GATLIN, WOODS, CARLSON & COWDERY

Attorneys at Law a partnership including professional associations

> The Mahan Station 1709-D Mahan Drive Tallahassee, Florida 32308

FILE COPY

TELEPHONE (904) 877 7191 TELECOPIER (904) 877 9031

B KENNETH GATLIN, P.A. THOMAS F. WOODS JOHN D. CARLSON KATHRYN G.W. COWDERY WAYNE L. SCHIEFELBEIN

July 21, 1993

Mr. Steve Tribble, Director Division of Records and Reporting Florida Public Service Commission 101 East Gaines Street Tallahassee, FL 32399-0850 HAND DELIVERY

RE: Docket No. 930673-SU
Application for Extension of Service Area
(Amendment of Certificate No. 268-S) by
SOUTH SEAS UTILITY COMPANY, in Lee County,
Florida

Dear Mr. Tribble:

Enclosed on behalf of South Seas Utility Company for filing in the above docket are:

- An original and 15 copies of an Affidavit of Publication of the Notice of Application for Extension of Service Area on July 1, 8, and 15, 1993 in the Fort Myers News-Press; and
- 2. 16 copies of certified mail return receipt signature cards for the Notice of Application for Extension of Service Area, for all utilities and governmental bodies designated on the 4-mile list, as well as the City of Sanibel and Sanibel Sewer System.

Please acknowledge receipt of the foregoing by stamping the enclosed extra copy of this letter and returning same to my attention. Thank you for your assistance.

House & Schiefe lower

Wayne L. Schiefelbein

WLS/meg Enclosures

U OF RECORDS

07853 JUL 218

0

## **NEWS-PRESS**

Published every morning — Daily and Sunday Fort Myers, Florida

## Affidavit of Publication

Before the undersigned authority, personally appeared
Brenda Leighton
weegan ocean a fator
of the News-Press a
daily newspaper, published at Fort Myers, in Lee County, Florida; that the
attached copy of advertisement, being a Notice of
Application
in the matter of Extension of SErvice Area by
South SEas Utility Company
in the Court
was published in said newspaper in the issues of
July 1, 8, 15, 1993
been continuously published in said Lee County; Florida, each day, and has been entered as a second class mail matter at the post office in Fort Myers in said Lee County. Florida, for a period of one year next preceding the first publication of the attached copy of the advertisement; and affiant further says that heishe has neither paid nor promised any person, firm or corporation any discount; rebate, commission or refund for the purpose of securing this advertisement for publication in the saidnewspaper.  State of Florida County of Lee  The foregoing instrument was acknowledged before me this 15th day of July
- 19 93 by
Brenda Leighton
who is personally known to me
as identification, and who did take an oath
Prot Name Eligabeth R. Chilcote
My Commission Expres
CLASS 16 SATARY SEAL
Confort

BEFORE THE
FLORIDA
PUBLIC SERVICE
COMMISSION
In re: Application for
Extension of Service
Area (Amendment of
Certificate 268-5) by
SOUTH SEAS UTILITY
COMPANY In Lee
County, Florida
NOTICE OF
APPLICATION FOR
EXTENSION OF
SERVICE AREA
South Seas Utility
Company hereby gives
notice of its application
to amend Certificate
268-5 in Lee County,
pursuant to Section
367,045, Florida Statutes, and states:
1. The name and address of the person to
receive copies of all
documents and fillings
in this case is:
Wayne L. Schiefeibein,
Gallin, Woods, Carlson
& Cowdery, 1709-D Mahan Drive, Tallahassee,
Florida 32308 (904) 8777191 Attorneys for
South Seas Utility Company
2. The name and ad-

pany 2. The name and ad-dress of the applicant

South Seas Utility Company. 12800 University Drive, Suite 350, Fl. Myers, Florida 33907

