

791280-WS

APPLICATION FOR AMENDMENT OF TERRITORY
PURSUANT TO SECTION 367.061, FLORIDA STATUTES
(AMENDMENT)

To: Director, Division of Records and Reporting
Florida Public Service Commission
101 East Gaines Street
Tallahassee, Florida 32301-8153

DEPOSIT TREAS REC DATE
094 NOV 1989

The undersigned hereby makes application for Amendment of Water
Certificate No. 137W and/or Sewer Certificate
No. 98S located in Pasco County, Florida and
submits the following information.

PART I APPLICANT INFORMATION

1) The full name and mailing address of the applicant is:

Betmar Utilities, Inc. (813) 845-3600
Name of utility and/or seller Phone No.

9826 Hwy 19
Office street address

Port Richey FL 34668
City State Zip Code

P O Box 370 Port Richey FL 34673
Mailing address if different from street address

2) The name of the plant and/or system is:

Betmar Systems DO 51-112923

3) The name, address and telephone number of the parent or
affiliated corporation, if any is:

N/A
Name of corporation Phone No.

Street address

City State Zip Code

PART II CERTIFICATION

Territory Description

A) An accurate description of the territory sought for
certification, described by sections, quarter sections and/or by
metes and bounds, using section, township, range and county
references, is attached as Exhibit 1.

B) A description by a recorded plat book and page and/or by a
sub-division name is not an acceptable territory description.

C) A sample description is attached showing the outline to be
followed in submitting same.

D) An affidavit stating whether the lines are in and the
utility is ready to provide service is attached as
Exhibit 2.

MAIL ROOM
NOV 13 AM 11:53
RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
DOCUMENT NUMBER-DATE
11073 NOV 13 1989
FPSC-RECORDS/REPORTING

Territory Maps

- A) An official county or city property tax map showing the territory to be served, including section, township and range, is attached as Exhibit 3.
- B) The map shall show the new or existing and proposed territory to be served.
- C) The map shall be of a scale of 1" = 200' or 1" = 400'.
- D) The location of the treatment plant(s) shall be shown thereon.

SAMPLE PUBLICATION

LEGAL NOTICE

Application for an amendment to a certificate for water and/or sewer utility:

Notice is hereby given pursuant to Section 367.061, Florida Statutes, of the application of (name of utility) to amend their certificate to provide water and/or sewer service to the following described lands in _____, Florida.

(Insert brief description of area proposed to be served. Use sections, quarter sections, metes and bounds, or subdivision name).

Any objection to the said application must be made in writing within thirty (30) days from this date to the Division of Records and Reporting, Florida Public Service Commission, 101 East Gaines Street, Tallahassee, Florida 32301, and a copy of said objection mailed to the applicant whose address is:

(Utility name and address)

System Maps

- A) A detailed map showing existing lines and facilities and extensions thereof under construction and the territory served thereby, said map of sufficient scale and detail to enable correlation with a description of the territory professed to be served is attached as Exhibit 4 for water and Exhibit 5 for sewer.
- B) Serial number(s) with respective date(s) of approval of the engineering plans and specifications for any new and/or proposed water and sewer system issued by the Florida Department of Health and Rehabilitative Services, Division of Health, is attached as Exhibit N/A.
- C) Permit number(s) and respective date(s) of issuance of any permit for sewer systems issued by the Department of Environmental Regulation (DER), Chapter 403, Florida Statutes, is attached as Exhibit 6.

PART III NOTICE OF INTENTION

- A) When a utility intends to apply for an amendment to a certificate of authorization, the utility shall obtain from the Commission a list of water and sewer utilities entitled to receive notice pursuant to 367.061 Florida Statutes.
- B) An affidavit that the notice was given by certified mail or personal delivery to the governing body of the county in which the system is located, the governing body of any municipality within a four (4) mile radius of the system, any water or sewer utility within a four (4) mile radius of the territory to be served, area planning agency, the Public Counsel and the Public Service Commission, is attached as Exhibit 7.
- C) An affidavit that the Notice of Intent was published once a week for three (3) consecutive weeks in a newspaper of general circulation in the territory involved. Copies of the advertisements shall accompany the affidavit.
- D) Objections to Notice of Application (were) (were not) received (if objections were received, attach copy).

PART IV FILING FEE

- A) The following information is required to determine filing fee and proposed design capacity of the system(s) water and/or sewer:

1) Number of gallons per day	<u>45,000</u>
2) Population to be served	<u>450</u>
3) Equivalent residential connection	<u>225</u>

- B) A fee of \$300.00 is enclosed with the application.
(One for water & one for sewer)

To determine fee - Equate the design capacity of the system and/or plant constructed to persons as follows:

One equivalent residential service equates to 3.5 persons. One trailer space equates to 2.0 persons.

One hundred gallons per day, per person (100 gpd/p) is accepted design criteria in representing water consumed per day per person and/or representing sewage flow per day per person.

If the design capacity of a system or plant is known in gallons then divide this figure by 100 to find the number of persons that can be served.

- | | | |
|----|------------------------|-------------|
| A) | 1 to 999 persons | \$ 150.00 |
| B) | 1,000 to 4,999 persons | \$ 900.00 |
| C) | 5,000 to 9,999 persons | \$ 1,500.00 |
| D) | 10,000 or more persons | \$ 2,250.00 |

PART V AFFIDAVIT

EVE A. TURCO, President
 I of BETMAR UTILITIES INC. (applicant) do solemnly swear that the facts stated in the foregoing application and all exhibits attached thereto are true and correct and that said statements of fact thereto constitutes a complete statement of the matter to which it relates.

