Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Received & Inspected
DEC 20 2010
FCC Mail Room

Docket 02-60
Letter of Appeal
HCP 15977, Greene County Health Department

At Attachment 1 is the USAC Rural Health Care Division letter dated 2/24/10 denying our request for additional support for HCP 15977. Our request was based on the following information. For Funding Year 09 this HCP had as part of a state contract transformation gone from T1 ATM service to T1 MPLS service. We were directed by USAC that we must use a T1 MPLS Urban Rate. That Urban Rate for FY 09 was $260. per month. (Attachment 2 Form 466). During Funding Year 09 the Urban Rate for a T1 ATM in Virginia was $160. (Attachment 3 Letter from service provider)

Attachment 4 is the USAC denial of our appeal to use the T1 ATM urban rate for the T1 service provided to HCP 15977, Greene County Health Department, Virginia

We argue that based on the SECOND REPORT AND ORDER, ORDER ON RECONSIDERATION, AND FUTURE NOTICE OF PROPOSED RULEMAKING, adopted December 15, 2004, we be allowed to resubmit our Form 466 with the lower (T1 ATM) Urban Rate.

The SECOND REPORT AND ORDER states in Section II **Background**, paragraph 7 part (4) "revised the rules to allow rural health care providers to compare the urban and rural rates for functionally similar services from the perspective of the end user:"

We can demonstrate that a T1 ATM (1.54Mbps of bandwidth) and a T1 MPLS (1.54Mbps of bandwidth) provide functionally similar services to the end user, the clinician. At the University of Virginia we have a T1 MPLS connection for our Department of Corrections Telemedicine services. We are a node on their statewide network. We have, in the same room, a T1 ATM connection for our own Telemedicine network. The doctors use both workstations and from their clinical prospective there is no difference. The image quality and audio component are identical. Radiological images of the same size are transmitted in the same amount of time from both prison sites using the T1 MPLS and rural hospitals on the ATM connection.

In conclusion we feel that because the rural health care provider did not have a choice of T1 service and had to accept the T1 MPLS service provided by the telco they should not be penalized with having to use a higher urban rate and thus receive less Universal Service Fund support.

When this appeal is successful there will be 90 additional sites (Attachment 5 Virginia Department of Health sites receiving USF) that we also wish to change to receive the additional support.

If you require any additional information feel free to contact me. An expeditious resolution of this appeal is requested so that we might amend all the necessary paperwork and receive the appropriate funding.

Eugene V Sullivan
Director
Office of Telemedicine
University of Virginia
434.924.5076
evs5w@virginia.edu

USAC

Universal Service Administrative Company
Rural Health Care Division

30 Lanidex Plaza West
Parsippany, NJ 07054
Phone: 1-800-229-5476

2/24/10

South River Consultants, LLC
Attn: Cheryl Sullivan
1677 Octonia Rd
Stanardsville, VA 22973

RE: Funding Year 2009 Service Request for **Greene County Health Department** (HCP#15977)
Packet #91420

Dear Applicant:

Thank you for your interest in the telecommunications service support program for rural health care providers that the Universal Service Administrative Company (USAC) administers for the Federal Communications Commission (FCC). The Rural Health Care Division (RHCD) of USAC has completed a review of the FCC Forms that you submitted to RHCD for the purpose of receiving universal service support. Based on the information on these forms, we are unable to provide support to your carrier to enable you to receive the benefit of discounted telecommunications services for the funding year July 1, 2009 to June 30, 2010. This is because funding for the service was previously processed under packet ID 89618.

In addition, a copy of this letter was sent to the entities identified below as your servicing telecommunications carrier.

Telecommunications Carrier Name: Verizon Business Global LLC - fka MCI LLC & Subsidiaries
Service Provider Identification Number (SPIN): 143001197

The RHCD recognizes that you may disagree with our decision. If you wish to file an appeal, your appeal must be postmarked no later than 60 days after this letter was issued, starting with the date at the top of the letter. There are two appeal options:

A. Write an RHCD Letter of Appeal explaining why you disagree with the decision and what outcome you request, OR;

B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCDs decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first

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to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

   Letter of Appeal
   Rural Health Care Division
   2000 L Street, Northwest, Suite 200
   Washington, DC 20036
   Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 973-599-6514. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.

4. Identify the rural HCP Name and HCP Number from this letter.

5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the submitted information, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.

6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the letter you are appealing.

7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.

8. If the rural HCP disagrees with RHCDs response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Postal Service
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Fed-Ex/Express Mail
Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8AM – 7PM ET)

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For hand-delivered or messenger-delivered items, use the following address:
Federal Communications Commission
Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8AM – 7PM ET)

For security purposes, hand-delivered or messenger-delivered documents will not be accepted if they are enclosed in an envelope. Any envelopes must be disposed of before entering the building. Hand deliveries must be held together with rubber bands or fasteners.

Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC web site. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before

12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

Please be sure to indicate Docket Nos. 02-60 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,
RHCD – USAC

CC: Pam Spivey

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FCC Form 466

Health Care Providers Universal Service

Funding Request and Certification Form

Approval by OMB 3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information

1 HCP Name **Greene County Health Department** 2 HCP Number **15977**

3 Form 465 Application # **29384** 4 Consortium Name (If any) **VDH**

Block 2: Bill Payer Information

5 Billed Entity Name **Greene County Health Department** 6 Billed Entity FCC RN **0013623459**

7 Contact Name
Pam Spivey

8 Address Line 1 **50 Stanard Road**

9 Address Line 2

10 City **Stanardsville** 11 State **VA** 12 Zip **22973**

13 Contact Phone # **434-972-6319** 14 Fax # **434-972-4310** 15 E-Mail **pam.spivey@vdh.virginia.gov**

Block 3: Funding Year Information

16 Funding Year - Check only one box.
Year 2007 (7/1/2007-6/30/2008) Year 2008 (7/1/2008-6/30/2009) **X Year 2009 (7/1/2009-6/30/2010)**

Block 4: Service Information

17 Type of Service **Unspecified**

Circuit Bandwidth **Other - specify on line 20**

18 Total Billed Miles 19 Maximum Allowable Distance (From Form 465) **184**

20 Percentage of HCP's service used for the provision of health care. **100%** (If less than 100%, please explain.)
If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

MPLS 1544

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	**Verizon Business Global LLC - fka MCI LLC & Subsidiaries**			
22 Service Provider Identification Number (SPIN)	**143001197**			
23 Service Provider Contact Person Name	**Jeannine Tabb**			
24 Service Provider Contact Person's Phone #	**312-260-3120**			
25 Service Provider Contact Person Email	**JeannineTabb@verizon.com**			
26 Circuit Start Location	**Stanardsville, VA**			
27 Circuit Termination Location	**Richmond, Virginia**			
28 Billing Account Number	**93176218/P1531596**			
29 Tariff, Contract, or other document reference number	**contract**			
30 Date Contract Signed or Date HCP Selected Carrier	**11/14/2005**			
31 Contract Expiration Date (mm/dd/yyyy or "Month to Month")	**11/13/2015**			
32 Service Installation Date	**3/7/2008**			
33 Actual Rural Rate per Month	**492**			

34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment.
Circuit Diagram Attached? **Yes**

35 Are you a mobile rural health care provider? **No**
If yes, see instructions and attach a list of all sites to be served.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

	Carrier A	Carrier B	Carrier C	Carrier D
36 Billed Circuit Miles				

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37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	$	$	$	$
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37.

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.

	Carrier A	Carrier B	Carrier C	Carrier D
39 One-time Urban Rate Charge (in selected large city)	$	$	$	$
40 One-time Rural Rate Charge (in city where HCP is located)	$	$	$	$
41 Monthly Urban Rate (in selected large city)	$ 260	$	$	$

Other rate documentation attached.

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges	$	$	$	$
44 Cost per Mile per Month	$	$	$	$

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD web site?
If you check yes, copies of the bids MUST be mailed to RHCD.
No

Block 8: Certification

46 **YES:** I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 **YES:** Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 **YES:** I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 **YES:** I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature ECERT-8/30/2009	51 Date
52 Printed name **Cheryl D Sullivan**	53 Title or position **President**
54 Employer of authorized person **South River Consultants, LLC**	55 Employer's FCC RN **0013109111**

Please remember:

- You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
  - –If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
  - –If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you **must notify RHCD immediately** and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction

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NTELOS Plaza, 3rd Floor
1154 Shenandoah Village Drive
Waynesboro, Virginia 22980
FAX: (540) 941-0060

Cheryl Sullivan
South River Consultants, LLC
1677 Octonia Road
Stanardsville, Virginia 22973

Thank you for considering NTELOS Communications for your Program.

The following quote is for a single channel termination T-1 Point to Point in the Roanoke Virginia market and is in effect from July 1, 2009 through June 30, 2010 for a (5) five year term.

