan megicardam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                              |                      |  |
| Rate Step 8                                                                  |                             | Saidqakaa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                              | igi karisi.          |  |
| <u>D</u> elete                                                               |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                              |                      |  |
| PAR MANN                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                              | DK Cancel            |  |
|                                                                              |                             | augan dé                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                              |                      |  |

Rate 1.5 inch Communicial

|                                | # a                      | <u> </u>                       |                                         | 2 \$                        |         |                |                    | <u>چ</u> ارچ      | 18             |       |          |
|--------------------------------|--------------------------|--------------------------------|-----------------------------------------|-----------------------------|---------|----------------|--------------------|-------------------|----------------|-------|----------|
| ath                            | <u>+</u>                 | Account                        | <b>‡</b> 27                             | 7206-2                      | lame I  |                |                    | L REAL            | ESTATE         |       |          |
| Customer Info<br>Premises Info | Cust Addtl<br>Premises A | Info   Accou<br>Addi   Comme   | nt Info   Ac<br>ents   Billed           | ct Addti Info<br>Syc List A | AdditP  | hone Inl       | Acct (<br>Labels ) | Dates  <br>Misc C | Accl Dve       | ride  |          |
| Service Addr                   | [ess                     | 13320 METR(                    | ) PKWY FI                               | MYERS, F                    | L       |                |                    |                   |                |       |          |
| Utl<br>Typ Me                  | ter# J                   | Rate<br>Sch<br>C-1.5           | Cur<br>Date                             | rent -<br>Readir            |         | te             | ious<br>Readi      | ng E              | tatus<br>losed |       | Ħ        |
| ₩ 006018                       | 80647 W                  | C-1.5                          | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                             | 19/     | ************** | 15212              |                   | lpen           |       |          |
|                                |                          |                                |                                         |                             |         |                |                    |                   |                |       |          |
|                                |                          |                                |                                         |                             |         |                |                    |                   |                |       |          |
|                                |                          |                                |                                         | -                           |         |                |                    |                   |                |       | <b>Ξ</b> |
| <u>R</u> efresh<br>Remote      |                          | ew Ser <u>v</u> ice<br>Install | <u>9</u> 66                             |                             | Heading | <u>.</u> 1     | , ja               | es -              | <u>p</u>       | elelr |          |

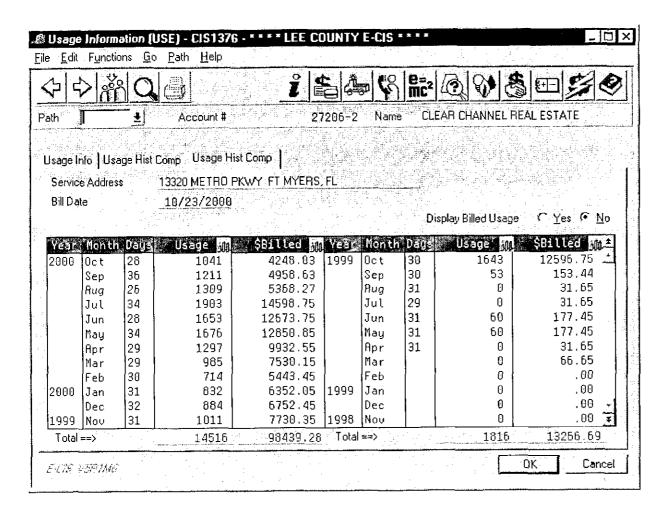
Meter number was Juld very Led (11-13-00)
Reading taken as time of very cation: 17294.700
Previous reading (10-10-00) 16212.00

Consumption: 1082.00

I ce machinery

768-6841 JACK Benetiz

LCU



LCU

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Go Path Help                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - CIS1050 - * * * * LEE COUNTY E-CIS * * * * *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 高。<br>一<br>二<br>二<br>二<br>二<br>二<br>二<br>二<br>二<br>二<br>二<br>二<br>二<br>二                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Account #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 27206-2 Name CLEAR CHANNEL REAL ESTATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dtl Info   Addtl Phone Inf   Acct Dates   Acct Override  <br>.ist   Account Svo Lst   Labels   Misc Chrg List                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Service Address Premises #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 22506960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | House # Frc Prfx Street Suffix<br>  Street Suffix   METRO PKWY   METRO P |
| 13320 METRO PKWY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Diret Apt # City   JFT MYERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Addtnl Address Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 RIRED FIREPLUG-LI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HYD Service State FL ♣                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Split Service Addr?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | r Yes ← No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Service Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Carrier Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Delivery Point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Route Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2250 ±                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Stop Number 2740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Initial Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9/21/1994 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Discontinued 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Last Bill Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10/23/2000 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Work Zone <u>±</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Responsible Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Last Maint Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The second secon | Last Purge Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| year year or the first of the f |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _ Nν _ C∳                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| nt/Pr 😘 GroupWise - M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ailbox                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ♥ N ¾ 13 (\$) 8.06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

12-12-00

From:

Jack Burgiel <jburgiel@prmginc.com>

To:

<andrewcb@leegov.com>

Date: Subject: 12/12/00 2:28PM

The Ice House

#### Carolyn,

I do not have a problem with the re-classification to "Z" class primarily due to the fact that the company's water use is what we classify as "essential" commercial use and is not being utilized for irrigation ( blocks to min.excessive use.) The question I now ask is how do you bill them for consumption on the sewer side. I would assume that the majority of their water use each month never returns to the wastewater system. Do you cap their sewer consumption or charge them for all water use?

## Clear Channel Real Estate, Inc.

Executive Square Office Park 406 Reo Street Suite 120 Tampa, FL 33609 Phone: 813-289-9201

Fax: 813-282-9006

### NETTO from the desk of Leisa Newcombe, Property Manager

OF STREET, NEWS ESTRIE

| To:   | Whom It May Concern |
|-------|---------------------|
| Date: | August 21, 2001     |
| Re:   | Tenant Reddy Ice    |

This memo is to state that Reddy Ice has been a tenant at 13320 Metro Parkway, Ft. Myers, Ft. 33912-4703 since January 1, 1999. From that date until November 1999 a meter was located at this address in the name of Clear Channel Real Estate and we were back charging Reddy Ice for the billed amount. Thereafter Reddy Ice procured a meter of their own and was billed directly by the water provider.

If I may be of any further assistance please contact me at any of the following:

Leisa Newcombe, Property Manager

Clear Channel Real Estate 406 Reo Street, Suite 120

Tampa, FL 33609

LNEWCOMB@worldshare.net

813-289-9201 Phone

813-282-9006 Fax



## PACKAGED ICE, INC.



September 19, 2001

LEE COUNTY UTILITIES 7401 College Pkwy. Pt. Myers, FL 33907

ATTENTION: Carolyn Andrews, Customer Services Manager

Subject: Water-Sewer billings previously paid by Reddy Ice

A corporate phase I audit of our utility payables indicated an error in our <u>ICE MANUEACTURING</u> <u>PLANT'S WATER BILLINGS</u> from Lee County.

#### Re. Water rate issues:

It appears the nature of our manufacturing business was not realized by the Utility's office and we were inadvertently billed, unbeknownst to us, under the same category as a "residence or Non\*Manufacturing business". We assumed our production plant had been rated appropriately.

On December of 2000, the appropriate water rate for (a customer that remanufactured water as a retail product) was applied to our account, resulting in a \$1.92 billing rate reduction that was very much appreciated. However, no method was provided for restitution of the previous 88% over payment period or any portions there-of.

#### Re. Sewer rate issues;

On August of 2000, a RATE correction was issued, eliminating the sewer charge.

On December the "Z 1.5" rate named "Non-irrigation was applied as a production plant.

Again no provision was made to correct the previous non appropriately rated charges, \* Ref. P.6, Table G, water billing Rate Changes FY93-94. (RTINC94) water.>.

It's important to notice that nothing in our production methods changed, only the bill rating from LCU. Reference the attached audit recapitulation.

Please advise how best Lee County Utilities can rectify these inadvertent incorrect previous billed and paid amounts.

As you know, Mr. Robert Young and Mr. Joel Sinkule will be visiting your offices to work out the details of such restitution.

