

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility _____

B. Address _____

1. Telephone Nos. (____) _____

2. County _____ Nearest City _____

3. General area served _____

C. Authority:

1. Water Certificate No. _____ Date Received _____

2. Wastewater Certificate No. _____ Date Received _____

3. Date utility started operations: Water _____ Wastewater _____

D. How system was acquired _____

If utility was purchased, give date _____ Amount Paid _____

1. Name of Seller _____

2. Was seller affiliated with present owners? _____

3. Did you purchase: Stock _____ or assets only _____

E. Type of legal entity: Corporation, Partnership or Sole Proprietorship

F. Ownership & Officers:

| | <u>Name</u> | <u>Title</u> | <u>Percent Ownership</u> |
|----|-------------|--------------|------------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

G. List of Associated Companies and Addresses:

1. _____
2. _____
3. _____

H. If you have retained an attorney and/or a consultant to represent the utility for this application, furnish the name(s) and address(es):

II. Accounting Data

A. Outside Accountant

1. Name _____
2. Firm _____
3. Address _____
4. Telephone () _____

B. Individual to contact on accounting matters:

1. Name _____
2. Telephone () _____

C. Location of books and records _____

D. Have you filed an Annual Report with the Commission? _____

Date Last Filed _____

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? _____

F. Basic Rate Base Data (Most recent two years)

| 1. Water | 20__ | 20__ |
|--------------------------------|----------|----------|
| Cost of Plant In Service: | \$ _____ | \$ _____ |
| Less Accumulated Depreciation: | _____ | _____ |
| Less Contributed Plant: | _____ | _____ |
| Net Owner's Investment: | \$ _____ | \$ _____ |

| | | |
|--------------------------------|----------|----------|
| 2. Wastewater | 20__ | 20__ |
| Cost of Plant In Service: | \$ _____ | \$ _____ |
| Less Accumulated Depreciation: | _____ | _____ |
| Less Contributed Plant: | _____ | _____ |
| New Owner's Investment: | \$ _____ | \$ _____ |

G. Basic Income Statement (Most recent two years):

| | | |
|--|----------|----------|
| 1. Water | 20__ | 20__ |
| Revenues (By Class): | | |
| a. _____ | \$ _____ | \$ _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| Total Operating Revenues: | \$ _____ | \$ _____ |
| Less Expenses: | | |
| a. Salaries & Wages - Employees | _____ | _____ |
| b. Salaries & Wages - Officers, Directors, & Majority Stockholders | _____ | _____ |
| c. Employee Pensions & Benefits | _____ | _____ |
| d. Purchased Water | _____ | _____ |
| e. Purchased Power | _____ | _____ |
| f. Fuel for Power Production | _____ | _____ |
| g. Chemicals | _____ | _____ |
| h. Materials & Supplies | _____ | _____ |
| i. Contractual Services | _____ | _____ |
| j. Rents | _____ | _____ |
| k. Transportation Expenses | _____ | _____ |
| l. Insurance Expense | _____ | _____ |
| m. Regulatory Commission Expense | _____ | _____ |
| n. Bad Debt Expense | _____ | _____ |
| o. Miscellaneous Expense | _____ | _____ |
| p. Depreciation Expense | _____ | _____ |
| q. Property Taxes | _____ | _____ |
| r. Other Taxes | _____ | _____ |
| s. Income Taxes | _____ | _____ |
| Operating Income (Loss) | \$ _____ | \$ _____ |

2. Wastewater 20__ 20__

Revenues (By Class):

| | | |
|---------------------------|----------|----------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| Total Operating Revenues: | \$ _____ | \$ _____ |

Less Expenses:

| | | |
|--|----------|----------|
| a. Salaries & Wages - Employees | \$ _____ | \$ _____ |
| b. Salaries & Wages - Officers, Directors, & Majority Stockholders | _____ | _____ |
| c. Employee Pensions & Benefits | _____ | _____ |
| d. Purchased Wastewater Treatment | _____ | _____ |
| e. Sludge Removal Expense | _____ | _____ |
| f. Purchased Power | _____ | _____ |
| g. Fuel for Power Production | _____ | _____ |
| h. Chemicals | _____ | _____ |
| i. Materials & Supplies | _____ | _____ |
| j. Contractual Services | _____ | _____ |
| k. Rents | _____ | _____ |
| l. Transportation Expenses | _____ | _____ |
| m. Insurance Expense | _____ | _____ |
| n. Regulatory Commission Expense | _____ | _____ |
| o. Bad Debt Expense | _____ | _____ |
| p. Miscellaneous Expense | _____ | _____ |
| q. Depreciation Expense | _____ | _____ |
| r. Property Taxes | _____ | _____ |
| s. Other Taxes | _____ | _____ |
| t. Income Taxes | _____ | _____ |
| Operating Income (Loss) | \$ _____ | \$ _____ |