Non Recurring Charges (NCR) $0.00
Monthly Recurring Charge (MRC) $160.00

Please contact me with any questions

Regards
Mike Joseph
Mike Joseph
Director of Sales
NTELOS
Josephm@ntelos.com
540-949-3422 (Office)
540-476-3422 (PCS)

ATTACH 3

USAC
Universal Service Administrative Company

Administrator's Decision on Rural Health Care Program Appeal

Via Electronic and Certified Mail

November 4, 2010

Mr. Eugene Sullivan
South River Consultants, LLC
1677 Octonia Road
Standardsville, VA 22973

Re: Request for Reconsideration of Denial
Greene County Health Department, HCP # 15977, Packet ID 91420

Dear Mr. Sullivan:

The Universal Service Administrative Company (USAC) has completed its evaluation of the letter of appeal (Appeal) dated April 13, 2010, you submitted on behalf of Greene County Health Department (Greene County). The appeal requests that USAC reconsider the USAC Rural Health Care Division's (RHCD) decision to deny the additional request for funding submitted by Greene County for Funding Year 2009. Greene County's request for funding was denied because RHCD had already issued a funding commitment to Greene County for the same circuit for the same funding year.

Decision on Appeal and Explanation: Denied

On August 30, 2009, Greene County submitted its FCC Form 466 application for T-1 MPLS service. With its Request for Funding (Form 466) application, Greene County provided USAC with an urban rate obtained from the service provider, nTELOS Inc. (nTELOS), for T-1 MPLS service in the amount of $260.00. USAC issued Greene County a Funding Commitment Letter on November 5, 2009 using the urban rate of $260.00 and a rural rate of $492.00. On December 14, 2009, Greene County submitted another Form 466 application for the same circuit. With its new application, Greene County provided USAC with an urban rate from nTELOS for T-1 ATM service in the amount of $160.00. By submitting the new request, Greene County was essentially asking that its urban rate be recalculated for the T-1 MPLS service by using the lower urban rate of the T-1 ATM service. Because a funding commitment had already been issued for this circuit, RHCD denied Greene County's request.[1]

[1] If RHCD had processed the request, Greene County would have had a lower monthly circuit cost of $160 versus $260.

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In the appeal, you argue that because a T-1 ATM service and a T-1 MPLS service are functionally similar, USAC should reprocess the funding request using the T-1 ATM urban rate. In support of the argument that T-1 ATM and T-1 MPLS services are functionally similar, you state in the appeal that a connection for both types of service is available "in the same room." You also state that the doctors "use both workstations and from their clinical prospective [sic] there is no difference."[2] You assert in the appeal that because the T-1 ATM and T-1 MPLS services are functionally similar, USAC should process the request for funding for the T-1 ATM service.

The federal universal service Rural Health Care Support (RHC) Program enables rural non-profit or public health care providers to obtain telecommunications services at "rates that are reasonably comparable to rates charged for similar services in urban areas of the state."[3] Support for telecommunications services is calculated by determining the difference, if any, between the urban rate and the rural rate charged for the service.[4] Thus the lower the urban rate, the less the rural health care provider will have to pay for the typically higher cost rural service. To determine the urban rate, the FCC's rule states that the "urban rate shall be a rate no higher than the highest tariffed or publicly available rate charged to a commercial customer for a functionally similar service. . ."[5] To determine whether a service available in a rural area is functionally similar to a service available in an urban area, the FCC allows health care providers to compare the services from the perspective of the end user.[6] To assist health care providers in making comparisons, the FCC created safe harbor categories of functionally equivalent services based on the speed and nature of the services.[7] The services that fell in the speed categories were 769 -1400 kbps (1.4 mbps), T1 (1.41-8 mbps), and T-3 (8.1-50 mbps) were considered functionally equivalent.[8] The T-1 ATM and T-1 MPLS fall into the 1.41-8 mbps category.

The FCC created the safe harbor categories because the FCC's previous policy of comparing technically similar services did "not take into account that certain telecommunications services offered in urban areas are not always available in rural areas."[9] The new technologies are sometimes cheaper than the services available in rural areas.[10] A newer technology circuit may be less expensive and the rural applicant should be able to take advantage of this cheaper advanced functionally equivalent service to compare against the more expensive older technology available in the rural area.[11] Thus a

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[2] Email from Gene Sullivan to rhc-admin@universalservice.org. (Apr. 13, 2010, 12:48 p.m.).
[3] 47 U.S.C. § 254(h)(1)(A).
[4] 47 C.F.R. § 54.609(a).
[5] 47 C.F.R § 54.605(a).
[6] *In the Matter of Rural Health Care Support Mechanism,* WC Docket No. 02-60, Report and Order, Order on Reconsideration, and further Notice of Proposed Rulemaking, FCC 03-288, 18 FCC Rcd 24546, ¶¶ 31-34 (2003). Before the 2003 Order, the comparison was made based on technical differences or similiarities.
[7] *Id.*, ¶ 34.
[8] *Id.*
[9] *Id.*, ¶ 33.
[10] *Id.*
[11] *Id.*

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rural health care provider obtaining an older technology service can compare the rate for that service to a functionally similar urban service that is not available in the rural area.