Please extend to them the full courtesies you have given our local management.

Thank you in advance for your cooperation in this now pressing corporate matter.

Respectfully Submitted.

Rosemary Pond Office Manager

13320 METRÓ PARKWAY • FORT MYERS, FLORIDA 33912 • (941) 768-6841 • FAX (941) 768-5506



Rick Diaz Utility Director Lee County P O Box 398 Fort Myers, Fl 33902

copies to: Carolyn B Andrews under separate cover.

11/26/01

SUBJECT: Reddy Ice Restitution Claim

Dear Mr. Diaz.

Reddy Ice Co, of Fort Myers, Florida, at the direction of Carolyn B. Andrews we are submitting this restitution claim for your investigation and anticipated approval.

In briefest format (A & B), the magnitude of the claim is as follows. Specific detail and required documents are attached for your reference:

A) Re. SEWER CHARGE OVERPAYMENTS:

Period: October 1999 through August 2000

Units overpaid: 10,480,000 gallons of sewer related charges @ \$3.52 / 1000 gallons

Versus 2,179,000 gallons of now correctly documented used sewer gallons.

Total Restitution amount value is \$36,889.60 of OVERPAID dollars.

B) Re. WATER CHARGE OVERPAYMENTS:

Period: October 1999 through December 2000

Units overpaid: 17,171,000 gallons of water related charges @ \$4.07 / 1000 gallons

Versus \$2.15 / 1000 gallons

@ \$1.92 OVERCHARGE = \$32,972.00 dollars

Total Restitution amount value is \$32,972.00 of OVERPAID dollars.

**TOTAL RESTITUTION CLAIM \$69,861.60** 

An appointment to finalize this matter would be appreciated. Please call me at your convince • 954-933-0929, Fax 954-933-0791.

Respectfully Submitted,

Toel M.Sinkulé

Utility Billing Project Manager

#### **ISSUES**

TWO ISSUES AT LARGE IN THIS CLAIM: Water and Sewer Rate applications .

#### THE FIRST ISSUE RELATES TO PREVIOUSLY PAID MISAPPLIED WATER RATES.

It appears the nature of our manufacturing business was not realized by the utility company's office and management personnel. Unbeknown to Reddy Ice, the utility Co.'s billing system would generate bills under a much higher cost, (low volume usage rating) that did not allow for the high volume consumption requirements of a water product producing manufacturer of ice. (Hi consumption. Under lower volume use rates, presumes water is being wasted. Through its pricing structure, consumer is penalized accordingly and there by discourages such waste.)

As hindsight, after now seeing your schedule of water rates, it is clear that from day one, the (Z 1.5) rate would have precisely matched our usage category. Had that schedule and its ramifications ever been explained and presented to Reddy Ice management, we all would not be troubled by this petition today.

In spite of our landlord being Clear Channel, we assumed that the Lee County Utility office understood that Reddy Ice was, at that time, being supplied through the landlords facility. I suppose this was attributable to our lack of exposure to the rate schedule and the inner workings of your rating system and or the mechanics of its ramifications etc. As a new consumer under your control in your field of utility territorial responsibility, we assumed you were aware of the hi volumes of water associated with ice production. Again, we, as consumers of your utility services, assumed the appropriate rate would be automatically applied or we would be so advised as to what needed to be changed physically in or facility to meet prescribed criteria. Our LANDLORD, Clear Channel Real estate, was also ignorant of the insuring details involved in modifying our facility's water & sewer systems to accommodate the idiocyncrocies of Lee County 's Utility system.

As you observed, once Reddy Ice was given direction by your staff, with in 30 days we had made \$20,000.00 dollars worth of modifications to our facilities as you staff requested.

Eventually, on December of 2000, the appropriate rate was in fact applied to our billing account, referred to as Classification: "Non Irrigation," at the rate of \$2.18 per 1,000 Gallons.

At that time however, no methods were provided for restitution of the previous 88% overpayment period.

#### THE SECOND ISSUE IS MISAPPLIED **SEWER** rates.

In August of 2000, a rate correction was also ultimately issued to Reddy Ice sewer account, stopping these also inappropriate sewer charges for water, the majority of which was being frozen and exported by truck to other destinations.

#### Again, no provision was made to correct the previous inappropriately rated charges.

The permitting and \$20,000.00 Dollars in the plant's drains and plumbing modifications, has allowed us to totally avoid the sewer costs through total disconnection of the production portion of the plant, from the sewer system.

It is noteworthy, that this disconnection, was the only significant change in plant operations since the first production months. Reference the attached audited recapitulation sheets.

#### **Attached Documents**

RE: Reddy Ice Restitution Claim

- 1. Chronological Order of Events. Two pages
- 2. The testimony letter on Ready Ice letterhead signed by Jack Benitez, Plant Manager, and Charles G. Don, III, Clear Channel's Vice President, regarding the specific lease to Ready Ice. This attests to its date of origin and the reference that Ready Ice had paid all bills in question and hence entitled to any and all rebates credits or restitution thereof.
- 3. A copy of the Clear Channel lease agreement with Ready Ice. Twenty eight pages
- 4. A copy of the current occupational license.
- 5. Rates, Changes, and Credits Calculation Review. Two pages

#### **Chronological Order of Events**

| January 1, 1999<br>Through September 1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ready Ice begins tenancy under Land Lord, Clear Channel Real Estate and initiates reconstruction of the rented facility to conform to their ice plant configuration. During this interim period, R/I is modifying space, assembling ice production line equipment, and fabricating new and reconstructed ice manufacturing refrigeration equipment. R/I is also busy hiring and training personnel to operate plant. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| September 1999 October 19 .W/S bill was sent to Clear Channel and ultimately faxed on Oct 29 to Reddy Ice . This filtering of utilities, through the landlord is common in the industry because it gives the landlord first insight to cut off notices. Landlord simply adds the amounts to the lease monthly billing. This style of billing was as yet not a problem for either party because R/I personnel were preoccupied building the plant until October, when the Plant first began using water for ice production. | Full Ice production begins in plant.  First ice production, water and sewer billing received by R/I from utility company for \$12,996.75. This bill is an increase over their average of \$85 - \$400 previous water and sewer bills.                                                                                                                                                                                |
| October 1999 Mrs. Pond was passed to Terry who immediately stipulated that payment must be paid by due date. Terry tells Mrs. Pond to call Glenn Greer who in turn tells her to call a Mr. Swift.                                                                                                                                                                                                                                                                                                                          | R/I office manager, Rosemary Pond, calls local Lee County representatives utility company requesting action to correct the amount of water and sewer dollar billings. Inquires as to possibility of meter inaccuracy or incorrect rate application to R/I account.                                                                                                                                                   |
| November, first week Swift returns call.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A return call was made from Jim Swift in November. He just listened and told Reddy Ice that he would be gone on vacation till fist week January and would follow up at that time.                                                                                                                                                                                                                                    |
| Feb 15 <sup>th</sup> met with Palate (spelling)? regarding pre treatment requirements. We give full cooperation.                                                                                                                                                                                                                                                                                                                                                                                                           | First visits from Mr. Swift, accompanied by a violations inspector from city of Fort Myers and two others, four men, all in response to Mrs. Ponds call for assistance.  Much discouragement resulted herein that they simply appeared to be on MISSION TO OFFER DISCOURRAGEMENT at best resolving our dilemma.  To us, Reddy Ice, they seemed eager to discover any violation possible for which to site the plant. |
| January 14, 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Benitez, plant Mgr., fills out lengthy report form from Lee County Utilities of Ft. Myers.  Interim more high billings arriving every month, which we pay in full, in good faith, and in anticipation of corrective action to be taken by the utility company.                                                                                                                                                       |
| January 24, 2000Long period no action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | R/I Office Manager, Rosemary Pond writes Mr. Kevin Koehler responding with the Pre treatment Questioner filled out as requested by his office.  Mrs. Pond renews her request for assistance with the water and sewer overcharges as originally requested from the utility visiting team last November.                                                                                                               |