BETMAR UTILITIES INC.
 (Applicant)

BY: Eve A Turco, Pres
 Name and Title *EVE A. TURCO, President

Subscribed and sworn to before me this 9th
 of November 19 89.

Jacqueline A. Board
 Notary Public

NOTARY PUBLIC STATE OF FLORIDA
 MY COMMISSION EXP. JAN 27, 1990
 BONDED THRU GENERAL INS. UND.

*If applicant is a corporation, the affidavit must be made by the president or other officer authorized by the by-laws of the corporation to act for it. If applicant is a partnership or association, a member of the organization authorized to make such affidavit shall execute same.

EXHIBIT 1

"BETMAR UTILITIES, INC."
TERRITORY DESCRIPTION

The East 1/2 of Section 9, Township 26 South, Range 21 East, Pasco County, Florida, AND the West 1/2 of Section 10, Township 26 South, Range 21 East, Pasco County, Florida,

LESS AND EXCEPT: The East 1/4 of the North 1/2 of the Northwest 1/4 of Section 10; the North 124.81 feet of the Northeast 1/4 of the Southeast 1/4 of the Northwest 1/4 of Section 10; the East 174.02 feet of the Northeast 1/4 of the Southeast 1/4 of the Northwest 1/4 of Section 10, LESS the North 124.81 feet; the East 1/4 of the North 1/4 of the Southwest 1/4 of Section 10; the West 1/2 of the North 259.32 feet of the Southeast 1/4 of the Northeast 1/4 of the Southwest 1/4 of Section 10; the East 1/2 of the North 213.63 feet of the Southeast 1/4 of the Northeast 1/4 of the Southwest 1/4 of Section 10; the North 1/2 of the Southwest 1/4 of the Southeast 1/4 of Section 9; AND the Southwest 1/4 of the Southwest 1/4 of the Southeast 1/4 of Section 9.

OCTOBER 1969

EXHIBIT 2

AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF PASCO)

BEFORE ME the undersigned authority, personally appeared EVE
A. TURCO, who was sworn and says:

1. I am over eighteen (18) years of age and have personal
knowledge of the matters contained herein.

2. I am the President of Betmar Utilities Inc.

3. To the best of my knowledge and belief, all of the ser-
vice lines for Hi-N-Dri and Mission Square are in and are now
providing both water and sewer service to both of these cus-
tomers.

FURTHER AFFIANT SAYETH NAUGHT.

Eve A Turco, Pres
EVE A. TURCO

Sworn to and subscribed before me in the County and State
aforesaid, this 31st day of October, 1989.

(SEAL)

Jacqueline A. [Signature]
NOTARY PUBLIC, State of
Florida at Large

MY COMMISSION EXPIRES:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. JAN 27, 1990
BONDED THRU GENERAL INS. UND. 4

EXHIBIT 6

SYSTEMS MAP

Paragraph C:

MISSION SQUARE, General Permit No. PATS 120770 for water service, dated June 27, 1986.

MISSION SQUARE, Permit No. CS51-123773 for wastewater service, dated October 10, 1988.

HI-N-DRI, General Permit No. PATS 105532 for water service, dated June 19, 1985.

HI-N-DRI, Permit No. CS 51-105536 for wastewater service, dated July 3, 1985.

P 488 401 511

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

STATE OF FLORIDA PUBLIC COUNSEL

Sent to	
THE HOUSE OF REPRESENTATIVES	
Street and No	
THE CAPITOL	
P.O. State and ZIP Code	
TALLAHASSEE FL 32399-1300	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

P 488 401 506

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

ATTN: LAFORTUNE & OTIS FONDER

Sent to	
LAFORTUNE & OTIS FONDER	
Street and No	
224 SUNSHINE RD	
P.O. State and ZIP Code	
Z'HILLS FL 34248	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

P 488 401 509

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

ATTN: RICHARD LMS

Sent to	
SHADY OAKS MOBILE/MODULAR ESTATES, INC	
Street and No	
101 SHADY OAKS DR	
P.O. State and ZIP Code	
Z'HILLS FL 34248	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

P 488 401 508

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

ATTN: JUDITH ANBALL

Sent to	
SOUTHERN STATES UTILITIES	
Street and No	
1000 COLOR PLACE	
P.O. State and ZIP Code	
APOPKA FL 32703	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

P 488 401 512

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
CITY OF Z'HILLS	
Street and No	
603 and 8th ST	
P.O. State and ZIP Code	
Z'HILLS FL 34248	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

P 488 401 507

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

ATTN: RICHARD KEMPLE

Sent to	
KEMPLE WATER COMPANY	
Street and No	
37502 MARCLIFF TERRACE	
P.O. State and ZIP Code	
Z'HILLS FL 32248	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

P 488 401 515

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
TAMPA BAY REG PLAN COUNCIL	
Street and No	
9455 ROGER BLVD/STE 219	
P.O. State and ZIP Code	
ST PETERSBURG FL 33702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

P 488 401 514

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
PASCO COUNTY COMMISSION	
Street and No	
410 E MERIDIAN AVE	
P.O. State and ZIP Code	
DADE CITY FL 33525	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

P 488 401 510

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

ATTN: DIVISION OF RECORDS & REPORTING

Sent to	
STATE PUBLIC SER COMM	
Street and No	
101 E GAINES ST	
P.O. State and ZIP Code	
TALLAHASSEE FL 32399-	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

P 488 401 513

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
PASCO COUNTY ADMINISTRATOR	
Street and No	
4025 MOONLAKE RD	
P.O. State and ZIP Code	
NEW PORT RICHEY FL 33552	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$1.00
Postmark or Date	

U.S.G.P.O. 1989-234-555

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U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

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