Greene County's request to recalculate the urban rate for the T-1 MPLS service appears to be contrary to the FCC's policy explanation for comparing functionally equivalent services. Greene County is requesting comparison of two different services when the exact same service is available for comparison in the urban area. Greene County is asking USAC to compare the T-1 MPLS rural rate to an urban rate for a T-1 ATM service even though there is a T-1 MPLS urban rate available for comparison. If there are equal services available in the urban area and rural area, the rates for those services should be compared. Thus with T-1 MPLS available in both the urban and rural area, there is no need to look to functionally equivalent services that are not T-1 MPLS services. Therefore, the request for recalculation of the T-1 MPLS rate using the urban rate for a T-1 ATM is denied.

If you wish to appeal this decision, you may file an appeal with the FCC. Detailed instructions for filing appeals are available at:

http://www.usac.org/rhc/about/filing-appeals.aspx

Sincerely,

USAC

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List of VDH Sites

1.	Accomack County HD	15951
2.	Alleghany/Covington HD	15952
3.	Appomattox County HD	13850
4.	Amelia County HD	15953
5.	August Staunton HD	15034
6.	Bath County HD	15954
7.	Bedford County HD	16488
8.	Bland County HD	15955
9.	Brunswick County HD	16489
10.	Buchanan County HD	13857
11.	Buckingham County HD	13858
12.	Buena Vista County HD	15956
13.	Caroline County HD	15957
14.	Carroll County HD	15958
15.	Charles City County HD	15959
16.	Charlotte County HD	15960
17.	Clarke County HD	15961
18.	Clifton Forge County HD	15962
19.	Craig County HD	15963
20.	Culpeper County HD	15964
21.	Cumberland County HD	15965
22.	Dickenson County HD	15966
23.	Dinwiddie County HD	15967
24.	Essex County HD	15968
25.	Fauquier County HD	15969
26.	Floyd County HD	15970
27.	Fluvanna County HD	15971
28.	Franklin City HD	13847
29.	Franklin County HD	13845
30.	Frederick/Winchester County HD	15047
31.	Galax City HD	15972
32.	Giles County HD	15973
33.	Gloucester County HD	15974
34.	Goochland County HD	15975
35.	Grayson County HD	15976
36.	Greene County HD	15977
37.	Greenville/Emporia HD	15978
38.	Halifax County HD	13849
39.	Henry/Martinsville County HD	13843
40.	Highland County HD	15979
41.	Isle of Wright County HD	16491
42.	King and Queen County HD	15980
43.	King George County HD	15981

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44.	King William County HD	15982		
45.	Lancaster County HD	15983		
46.	Lee County HD	15984		
47.	Lord Fairfax HD	15030		
48.	Louisa County HD	15985		
49.	Lunenburg County HD	13853		
50.	Madison County HD		15986	
51.	Mathews County HD		15987	
52.	Mecklenburg County HD		16493	
53.	Middlesex County HD			13856
54.	Montgomery County HD		15033	
55.	Nelson County HD			15988
56.	New Kent County HD		15989	
57.	Northampton County HD		15990	
58.	Northumberland County HD		15991	
59.	Nottoway County HD		13861	
60.	Orange County HD			15992
61.	Page County HD			13842
62.	Patrick County HD			13844
63.	Pittsylvania County HD			16494
64.	Powhatan County HD		16495	
65.	Prince Edward County HD		13855	
66.	Pulaski County HD			15993
67.	Radford County HD		15994	
68.	Rappahannock County HD		13852	
69.	Richmond County HD			15995
70.	Rockbridge/Lexington County HD	15996		
71.	Rockingham/Harrisonburg County	13848		
72.	Russell County HD			15997
73.	Scott County HD			15998
74.	Shenandoah County HD			15999
75.	Smyth County HD			13854
76.	Southampton County HD		13846	
77.	Southside Health District		16677	
78.	Stafford County HD		16000	
79.	Surry County HD			13841
80.	Sussex County HD			16001
81.	Tazewell County HD		13851	
82.	Warren County HD			16002
83.	Waynesboro/Augusta HD		15029	
84.	Westmoreland County HD		16003	
85.	Wise/Norton HD			16004
86.	Wythe County HD			16005
87.	Russell County Dental Clinic		16541	

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88. Fauquier Environmental Health 16646
89. Culpeper Office of Drinking Water 16490
90. Lexington Office of Drinking Water 16492
91. Abington Office of Drinking Water 16487

ATTACH 5