| May 2, 2000    | First written Lee County response only to the Sewer portion of our                                                                                                                                                    |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| •              | Sewer/Water hi bill complaint . R/I Responded immediately but received no                                                                                                                                             |
|                | counsel as to the high water rate.                                                                                                                                                                                    |
| May 15, 2000   | Mr. Maier's written notification that any proposed changes in water flow systems must first be in writing with sufficient drawings LCU to see clearly proposed changes. Rather discouraging correspondence as it also |
|                | does not address the hi water rate issue.                                                                                                                                                                             |
| June 22, 2000  | A Copy of letter from Maier to Mr. Stump relating to the Reddy Ice                                                                                                                                                    |
| June 22, 2000  | situation regarding more permitting and references to things that would not                                                                                                                                           |
|                |                                                                                                                                                                                                                       |
|                | apply to their needs. It appears to be a form letter of or simply misapplied                                                                                                                                          |
|                | for this situation.                                                                                                                                                                                                   |
|                | Again no focus directed to the hi billing complaints Many restrictions                                                                                                                                                |
|                | again and heightened reason for Reddy Ice concern.                                                                                                                                                                    |
| June 22, 2000  | R/I guarantees Health Environmental Dept. that no non-potable water will                                                                                                                                              |
|                | be exposed to the lawn through the irrigation system. Ready to proceed.                                                                                                                                               |
| June 29, 2000  | Environmental Service Dept. Public Works bills R/I a total of \$3,120.00 for                                                                                                                                          |
|                | a 1" sewer meter hookup tap fee, connection fee and deposit.                                                                                                                                                          |
| June 29, 2000  | SunTech Plumbing, Inc. submits bid for all work agreed to by the utility                                                                                                                                              |
|                | company at \$14,048.00 plus permits, plus electrical work, and plus new                                                                                                                                               |
|                | water meter. Ready to start.                                                                                                                                                                                          |
| July 5, 2000   | R/I Jack Benitez requesting permission to present the plan for changes to                                                                                                                                             |
| •              | the water and utility company's demands for land and building                                                                                                                                                         |
|                | modification.                                                                                                                                                                                                         |
| July 28, 2000  | Utility company installs and tests new meters and RPZ valves.                                                                                                                                                         |
| .August , 2000 | Appropriately the sewer portion of our billing is eliminated, drastically                                                                                                                                             |
| g,             | reducing dollar amounts. Notice, hi bills are accumulating since                                                                                                                                                      |
|                | September, 1999                                                                                                                                                                                                       |
| December, 2000 | The appropriate water rate is applied to our billing formula by Lee County                                                                                                                                            |
|                | Utilities drastically reducing dollar amounts paid. Notice, hi bills are                                                                                                                                              |
|                | accumulating since September, 1999                                                                                                                                                                                    |
|                | accumulating since depictment, 1777                                                                                                                                                                                   |

#### **Summary**

Re. Reddy Ice Restitution Claim

- A. Original notification that something was in error regarding the Reddy Ice water and sewer bill was filed the day the invoice was received by Rosemary Pond.
- B. Reddy Ice completed all the county and local requested modifications to their plumbing and building within thirty days of plan submission to the utility company for approval.
- C. Nearly 12 months had passed with 12 exorbitantly high sewer bills sent to Reddy Ice and paid for by Ready Ice in good faith.
- D. Nearly 16 months passed with 16 high water bills before the rate was granted.
- E. Lee County Utilities have as of August 2000, granted and readjusted Reddy Ice's sewer rate to the proper billing level.
- F. Lee County Utilities have as of December 2000, granted and readjusted Reddy Ice's water rate.
- G. With closely identical pounds of ice production since first production in October together with equally close water consumption, the mystery of what constituted an over charge is relatively easy to ascertain.

Many thanks to Lee County Utility for resolving these rate issues, and trust our rebate requests for funds overpaid during the interim Due-Diligence period while paperwork and misunderstandings were corrected, will meet with your understanding and approval.

#### In Conclusion

Reddy Ice, is a reputable and substantial contributor to the economic benefit of the locale as the third largest employer with thirty local employees and odviously a heavy tax supporter.

We in turn are served well by Lee County Water and Sewer utilities, an equally reputable and sound service provider.

We respectfully request your management to develop an equitable solution to this inadvertent over-billing to our accounts which is by now realized by everyone involved.

Respectfully submitted.,

Joel M Sinkule

Utility Billing project manager

Please direct questions or other responses to

2541 NE 11<sup>TH</sup>. Street, Suite #116, Pompano Beach, Florida 33062

while

Telephone (954) 933-0929

Fax (954) 993-0791

or

Rosemary Pond (941) 768-6841

RE: Reddy Ice Restitution
Page 1

\$6,062.54/mo.

#### RATES, CHARGES AND CREDITS REVIEW

#### Water Overcharges Due To Inappropriate Rate Schedule

A. October 1999 to August 2000 = \$24,308.97 12,659,000 gallons x \$1.92/000 gal. \$24,308.97

B. August 2000 to November 2000 = \$ 8,663.04 4,512,000 gallons x \$1.92/000 gal. \$ 8,663.04 Total Water Overcharges \$32,972.00

CREDIT REQUESTED: \$32,972.00

#### Sewer Overcharges Due To Inappropriate Rate Schedule

A. October 1999 to August 2000\*

Total Paid 12,659,000 gallons x \$3.52/000 gal. = \$44,559.68

Reddy Ice Consumption

Current separately metered ice production water total for December 2000 to July 2001 = \$7,622,000 gallons

8 months average gallons = 952,750 gal./mo. production factor

Based on this metered current factor:

952,750 gallons x 11 months\* = 10,480,250 total gallons

Previous Oct. 1999 to Aug. 2000 water (that sewer was billed from)

For 11 months = 12,659,000

Less 10,480,250 current use

= 2,179,000 gallons vs. 12,659,000

Sewer bill water should be \$7,670.08 (2,179,000 x \$3.52)

Based on above, customer was overcharged approx. \$8,875.00 ÷ 14 mos.

Actual billing was \$44,559.68 vs. \$7,670.08

**Total Sewer Overcharges** \$36,889.68 **CREDIT REQUESTED:** <u>\$36,889.68</u> Historical Data: Total \$96,889.00 \$9,680.90/mo. The first 10 month average water & sewer bill The next 4 month average water & sewer bill \$18,383.00 \$4,595.83/mo. Current program: Next 9 months water (no sewer) average \$2,171.91 \$19,574.24

RE: Reddy Ice Restitution Page 2

| DATE                  | GALLONAGE               | <u>AMOUNT</u>                                      |
|-----------------------|-------------------------|----------------------------------------------------|
| Oct. 8, 1999          | 1,643,000               | \$12,596.75                                        |
| Nov. 8, 1999          | 1,011,000               | 7,730.35                                           |
| Dec. 10, 1999         | 884,000                 | 6,752.45                                           |
| Jan. 10, 2000         | 832,000                 | 6,352.05                                           |
| Feb. 9, 2000          | 714,000                 | 5,443.45                                           |
| Mar. 9, 2000          | 985,000                 | 7,530.15                                           |
| Apr. 7, 2000          | 1,297.000               | 9,932.55                                           |
| May 11, 2000          | 1,676,000               | 12,850.85                                          |
| Jun. 8, 2000          | 1,653,000               | 12,673.75                                          |
| Jul. 13, 2000         | 1,903,000               | 14,598.75                                          |
| Aug. 7, 2000 (NI)     | 6,100                   | 437.90                                             |
|                       |                         | $$96,899.00 \div 10 \text{ mos. avg.} = $9,689.90$ |
|                       |                         | 45.040.49                                          |
| Aug. 7, 2000          | 1,309,000               | \$5,368.27                                         |
| Sep. 12, 2000         | 1,211,000               | 4,958.63                                           |
| Oct. 10, 2000         | 1,041,000               | 4,184.60                                           |
| Nov. 8, 2000          | 951,000                 | <u>3,871.83</u>                                    |
|                       |                         | $18,383.33 \div 4 \text{ mos. avg.} = 4,595.83$    |
| Dec. 15, 2000         | 1,227,000               | \$2,486.24                                         |
| Jan. 12, 2001         | 745,000                 | 1,655.75                                           |
| Feb. 12, 2001         | 745,000                 | 1,655.75                                           |
| Mar. 26, 2001         | 1,283,000               | 2,828.59                                           |
| Apr. 7, 2001          | 371,000                 | 840.43                                             |
| May 7, 2001           | 996,000                 | 2,202.93                                           |
| Jun. 6, 2001          | 1,068.000               | 2,359.89                                           |
| Jul. 6, 2001          | 1,187,000               | 2,619.31                                           |
| Aug. 6, 2001          | 1,315,000               | 2,898.35                                           |
| _                     |                         | $19,574.24 \div 9 \text{ mos. avg.} = 2,171.91$    |
| For 10 months overcha | irge of approx.         | \$7,517.99/month                                   |
| For 4 months overchar | ge of approx.           | \$2,423.92/month                                   |
| Projected Overcharge: | \$34,875.60 ÷ 14 mos. = | \$6,062.54                                         |