3. A description of the territory to be added to the utility's certificated wastewater service area is:

Section 26, T. 45 S., R. 21 E., Captiva Island, Lee County, Florida, A tract or parcel of land lying in Section 26, Township 455, Range 21E, Captiva Island, Lee County, Florida, A tract or parcel of land lying in Section 26, Township 455, Range 21E, Captiva Island, Lee County, Florida, being all of Lots 1 through inclusive LESS AND EXCEPT the west 50 feet of Lot 4, all of "F.A. Lane's Second Subdivision of Bayview" as recorded in Plat Book 3 at page 75, Lee County Public Records together with the parcel of land as described in deed recorded in Official Records together with the parcel of land as described in deed recorded in Official Records all being, more 1650, who would be 1073, Lee County Public Records all being, more 1650, who would be 1073, Lee County Public Records all being, more 1650, who would be 1073, Lee County Public Records all being, more 1650, who would be 1074, all of 1674, all of 1675, all of 1675

East, LEHIOH ACRES, a subdivision according a subdivision according a subdivision becould be subdivision beed Book 15, 1992, and 1992 and

Complete Items 1 and/or 2 for additional services.		I also wish to receive the
Complete items 3, and 4s & b.     Print your name and address on the reverse of this form	so that we can	following services (for an extra
<ul> <li>Attach this form to the front of the melipiece, or on the does not permit.</li> </ul>	back if space	1. Addressee's Address
Write "Return Receipt Requested" on the malipiece below     The Return Receipt Fee will provide you the aignature of th to and the date of delivery.		2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: DER South District	4a. Arti	731 315 015
2295 Victoria Que	4b. Sen	vice Type
Suite 364	Certif	fied iz □ cop
St. Myers, FL 33901	☐ Expre	Merchandise 4
A STATE OF THE STA	1/3 Date	7 12 53
5. Signature (Addressee)		ssee's Address (Only if requested se is paid)
6. Signiful (Agent) / / / / /	130	
MANONATRON		

SENDER:  Complete Items 1 and/or 2 for ad utional services.  Complete Items 3 and 4e a  Print your name and address on the reverse of this form so the return this card to you.  Attach this form to the front of the malipiece, or on the back does not permit.  Write Theturn Receipt Requested on the malipiece below the art.  The Return Receipt Requested on the malipiece below the art or and the date of delivery?	If space 1.  Addressee's Address ticle number. 2.  Restricted Delivery
See County Board of Commissioners. P.O. Box 398 St. Myers, FL 33902	4a. Article Number
6. Signature (Addressee)  6. Signature (Addressee)  PS Form 3811, November 1990 9 U.S. GPO: 1991–28:	8. Addressee's Address (Only if requested and fee is paid)  7.000 DOMESTIC RETURN RECEIPT

following services (for an extra fee):  1.
Article Number P 731 315 017  Service Type Registered
Addressee's Address (Only if requested and fee is paid)

《10·80] 下午至年末日下午的日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本	3933	
SENDER:  • Complete Issue 1 and/or 2 for additional services.  • Complete Items 3, and 4a & b.  • Print your name and address on the reverse of this form so the return this card to you.  • Attach this form to the front of the malipiece, or on the back does not permit.  • Write "Return Receipt Requested" on the malipiece below the art.  • The Return Receipt Fee will provide you the algusture of the person.	If spece 1. Addressee's Address	
to and the date of delivery.	4a. Article Number	
So Florida Water	P731 315 018	
management District	4b. Service Type Registered Insured	
West PolmBeach, FL	Certified COD Return Receipt for	
33416-4680	7. Date of Delivery	
שוויים	(3) 1093/7/	
5. Signature (Addressee)	8. Addressee's Address (Day Leddessed and fee is paid)	
6. Signature (Agent)	-	
600	DESCRIPTION DECEMPT	
PS Form 3811, November 1990 ± U.S. GPO: 1991-28	DOMESTIC RETURN RECEIPT	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, and 4e & b.  Print your name and address on the reverse of this form so the num this card to you.  Attach this form to the front of the malipiece, or on the back.  In not permit.  If the "Return Receipt Requested" on the malipiece below the are a Return Receipt Fee will provide you the signature of the permit the date of deliver.	If space 1. Addressee's Address ticle number. 2. Restricted Delivery
Article Addressed to: City of St. Muyers 2000 Second Street P.O. Drawer 2217 St. Myrio, FL 33902	4a. Article Number    0
5. Signature (Addressee) 6. Signature (Addressee)	Addressee's Address (Only if requested and fee is paid)
PS Form 3811 / November 1990 www.arc. (W) = 3	DOMESTIC RETURN RECEIPT