H. Outstanding Debt:

| | <u>Date</u> <u>Borrowed</u> | <u>Balance</u> <u>Due</u> | <u>Interest</u> <u>Rate</u> | <u>Expiration</u> <u>Date</u> |
|----------|--------------------------------|------------------------------|--------------------------------|----------------------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

I. Indicate Type of Tax Return Filed:

- _____ Form 1120 - Corporation
- _____ Form 1120S - Subchapter S Corporation
- _____ Form 1065 - Partnership
- _____ Form 1040 - Schedule C - Individual (Proprietorship)

III. Engineering Data

A. Outside Engineering Consultant:

1. Name _____
2. Firm _____
3. Address _____
4. Telephone (____) _____

B. Individual to contact on engineering matters:

1. Name _____
2. Telephone (____) _____

C. Is the utility under citation by the Department of Environmental Protection (DEP) or county health department? If yes, explain.

D. List any known service deficiencies and steps taken to remedy problems.

E. Name of plant operator (s) and DEP operator certificate number (s) held. _____

F. Is the utility serving customers outside of its certificated area? _____

If yes, explain _____

G. Wastewater:

1. Gallons per day capacity of treatment facilities existing _____
under construction _____ proposed _____

2. Type and make of present treatment facilities _____

3. Approximate average daily flow of treatment plant effluent _____

4. Approximate length of wastewater mains:

Size (diameter) _____

Linear feet _____

5. Number of manholes _____

6. Number of liftstations _____

7. How do you measure treatment plant effluent? _____

8. Is the treatment plant effluent chlorinated? _____ If yes, what is the normal dosage rate? _____
9. Tap in fees - Wastewater \$ _____
10. Service availability fees - Wastewater \$ _____
11. Note DEP Treatment Plant Certificate Number and date of expiration: Number _____
Expiration Date _____
12. Total gallons treated during most recent twelve months _____
13. Wastewater treatment purchased during most recent twelve months _____

H. Water

1. Gallons per day capacity of treatment facilities existing _____ under construction _____ proposed _____
2. Type of treatment _____

3. Approximate average daily flow of treated water _____
4. Source of water supply _____
5. Types of chemicals used and their normal dosage rates _____

6. Number of wells in service _____ Total capacity in gallons per minute (gpm) _____

| | | | |
|---------------------|---------------|---------------|---------------|
| Diameter/Depth | _____ / _____ | _____ / _____ | _____ / _____ |
| Motor horsepower | _____ | _____ | _____ |
| Pump capacity (gpm) | _____ | _____ | _____ |
7. Reservoirs and/or hydropneumatic tanks:

| | | | |
|-------------|-------|-------|-------|
| Description | _____ | _____ | _____ |
| Capacity | _____ | _____ | _____ |
8. High service pumping:

| | | | |
|---------------------|-------|-------|-------|
| Motor horsepower | _____ | _____ | _____ |
| Pump capacity (gpm) | _____ | _____ | _____ |
9. How do you measure treatment plant production? _____
10. Approximate feet of water mains:

| | | | |
|-----------------|-------|-------|-------|
| Size (diameter) | _____ | _____ | _____ |
| Linear feet | _____ | _____ | _____ |
11. Note any fire flow requirements and imposing government agency _____

12. Number of fire hydrants in service _____

- 13. Do you have a meter change out program? _____
- 14. Meter installation or tap in fees - Water \$ _____
- 15. Service availability fees - Water \$ _____
- 16. Has the existing treatment facility been approved by DEP? _____
- 17. Total gallons pumped during most recent twelve months _____
- 18. Total gallons sold during most recent twelve months _____
- 19. Gallons unaccounted for during most recent twelve months _____
- 20. Gallons purchased during most recent twelve months _____

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name _____
- 2. Telephone Number (____) _____

B. Schedule of present rates (Attach additional sheets if more space is needed):

1. Water:

- a. Residential Water _____
- b. General Service _____
- c. Special Contract _____
- d. Other _____

2. Wastewater:

- a. Residential Wastewater _____
- b. General Service _____
- c. Special Contract _____
- d. Other _____

C. Number of Customers (Most recent two years):

- | | | |
|---------------------|-------|-------|
| 1. Water Metered | 20__ | 20__ |
| a. Residential | _____ | _____ |
| b. General Service | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |
| 2. Water Unmetered | 20__ | 20__ |
| a. Residential | _____ | _____ |
| b. General Service | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |

| | | |
|---------------------|-------|-------|
| 3. Wastewater | 20__ | 20__ |
| a. Residential | _____ | _____ |
| b. General Service | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |

V. Affirmation

I, _____ the undersigned owner, officer, or partner of the above named public utility, doing business in the State of Florida and subject to the control and jurisdiction of the Florida Public Service Commission, certify that the statements set forth herein are true and correct to the best of my information, knowledge and belief.

Signed _____

Title _____

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.