# Red &

## PACKAGED ICE, INC.

11-26-01

September 24, 2001

Lee County Utilities P.O. box 2737 Ft. Myers, FL 33902-2737

Dear Sirs:

This letter is to inform and certify that Reddy Ice Corp., a tenant of Clear Channel Real Estate, has leased a specified portion of the building located at 13320 Metro Parkway since January 1, 1999 and from that date until November, 1999, the water/sewer bills incurred at that location were included in the monthly lease payment to Clear Channel Real Estate.

In November 1999, the billing address on the account was changed to 13320 Metro Parkway, instead of 406 Reo Street, Tampa Fl. The payment for services continued to be made by Reddy Ice. In December 2000, Reddy Ice requested and received an account set up under their name with Lee County Utilities.

Reddy Ice is able, upon request, to provide proof of all payments by copy of cancelled check or cash receipt.

Therefore, as all charges for water and sewer were paid by Reddy Ice from January 1, 1999 to present, Clear Channel Real Estate directs any rebates, credits or restitution involving these said billings to the Reddy Ice accounts.

For Reddy Ice Corp:

Jack Benitez

Plant Manger

Dated: 9-24-01

Witness Takein Of Themport

For Clear Channel Real Estate, Inc.

Leisa Newcombe Charles 6. Don III Property Manager Vice President

Dated:

Witness: Kallelelllule

#### Ľ

#### LEE COUNTY OCCUPATIONAL LICENSE

LICENSE YEAR:

OCTOBER 1, 2001 THRU SEPTEMBER 30, 2002

LICENSE NO:

000037

**SEC:** 482

CODE:

30.0

**DESCRIPTION:** 

DISTRIBUTOR

**BUSINESS NAME:** 

REDDY ICE CORP

OWNER:

PACKAGED ICE INC

**PHYSICAL ADD:** 

13320 METRO PARKWAY

FT MYERS FL 33913

MAILING ADD:

13320 METRO PARKWAY

FT MYERS FL 33913

POST CONSPICUOUSLY WITHIN THE PLACE OF BUSINESS AFTER SUBMITTING PAYMENT WITH THE ATTACHED BILL

(fold here)

2001-2002

License becomes delinquent October 1st, at which time the law imposes a 10% penalty, plus 5% per month thereafter, maximum penalty is 25%.

If you are submitting payment within the months listed below, include the following penalty to license fee only, do NOT calculate the penalty on the Surcharge fee or Unpaid Prior Year penalty.

October - 10% penalty, November - 15% penalty, December - 20% penalty, January through September - 25% penalty.

#### FAILURE TO RENEW THIS LICENSE COULD RESULT IN A FINE OF UP TO \$250.00 PER F.S. 205.053.

This statement does not include Tangible Personal Property Taxes. Any questions concerning these taxes contact the Property Appraiser's Office (941/339-6100).

If you have MOVED, CHANGED the BUSINESS NAME or the OWNERSHIP, a new application must be filed. DO NOT WRITE OR MAKE CHANGES ON THIS NOTICE. Please contact the Tax Collector's Office at (941/339-6000) or access our web site at http://www.leetc.com.

IMPORTANT - THIS LICENSE IS ONLY VALID FOR THE OCCUPATION AND LOCATION INDICATED. LICENSES MUST BE ISSUED FOR EACH ADDITIONAL LOCATION.

Call Lee County Pollution Prevention (941/479-8126) for questions concerning the Hazardous Waste SURCHARGE.

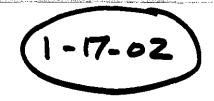
DETACH CAREFULLY AND RETURN LOWER PORTION WITH PAYMENT.

D VEP 1 9 2001

11-22-1

چ.





BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number

(941) 479-8181

Bob Janes District One

<u>VIA FACSIMILE 954-971-7550</u> | \$33- x94/ CERTIFIED MAIL Z 311 921 863

Douglas R, St. Cerny District Two

January 17, 2002

District Three

Andrew W. Coy

District Four

John E. Albion District Five

Donald D. Stilwell County Manage

James G. Yaeger County Attorney

Diana M. Parker County Hearing

Examiner

Mr. Joel M. Sinkule

Energy Diagnostic Services, Inc. 275 Commercial Blvd., Suite 207 Lauderdale-by-the-Sea, FL 33308

SUBJECT: Reddy Ice Account #1028846-2

Dear Mr. Sinkule:

After an extensive analysis of this case to include a review of the materials that you provided and our own records, we would like to present our findings and disposition for this matter:

- The entity opening the initial account was Clear Channel Real Estate. At that time (October 1999), there was no mention of an ice-producing tenant.
- 2. In November 1999, Reddy Ice representatives complained about high water bills and requested our assistance.
- 3. In July 2000, a separate meter and a "Z" account were established. An environmental (Industrial Pretreatment) inspection was performed and the plumbing corrections were approved.
- 4. From August 2000 the "Z" rate was intended to be in effect. Sewer charges were not billed, but the \$2.18 rate was not applied to the new water meter's consumption.
- 5. In December 2000, the account was changed to Reddy Icc.
- 6. Water consumption was billed from August 2000 through November 2000 at the normal inverted rate, and should have been billed at the "Z" (flat) rate of \$2.18 per 1000 gallons.

Based on the above information, we will credit Reddy Ice's account the difference between the "Z" rate and the amount billed for the period between August 2000 and December 2000. Our accounting staff has calculated a credit amount of \$8,484.00. We will credit account # 1028846-2, \$2,484.00 the first month and then credit the account \$2,000.00 each month thereafter for three (3) consecutive months, until the total amount of \$8,484.00 has been credited to Reddy Ice.

SCANNED

027215

JAN 17 2002

P.O. Box 398, Fort Myers, Florida 33902-0398 (941) 335-2111 Internet address http://www.lee-county.com AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

Recycled Paper

Mr. Joel M. Sinkule RE: Reddy Ice January 17, 2002 Page 2 of 2

Since the necessary plumbing repairs for the change to the "Z" rate were not completed until July 2000, we cannot make any adjustment to the billings prior to that month (those between October 1999 and August 2000). We hope this credit resolves your client's concerns. If you have any further questions, please contact my office at 941-479-8779.

Cordially,

LEE COUNTY UTILITIES

Rick Diaz, P.E. Unlities Director

RD:ac

cc: J. I

J. Lavender, Public Works

D. Owen, Assistant County Attorney

C. Andrews, Utilities



INNOVATIVE SOLUTIONS FOR TRADITIONAL EXPENSES



ENERGY DIAGNOSTIC SERVICES, INC.

February 14, 2002

Mr. Rick Diaz, P.E. Utilities Director Lee County Utilities P.O. Box 398 Fort Myers, Florida 33902

Subject: Receipt of Certified letter mail #Z311921863 and the LCU Credit to Account

#1028846-2, Meter #0060180647 for Reddy Ice Corporation, Fort Myers, Florida.

A. In reference to your Certified letter dated January 17, 2002:

Due the integrity of the parties involved, your personal scrutiny and intercession is needed here to further investigate these original issues as stated in our 11/26/01 claim.