The state of the s	是100 mm 200 mm
SENDER:  • Complete items 1 and/or 2 for additional services.  • Complete items 3, and 4e A. b. j. j.  • Print your name and address on the reverse of this form so the return this cord to you.  • Attach this form to the front of the malpiece, or on the back does not permit.  • Write "Return Receipt Recuested" on the malpiece below the art.  • The Return Receipt Fee will provide you the agreture of the person and the date of delivery.	If space 1. Addressee's Address
3. Article Addressed to: State of Albrida Public Coursel Us The House of Representatives The Capital Tallahassee, Fi 32399-130	Marchandian
5. Signature (Addressee)	Addressee's Address (Only if requested and fee is paid)
PS Form 3811, November 1990, +U.S. GPO: 1991-25	DOMESTIC RETURN RECEIPT

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, and 4e & b.  Print your name and address on the reverse of this form so the return this card to you.  Attach this form to the front of the malipiece, or on the back does not permit.  Write "Return Receipt Requested" on the malipiece below the analysis of the form to the permit on the date of delivery.	if space 1. Addressee's Address
Justion of Records of Reporting The Rub. Lerv. Common 101 E. Haine Streat  Talla, FL 32349-0870	4a. Article Number P 731 315 030  4b. Service Type Registered Insured Cortified COD Express Mail Return Receipt for Merchendise  7. Date of Delivery 10 9 1993
6. Signature (Addressee)  6. Signature (Addressee)  PS Form 3811 I November 1990 70.8 GPO 1901-28	Addressee's Address (Only if requested and fee is paid)

SENDER*  Complete Itel 1 and/or 2 for additional services.  Complete Itel 1 and/or 2 for additional services.  Complete Itel 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so that return this card to you.  Attach this form to the front of the malipiece, or on the back if does not permit.  Write "Return Receipt Requested" on the majece below the article.	space 1. Addressee's Address
The Return Record Fee will provide you use signature of the person to and the date of delivery.  3. Article Addressed to:  Sanibel Bayau Utility Corp.  1681 Kennedy Causeway #1008  North Bay Village, FL  33141-4132	4a. Article Number P 131 315 012 4b. Service Type
6. Signature (Addressee)  6. Signature (Addressee)  PS Form 3811, November 1990 a U.S. GPO: 1991-287	Addressee's Address (Only if requested and fee is paid)  DOMESTIC RETURN RECEIPT

I was start spreading	7. Table 1
SENDER:  • Complete items 1 and/or 2 for additional services.  • Complete items 3, and 4e & b.  • Print your name and address on the reverse of this form sertum this card to you.  • Attach this form to the frint of the malipiece, or on the bidoes not permit.  • Write "Return Receipt Requested" on the malipiece below the The Return Receipt Fee will provide you the signature of the to and the date of delivery.	ack if space  1.  Addressee's Address a sticle number  2.  Restricted Delivery
3. Article Addressed to:	4a. Article Number
City of Samilel	P731 315 013
City of Sanibel 800 Dunlop Road	4b. Service Type  Registered Insured
ilanitel asking to FL	Cortified COD  Express Mail Return Receipt for Merchandise
33957	7. Date-of Delivery
5. Signature (adment)	8. Addresse's Address (Only if requested and fee is paid)
6. Signature (Agent)	
PS Form 3811, November 1890 - U.S. GPO: 1991	-287-000 DOMESTIC RETURN RECEIPT

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, and 4s & b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mellpleon, or on the back if space does not permit.  Write "Return Receipt Requested" on the mellpleos below the article number.  The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.	
3. Article Addressed to:  Sanibel Sewer System  4a. Article Number  P 73/3/5/019  4b. Service Type  Registered Insured  Cortified COD  Express Mail Return Receipt for Merchandise  7. Date of Delivery  7. Date of Delivery	
6. Signature (Agent)  PS Form 3811, November 1990, aus GPO: 1991–287-066  B. Addressee's Address (Only if requested and fee is paid)  DOMESTIC RETURN RECEIPT	