We are disappointed that the response letter failed to fully address the sewer portion of our claim and clouded the water rating issue.

Debating the issues by mail will accomplish nothing except escalate legal issues to the point that the initial intent of the parties will become totally obscure. Namely that:

- 1. Reddy Ice has always been in the business of employing local people to manufacture ice by freezing city domestic water, and harvesting such into bags for delivery. Our sixty plants consistently provide such service throughout the United States. Our manufacturing of ice was not, intended to be a process kept secret from the utilities. Hundreds of broadly, identified truck load deliveries of ice throughout the community would, of course, make such secrecy impossible.
- 2. You would agree that no public service utility would or should endeavor to charge for services never delivered to a tax paying business entity, whether the error is discovered prior to or following the filing of paperwork.

In the public's eyes and utility ruling bodies, once the true facts come to light, such honorable parties adjust the paperwork to accommodate the truth and the wronged parties involved should get restitution.

SCANNED

035452

Beyond this statement of purpose, it is our intention to restate our position regarding these matters before any and all legally recognized non-prejudice authorities, until these issues are resolved with equity and integrity. We will employ whomever necessary to recover these overpayments.

- B. In reference to your credit of \$2,484.00 to our water Account #1028846-2, Meter #0060180647, received as a credit to our current water billing:
  - 1. It must be understood that Reddy Ice's acceptance of this credit in no way nullifies or negates our still pending claim for water overpayments restitution of \$32,972.00 filed with you on Reddy Ice letterhead dated 11/26/01, addressed to your attention. They are accepting this temporarily as a credit to the <u>water portion</u> of our above-mentioned Water Claim, leaving a Water Overpayment Claim pending balance of \$30,488.00. Should this not meet with your approval, please advise this office immediately.

Thanking you in advance for your timely intercession in this matter and a 10-day response, if possible, so as to finalize our position in these matters.

Respectfully submitted,

Joel M. Sinkule Project Manager

cc: Reddy Ice





PACKAGED ICE INC CC! Rul Diaz

8-19-02 Jun Lavender

DESCRIPTION

David Ower

August 19, 2002

Donald Stilwell County Manager P.O. Box 398 Ft. Myers, FL 33902 BOARD OF COUNTY COMMISSIONERS

SEP 0.3 RECT

Subject:

Reddy Ice Mfg. Corp.

Recovery of \$69,972.60

Of Lee County Utilities "LCU" Water / Sewer Mis-billings

This letter is an attempt to avoid embarrassment, litigation expense, and unnecessary bad press for Lee County. We need your assistance. Enclosed is an outline of our claim filed with LCU on 11/26/01. We were granted 12% of our overpayments, which is unacceptable when you understand that it was LCU's negligence that caused the account to be mis-rated.

Reddy Ice of Ft. Myers is a solid taxpayer, provider of 30 individual's employment, a good citizen of this County, and owner of 60 other plant locations throughout the United States.

The matters at hand are as follows:

An extended period of time has passed since our last request to LCU filed on 2/14/02 (Reference Exhibit #1\_\_\_\_). Since this date we have had no response to this 2<sup>nd</sup> written request or a response to our phone calls. We feel we have respectfully allocated enough time for a response. We now have no other peaceful option but to involve the Commissioner's and your objective logic.

The focus of the three main issues are:

The lack of clarity in the 1999 LCU Customer Rate Schedule indicates that the customers were never intended to determine for themselves which rate best applied to their business. Ref. EXHIBIT #A1 to 6 (to validate your own opinions).

The May 2002 Internet-posted rates documents (A7) are very clearly stated and obviously intended for customer review. The rates as of last May is much improved, but far too late for Reddy Ice's mis-rated status. It appears our rate just evolved and was assigned to us by the service provider's personnel. No questions regarding the intended use or nature of the business were asked of Reddy Ice.

2. The absence of a "due diligent" customer service representative, left the high volume commercial water and sewer user without the information necessary to select the correct rate. Unwittingly the County Service Employee placed this large volume business applicant (us) on a commercial low volume water rate without a hint that other sewer and water rates were also available, which would be favorable to us. In this case, the tenant and landlord were both blindsided by the application procedure until the outlandish increase of \$11,600 over the previous billing occurred on 10/29/99, the first month of production.

# ADDITIONAL INFRACTIONS OF CUSTOMER SERVICE:

\*Due Diligence negligence occurred when LCU representatives did not take action regarding the \$12,000 billing reported by Reddy Ice. The production cost of water per pound of ice was out of line with our other plants. LCU still did not investigate or question the original rating assignment protocol. INSTEAD, AN ENVIRONMENTAL AUDIT TEAM SHOWED UP 60-90 DAYS LATER SEEMING TO TOTALLY IGNORE THE ORIGINAL COMPLAINT.

Again LCU representatives were derelict in their duty by not immediately discovering at that point, that the wrong rate had been applied to the REDDY ICE ACCOUNT. Their hardball approach seems inappropriate when one knows what role they played in causing this rating error.

Out of frustration, CORPORATE HEADQUARTERS ordered a utility evaluation audit that uncovered the \$36,889.60 SEWER and \$32,972 WATER OVERCHARGES. At that point, the result was the 1<sup>st</sup> letter to Carolyn Andrews and letter filed to Mr. Diaz on 11/26/01. Fifty-one (51) days later, on 1/17/02, LCU replied with a 12% restitution sum. Reddy Ice re-filed a petition on 2/18/02 to review the claim. To this date, six months later, still no response from Mr. Diaz, or Lee County.

\*Regards the misapplied sewer rates that were not finally corrected by LCU until August of 2000. They did not choose to credit back to the period when the rating error was created. Additionally note that Mr. Diaz's response totally ignored the sewer overcharges. We were charged approximately \$37,000.00 for sewer charges when sewer service was not provided.

As to the physical capacities of the plant's operation, our documented records indicate that we were being billed for services not rendered by the Fort Myers sewer treatment plant in that our sewer charges were for ASSUMED VOLUMES that matched our metered input to the plant. This is not the case since the ice is manufactured from water and trucked away from the plant. In addition, runoff is used to compensate the water evaporated by our water cooling towers and our continuous need for irrigation water which we collect in a holding tank.

Another point that would prove our water use versus water wasted to drain is that the ice producing equipment must be operated in a consistent manner or production will suffer a loss. This is validated by the correlating amounts of water used in the present

year with the newly installed meter, to the number of pounds of ice produced and the meter reading in the previous year prior to installation of the second meter. All things being equal, why would it not be fair to assume that the current monitoring is akin to the drain usage of that previous year. We could not possibly change and effect our plants water usage habits and yet still be as effective freezing and selling the near same pounds of ice. These characteristics can be clearly documented. The fact is that we were paying for phantom water to drain due to the errors sighted previously, and this amounted to approximately \$37,000.00, as previously stated. A service we were charged for, but did not receive.

We are respectful of LCU's position in needing to know exactly how much is going to the drain, but in this unusual circumstance, the documented consistency of our equipment, the chain of events previously described and the fact that the time delays were not due to Reddy Ice, it is fair and logical that a compromise for us is in order. We demonstrated good faith immediately to all county requests by making \$20,000.00 dollars of drain modifications within thirty (30) days, exactly as we were told.

We feel that our submitted average usage of water and production of ice were consistent enough between the two years in question that, under these trying circumstances, you should accept the current properly metered results of the following year to fairly represent the production to water usage habits of the previously non-metered year.

This is a judgement call, but one that can be substantiated by our documented production and metered water usage and one that is LOGICAL AND CONSTANT ENOUGH, to cause us to seek a fair solution from you and full reimbursement of our claim. We are willing to appear before any and all legal bodies or until these overpayments are recovered or other means are devised by you to recover these payments.

# Miscellaneous other points of fact:

- \*Note that 4-5 months passed before Reddy Ice was given a signal as to what modification to their drains would satisfy LCU.
- \*All of these months were high bills honorable paid by Reddy Ice in good faith that the county would correct the matter in a timely and fair manner.
- \*We now, by no LCU response, are being told that these GOOD FAITH PAID OVER BILLINGS sums are unrecoverable form the County.
- \*The disconnection from the sewer system was to be the only significant modification in the plant since the October 1999 first production month. Reference the attached recapitulation sheet showing production and water consumption.

Fairness should be the byword for any UTILITY COMPANY SERVING CONSUMERS. We have faith in this premise, but please understand that we will proactively pursue this issue to

whatever level necessary, with the means necessary, to achieve full recovery of all overpayments.

We are looking to your impartiality to peacefully resolve this misunderstanding and will provide you with whatever materials or personal presentations that you deem necessary to set this matter straight. We would appreciate a proactive response within fifteen (15) days so we can determine our next course of action.

Respectfully submitted,

Rosemary Pond

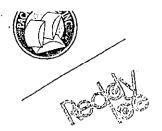
Office Manager

Reddy Ice Corp.

cc: County Commissioners

Joel Sinkule, Energy Diagnostic Services, Inc.

# PACKAGED ICE, INC.



8-19-02

PREVIOUS GRASPON dence

September 19, 2001

LEE COUNTY UTILITIES 7401 College Pkwy. Ft. Myers, FL 33907

ATTENTION: Carolyn Andrews, Customer Services Manager

Subject: Water-Sewer billings previously paid by Reddy Ice

A corporate phase I audit of our utility payables indicated an error in our <u>ICE MANUFACTURING</u> <u>PLANT'S WATER BILLINGS</u> from Lee County.

#### Re. Water rate issues:

It appears the nature of our manufacturing business was not realized by the Utility's office and we were inadvertently billed, unbeknownst to us, under the same category as a "residence or Non-Manufacturing business". We assumed our production plant had been rated appropriately.

On December of 2000, the appropriate water rate for (a customer that remanufactured water as a retail product) was applied to our account, resulting in a \$1.92 billing rate reduction that was very much appreciated. However, no method was provided for restitution of the previous 88% over payment period or any portions there-of.

Re. Sewer rate issues:

On August of 2000, a RATE correction was issued, eliminating the sewer charge. On December the "Z 1.5" rate named "Non-irrigation was applied as a production plant. Again no provision was made to correct the previous non appropriately rated charges, < Ref. P.6, Table G, water billing Rate Changes FY93-94. (RTINC94) water.>.

It's important to notice that nothing in our production methods changed, only the bill rating from LCU. Reference the attached audit recapitulation.

Please advise how best Lee County Utilities can rectify these inadvertent incorrect previous billed and paid amounts.

As you know, Mr. Robert Young and Mr. Joel Sinkule will be visiting your offices to work out the details of such restitution.

Please extend to them the full courtesies you have given our local management.

Thank you in advance for your cooperation in this now pressing corporate matter.

Respectfully Submitted,

Rosemary Pond Office Manager Rick Diaz Utility Director Lee County P.O. Box 398 Fort Myers, FL 33902

copies to: Carolyn B. Andrews under separate cover.

11/26/01

SUBJECT: Reddy Ice Restitution Claim

Dear Mr. Diaz:

Reddy Ice Co., of Fort Myers, Florida, at the direction of Carolyn B. Andrews, is submitting this restitution claim for your investigation and anticipated approval.

In briefest format (A&B), the magnitude of the claim is as follows. Specific detail and required documents are attached for your reference:

A) Re: SEWER CHARGE OVERPAYMENTS:

Period: October 1999 through August 2000

Units overpaid:

10,480,000 gallons of sewer related charges @ \$3.52/1000 gallons.

Versus 2,179,000 gallons of now correctly documented used sewer

gallons

Total restitution amount value is \$36,889.60 of OVERPAID dollars.

B) Re: WATER CHARGE OVERPAYMENTS

Period: October 1999 through December 2000

Units overpaid:

17,171,000 gallons of water related charges @ \$4.07/1000 gallons.

Versus \$2.15/1000 gallons

@ \$1.92 OVERCHARGE = \$32,972.00 dollars.

Total restitution amount value is \$32,972.00 of OVERPAID dollars.

# TOTAL RESTITUTION CLAIM: \$69,861.60

An appointment to finalize this matter would be appreciated. Please call me at your convenience at 954-933-0929, Fax: 954-933-0791.

Respectfully Submitted,

Joel M. Sinkule Utility Billing Project Manager

RE: Reddy Ice Restitution Page 1

## RATES CHARGES AND CREDITS REVIEW

| Water Overcharges | Due To Inappr | ropriate Rate Schedule |
|-------------------|---------------|------------------------|
|                   |               |                        |
|                   |               |                        |

Overcharges A. October 1999 to august 2000 \$24,308.97

12,659,000 gallons x \$1.92/000 gal.

\$24,308.97

В. August 2000 to November 2000 \$8,663.04

4,512,000 gallons x \$1.92/000 gal.

8,663.04

Total Water Overcharges

\$32,972.00

# CREDIT REQUESTED: \$32,972.00

# Sewer Overcharges Due To Inappropriate Rate Schedule

October 1999 to August 2000\* A. Total Paid 12,659,000 gallons x \$3.52/000 gal. =\$44,559.68

# Reddy Ice Consumption

Current separately metered ice production water total for

December 2000 to July 2001 7,622,000 gallons

952,750 gal./mo. production factor 8 months average gailons

Based on this metered current factor:

952,750 gallons x 11 months\* 10,480,250 total gallons

Previous October 1999 to August 2000 water (that sewer was billed from)

12,659,000 For 11 months

10,480.250 current use Less

2,179,000 gallons vs. 12,659,000

Sewer bill water should be \$7,670.08 (2,179,000 x \$3.25)

Actual billing was \$44,559.68 vs. \$7,670.08

Total Sewer Overcharges \$36,889.68

#### CREDIT REQUESTED: \$36,889,68

# Historical Data:

| The first 10 month average water & sewer bill | = | \$9,680.90/mo. | \$96,889.00 |
|-----------------------------------------------|---|----------------|-------------|
| The next 4 month average water & sewer bill   | = | \$4,595.83/mo. | \$18,383.00 |

# Current program:

\$19,574.24 \$2,171.91 Next 9 months water (no sewer) average Based on above, customer was overcharged approx. \$8,875.00 ÷ 14 mos. = \$6,062.54/mo. February 18, 2002

Mr. Rick Diaz, P.E. Utilities Director Lee County Utilities P.O. Box 398 Fort Myers, Florida 33902

Subject: Receipt of Certified letter mail #Z311921863 and the LCU Credit to Account #1028846-2, Meter #0060180647 for Reddy Ice Corporation, Fort Myers, Florida.

A. In reference to your Certified letter dated January 17, 2002:

Due the integrity of the parties involved, your personal scrutiny and intercession is needed here to further investigate these original issues as stated in our 11/26/01 claim.

We are disappointed that the response letter failed to fully address the sewer portion of our claim and clouded the water rating issue.

Debating the issues by mail will accomplish nothing except escalate legal issues to the point that the initial intent of the parties will become totally obscure. Namely that:

- 1. Reddy Ice has always been in the business of employing local people to manufacture ice by freezing city domestic water, and harvesting such into bags for delivery. Our sixty plants consistently provide such service throughout the United States. Our manufacturing of ice was not, intended to be a process kept secret from the utilities. Hundreds of broadly, identified truck load deliveries of ice throughout the community would, of course, make such secrecy impossible.
- 2. You would agree that no public service utility would or should endeavor to charge for services never delivered to a tax paying business entity, whether the error is discovered prior to or following the filing of paperwork.

In the public's eyes and utility ruling bodies, once the true facts come to light, such honorable parties adjust the paperwork to accommodate the truth and the wronged parties involved should get restitution.

Beyond this statement of purpose, it is our intention to restate our position regarding these matters before any and all legally recognized non-prejudice authorities, until these issues are resolved with equity and integrity. We will employ whomever necessary to recover these overpayments.

- B. In reference to your credit of \$2,484.00 to our water Account #1028846-2, Meter #0060180647, received as a credit to our current water billing:
  - 1. It must be understood that Reddy Ice's acceptance of this credit in no way nullifies or negates our still pending claim for water overpayments restitution of \$32,972.00 filed with you on Reddy Ice letterhead dated 11/26/01, addressed to your attention. They are accepting this temporarily as a credit to the water portion of our above-mentioned Water Claim, leaving a Water Overpayment Claim pending balance of \$30,488.00. Should this not meet with your approval, please advise this office immediately.

Thanking you in advance for your timely intercession in this matter and a 10-day response, if possible, so as to finalize our position in these matters.

Respectfully submitted,

Loch Sinkule By Joel M. Sinkule Project Manager

cc: Reddy Ice

Exhilit A-8-19.02

LEE COUNTY SEWER SYSTEM
MONTHLY SERVICE CHARGES
FY93-94

TABLE A

TON

137,4181

149,4181

CLASSIFICATION

Single unit (R001)

MONTHLY SERVICE CHARGE

\$ 12.15 per unit/account

### TABLE B

| CLASSIFICATION                      | MONTHLY SERVICE<br>CHARGE                               |  |
|-------------------------------------|---------------------------------------------------------|--|
| Multi-Unit (M002, M003, M004, M005) | \$ 7.35 per unit                                        |  |
| RV (M006)                           | \$ 7.35 per unit 1<br>7.35 per unit<br>\$ 5.10 per unit |  |
| Combination Residential/RV (M007)   | \$ 9.20 per unit                                        |  |
| Loop Line Multi-unit (Lxxx)         |                                                         |  |

## TABLE C

## CLASSIFICATION (Metered & Unmetered)

Commercial (Cxxx) Non-Irrigation (2010 thru 2999)

| METER<br>Size                                     | ERU-Ratio                                                  | MONTHLY SERVICE<br>CHARGE                                                                                                      |
|---------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 5/8"<br>3/4<br>1<br>11/2<br>2<br>3<br>4<br>5<br>8 | 1<br>1.50<br>2.50<br>5<br>8<br>16<br>25<br>50<br>80<br>145 | \$ \$\begin{align*} 12.15 \\ -16.75 \\ -25.95 \\ -49.00 \\ -76.65 \\ -233.20 \\ -463.45 \\ -739.70 \\ \$ 1,338.35 \end{align*} |

#### USER CHARGE

#### TABLE D

CLASSIFICATION (Metered)

AREA

3FMSS ELCSS

FMBSS

Single-unit (RD01)
Multi-unit (M002, M003, M004, M005) RV (M006)

Combination Residential/RV (M007)
Loop Line Multi-unit (Lxxx)

(or portion thereof)

Per Thousand Gallons

USAGE

CHARGE # 3.52 per 1,000

Usage in this table applies to all units served by a meter providing LCU water service.

Per unit 1 - 12,000 maximum

#### TABLE E

CTASSIFICATION (Unmetered)
Single-unit (R001)
Multi-unit (M002, M003, M004, M005)
RV (M006) Combination Residential/RV (M007) Loop Line Multi-unit (LXXX)

| <u>area</u> | <u> </u>  | CHARGE           |
|-------------|-----------|------------------|
| sfmgs       | Flat Rate | \$15.84 per unit |
| Elcss       | Flat Rate | 15.84 per unit   |
| FMBSS       | Flat Rate | 15.84 per unit   |

#### TABLE F

CLASSIFICATION (Metered & Unmetered)
Commercial (Cxxx)
Non-Irrigation (2010 thru 2999) Per Thousand gallons (or portion thereof)

| AREA  | USAGE             | CHARGE              |
|-------|-------------------|---------------------|
| stmss | i gallon and over | \$3.52 per thousand |
| Elcss | 1 gallon and over | 3.52                |
| FMRSS | 1 gallon and over | 3.52                |

Unmetered usage charges are calculated using average consumptions (WG\_CONSMP field) as estimated by LCU.

7

# CLASSIFICATION (Unnetered)

| Commercial (CNOK)                        | MONTALY<br>SERVICE CHARGE                                                               |
|------------------------------------------|-----------------------------------------------------------------------------------------|
| METER<br>STZE                            | FIAT RATE                                                                               |
| 5/8"<br>3/4<br>1<br>1 1/2<br>2<br>3<br>4 | \$ 16.00<br>23.90<br>39.80<br>79.60<br>127.35<br>254.65<br>357.90<br>795.80<br>1,273.25 |
| <u>ዩ</u><br>10                           | 2,307.75                                                                                |

INCS94)

EX. A-3 8-17-02

# WATER BILLING RATE CHANGES FY93-94

# MONTHLY SERVICE CHARGES

## TABLE A

# CLASSIFICATION

MONTHLY SERVICE CHARGE

Single-family (R001)

\$ 8.10 per unit/account

# TABLE B

| CLASSIFICATION                                                                                              | MONTHLY SERVICE<br>CHARGE                                           |  |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| Multi-Unit (M002, M003, M004, M005) RV (M006) Combination Residential/RV (M007) Loop Line Multi-unit (Lxxx) | \$ 4.75 per unit<br>3.30 per unit<br>5.95 per unit<br>4.75 per unit |  |

# TABLE C

| CLAS | SIFI | CATI | ON |
|------|------|------|----|
|      |      |      |    |

Commercial (Cxxx)
Irrigation (Ixxx)
Non-Irrigation (Zxxx)

MONTHLY SERVICE CHARGE

| Mcter Size                        | ERU-Ratio                                 | 1 22 3 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6                                    |
|-----------------------------------|-------------------------------------------|---------------------------------------------------------------------------------|
| 5/8" 3/4 1" 1 1/2" 2" 3" 4" 6" 8" | 1 .50<br>2.50<br>5<br>8<br>16<br>25<br>50 | \$5.8.101<br>11.00=<br>16.90<br>31.65.<br>49.30=<br>-96.40<br>-149.35<br>296.50 |
| 10"                               | 145                                       | ₹855.70⊘                                                                        |

## WATER BILLING RATE CHANGES FY93-94

€X.A-4 8-17.02

## USER CHARGE

## TABLE D

# CLASSIFICATION

| Single unit (per account) Combination Residential/RV (M007)   | Per thousand gallons (or portion thereof) |
|---------------------------------------------------------------|-------------------------------------------|
| USAGE                                                         | CHARGE                                    |
| 1 - 6,00<br>6,001 - 12,00<br>12,001 - 18,00<br>18,001 and ove | 00 2.68<br>3.18                           |

Usage in this table applies to each unit or per account as applicable.

## TABLE E

## CLASSIFICATION

| Multi | unit | : (per | unit) | }      |
|-------|------|--------|-------|--------|
|       |      | )3, MO |       |        |
| Loop  | Line | Multi- | -unit | (LXXX) |

Per thousand gallons (or portion thereof)

|                | USAGE                                      | CHARGE                         |
|----------------|--------------------------------------------|--------------------------------|
| 4,801<br>9,601 | - 4,800<br>- 9,600<br>- 14,400<br>and over | \$2.18<br>2.68<br>3.18<br>4.18 |

Usage in this table applies to each unit.

## TABLE F

# CLASSIFICATION

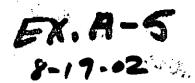
RV (M006)

Per thousand gallons (or portion thereof)

|     | USAGE    | CHARGE |
|-----|----------|--------|
| 1   | - 3,300  | \$2.18 |
| 301 | - 6,600  | 2.68   |
| 601 | - 9,900  | 3.18   |
| 901 | and over | 4.18   |

Usage in this table applies to each unit.

### TABLE G



# CLASSIFICATION

Commercial (Cxxx)

Per thousand gallons (or portion thereof)

|         | USAGE                                                             | CHARGE                         |
|---------|-------------------------------------------------------------------|--------------------------------|
| Per ERU | 1 - 6,000<br>6,001 - 12,000<br>12,001 - 18,000<br>18,001 and over | \$2.18<br>2.68<br>3.18<br>4.18 |

Usage in this table applies to each ERU

TABLE H

# CLASSIFICATION

Irrigation only (Ixxx)

Per thousand gallons (or portion thereof)

| USAGE           | CHARGE |
|-----------------|--------|
| 1 - 6,000       | \$2.68 |
| 6,001 - 12,000  | 3.18   |
| 12,001 and over | 4.18   |

Usage in this table applies to commercial irrigation accounts (Ixxx) using treated water solely for irrigation.

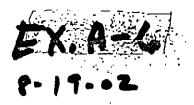
TABLE I

# CLASSIFICATION

Non-irrigation (Zxxx)

USAGE CHARGE
Per thousand gallons
ALL \$ 2.18

Consumption in this table applies to a commercial (2xxx) account which absolutely has no irrigation.



# WATER BILLING RATE CHANGES FY93-94

# ADMINISTRATIVE FEE

TABLE J

# CLASSIFICATION

Multi-unit (M002, M003, M004, M005)
RV (M006)
Combination Residential/RV (M007)
Loop Line Multi-unit

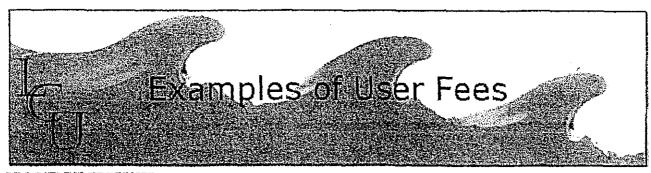
ACCOUNT PEE

CHARGE

Per account/bill

\$2.15

[RTINC94]WATER



Back

Residential

Commercial

**Irrigation** 

339-416

# Residential Examples

WASTE PATRICIA DiPieno

| Single Fa           | Single Family            |                                |
|---------------------|--------------------------|--------------------------------|
| Water & Sewer 6     | Water Only 6,000 gallons |                                |
| Monthly Water<br>Cl |                          |                                |
| Water Admin. Cl     |                          |                                |
| 6,000 c             |                          |                                |
| Monthly Sewer<br>Cl | 5.95                     | Monthly Water Base<br>Charge   |
| Sewer Admin. Ch     | 2.15                     | Water Administrative<br>Charge |
| 6,000               | 13.08                    | 6,000 x 2.18                   |
| Total Water & Sewer | \$21.18                  | Total Water Only 6,000         |

| Sin        | Single Family            |
|------------|--------------------------|
| Water & Se | Water Only 9,000 gallons |
| Monthly    |                          |
| Water Ad   |                          |

|               | 5.95    | Monthly Water Base Charge   |
|---------------|---------|-----------------------------|
| Monthly       | 2.15    | Water Administrative Charge |
| Şewer Ad      | 13.08   | 6,000 x 2.18                |
|               | 8.04    | 3,000 x 2.68                |
| Total Water 8 | \$29.22 | Total Water Only 9,000      |

| oits Multi-               | Multi-Family 2 units      |                             |
|---------------------------|---------------------------|-----------------------------|
| allons Water & Se         | Water Only 10,000 gallons |                             |
| Water Bas                 | *.                        |                             |
| Water Ad                  |                           |                             |
|                           |                           |                             |
| 9.50                      | 9.50                      | Water Base Charge 2 x 4.75  |
| rge 2.15 Sewer Bas        | 2.15                      | Water Administrative Charge |
| .18 20.93 Sewer A         | 20.93                     | 9,600 x 2.18                |
| 1.68                      | 1.07                      | 400 x 2.68                  |
| 000 \$33.65 Total Water & | \$33.65                   | Total Water Only 10,000     |

# **Irrigation Examples**

| Irrigation 1"            | Irri        |
|--------------------------|-------------|
| Water Only 9,000 gallons | Water & Sev |
|                          |             |

| 8-19-02                   |         |             |
|---------------------------|---------|-------------|
|                           |         | PiOndity    |
| Monthly Water Base Charge | 16.90   |             |
| 6,000 x 2.68              | 16.08   | ĺ           |
| 3,000 x 3.18              | 9.54    |             |
| Total Water Only 9,000    | \$42.52 | Total Water |

# **Commercial Examples**

| Commercial 5/8"           |                | Comn          |
|---------------------------|----------------|---------------|
| Water Only 6,000 gallons  | 5              | Water & Se    |
| 5/8" = 1 ERU's            | 5/8" = 1 ERU's |               |
|                           | ٠,             | Monthly       |
|                           |                |               |
| Monthly Water Base Charge | 8.10           | Monthly:      |
| 6,000 x 2.18              | 13.08          |               |
| Total Water Only 6,000    | \$21.18        | Total Water & |

| Commercial 1"                 |       | Com             |
|-------------------------------|-------|-----------------|
| Water Only 6,000 gallons      |       | Water & Se      |
| 1" = 2.5 ERU's or 6,000 x 2.5 |       | 1" = 2.5 ER     |
|                               |       | Monthly Water B |
| Monthly Water Base Charge     | 16.90 | Monthly !       |
|                               |       |                 |

| 1 | 6,000 x 2.18           | 13.08   |               |
|---|------------------------|---------|---------------|
|   | Total Water Only 6,000 | \$29.98 | Total Water & |

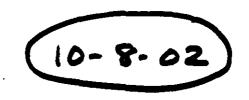
| Commercial 5/8"           |         | · Comn          |
|---------------------------|---------|-----------------|
| Water Only 9,000 gallons  |         | Water & Se      |
| 5/8" = 1 ERU's            |         | 5/8"            |
|                           |         | Monthly Water B |
|                           |         | ,               |
| Monthly Water Base Charge | 8.10    |                 |
| 6,000 x 2.18              | 13.08   | Monthly!        |
| 3,000 x 2.68              | 8.04    |                 |
| Total Water Only 9,000    | \$29.22 | Total Water &   |

| Com             |                               | Commercial 1"             |
|-----------------|-------------------------------|---------------------------|
| Water & Se      | Water Only 9,000 gallons      |                           |
| 1" = 2.5 ER     | 1" = 2.5 ERU's or 6,000 x 2.5 |                           |
| Monthly Water B |                               |                           |
|                 |                               |                           |
| Monthly !       | 16.90                         | Monthly Water Base Charge |
|                 | 19.62                         | 9,000 x 2.18              |
| Total Water &   | \$36.52                       | Total Water Only 9,000    |

Return Receipt

Rob James Commissioner, District 1 P.O. Box 398 Ft. Myers, FL 33902





Writer's Direct Dial Number: (239) 479-8181

**BOARD OF COUNTY COMMISSIONERS** 

Bob Janes District One

October 8, 2002

Douglas R. St. Cerny District Two

Rosemary Pond, Office Manager

Ray Judah District Three

Reddy Ice Corp

Andrew W. Coy

13320 Metro Parkway Fort Myers, FL 33912

John E. Albion District Five

SUBJECT: WATER/SEWER BILLING; REDDY ICE

AUGUST 19, 2002 CORRESPONDENCE TO

DONALD STILWELL, LEE COUNTY MANAGER

County Manager

James G. Yaeger

County Attorney

Donald D. Stilwell

Dear Ms. Pond:

Diana M. Parker County Hearing Examiner

Lee County Utilities (LCU) has previously reviewed and provided your company with the appropriate adjustments to your water and sewer billings based upon the facts and circumstances of your particular situation.

We regret the fact that your company initially opened its water and sewer accounts with us in the account originator/holder name of Clear Channel Real Estate, your landlord.

If your accounts had been originally opened in the Reddy Ice name, our employees would have noticed the nature of your business and would have asked the appropriate questions at that time. This would have enabled us to make the suitable arrangements for your account, which were made, but over a course of time during which your company was not eligible for the Water System "Z rate" (non-irrigation).

We respectfully stand in our position in this matter, and hope that you will understand and appreciate our situation as well as your own.

Cordially

LEE COUNTY UTILITIES

Rick Diaz, P.E. Utilines Director

cc:

**Board of County Commissioners** 

James G. Yaeger, County Attorney Donald Stilwell, County Manager

James Lavender, Director, Public Works Administration

David M. Owen, Chief Assistant County Attorney

Carolyn Andrews, Utilities Manager

Joel Sinkule, Project Manager, Energy Diagnostic Services, Inc.

S:\UTILS\RICKDIAZ\LETTERS\REDD\ICE.DOC

