

ORIGINAL

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FLORIDA PUBLIC SERVICE COMMISSION

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APPLICATION FOR A  
STAFF ASSISTED RATE CASE

COMMISSION  
CLERK

I. General Data

A. Name of utility Venture Associates Utilities Corp.

B. Address 5127 NW 26<sup>th</sup> Street  
Ocala FL 34482

1. Telephone Nos. 352 732-9898 or 732-8662

2. County Marion Nearest City Ocala

3. General area served Ocala Palms Golf + Country Club

C. Authority:

1. Water Certificate No. WU-512 Date Received \_\_\_\_\_

2. Wastewater Certificate No. N/A Date Received N/A

3. Date utility started operations: Water \_\_\_\_\_ Wastewater N/A

D. How system was acquired

Developed

If utility was purchased, give date N/A Amount Paid N/A

1. Name of Seller N/A

2. Was seller affiliated with present owners? N/A

3. Did you purchase: Stock N/A or assets only N/A

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

CORPORATION

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	<u>Richard Hearsall</u>	<u>Chairman</u>	<u>50.711</u>
2.	<u>Arthur F Tait, Jr</u>	<u>President + Treasurer</u>	<u>26.152</u>
3.	<u>Kenneth L. Eckman</u>	<u>VP + Secretary</u>	<u>23.077</u>
4.			

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G. List of Associated Companies and Addresses:

1. Venture Associates Corp, Venture Associates Realty Corp
2. Venture Associates Mortgage Corp, Venture Associates Cable Corp.
3. Venture Associates Insurance Corp, White Swan Cafe, Inc

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):

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Accounting Data

A. Outside Accountant

1. Name Linda Mihesh
2. Firm Collier + Hagin
3. Address 550 NE 25<sup>th</sup> Avenue, Ocala FL 34470
4. Telephone 352, 732-5601

B. Individual to contact on accounting matters:

1. Name Theresa Camuso 352-732-8662
2. Telephone (<sup>OR</sup> Barry Williams 570-287-4457)

C. Location of books and records 5127 NW 26 Street, Ocala FL 34482

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

Date Last Filed 12-31-2005

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

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

1. Water	2004	2005
Cost of Plant In Service:	\$ <u>1,337,555</u>	\$ <u>1,483,150</u>
Less Accumulated Depreciation:	<u>232,755</u>	<u>256,798</u>
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>1,104,800</u>	\$ <u>1,226,352</u>

2. Wastewater	<u>N/A</u>	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	2004	2005
Revenues (By Class):		
a. <u>Residential</u>	\$ <u>417,107</u>	\$ <u>379,336</u>
b. <u>Commercial</u>	<u>3,974</u>	<u>2,851</u>
c. <u>Misc Service</u>	<u>2,905</u>	<u>2,025</u>
Total Operating Revenues:	\$ <u>423,986</u>	\$ <u>384,212</u>
Less Expenses:		
a. Salaries & Wages - Employees	<u>126,791</u>	<u>120,439</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>28,708</u>	<u>31,733</u>
c. Employee Pensions & Benefits	<u>28,261</u>	<u>24,815</u>
d. Purchased Water	<u>226,577</u>	<u>214,347</u>
e. Purchased Power	_____	_____
f. Fuel for Power Production	_____	_____
g. Chemicals	_____	<u>3,237</u>
h. Materials & Supplies	<u>8,838</u>	<u>8,563</u>
i. Contractual Services	<u>2,015</u>	<u>4,231</u>
j. Rents	<u>6,298</u>	<u>9,134</u>
k. Transportation Expenses	<u>9,170</u>	<u>3,726</u>
l. Insurance Expense	_____	_____
m. Regulatory Commission Expense	_____	_____
n. Bad Debt Expense	_____	_____
o. Miscellaneous Expense	<u>2,663</u>	<u>2,935</u>
p. Depreciation Expense	<u>16,060</u>	<u>17,665</u>
q. Property Taxes	<u>244</u>	<u>260</u>
r. Other Taxes	<u>31,451</u>	<u>29,669</u>
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ <u>(63,090)</u>	\$ <u>(86,542)</u>

2. Wastewater <i>N/A</i>	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>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	<u>Riverside National</u>	<u>1-3-05</u>	<u>32,710</u>	<u>5.02</u>	<u>1-17-09</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

- \_\_\_\_\_ Form 1120 - Corporation
- X   Form 1120S - Subchapter S Corporation
- \_\_\_\_\_ Form 1065 - Partnership
- \_\_\_\_\_ Form 1040 - Schedule C - Individual (Proprietorship)

III. Engineering Data N/A

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: N/A

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? N/A If yes, what is the normal dosage rate? \_\_\_\_\_
- 9. Tap in fees - Wastewater \$ N/A
- 10. Service availability fees - Wastewater \$ N/A
- 11. Note DEP Treatment Plant Certificate Number and date of expiration: Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ WD42-0080629-048
- 12. Total gallons treated during most recent twelve months N/A
- 13. Wastewater treatment purchased during most recent twelve months N/A

H. Water

- 1. Gallons per day capacity of treatment facilities existing Unlimited under construction \_\_\_\_\_ proposed \_\_\_\_\_
- 2. Type of treatment N/A
- 3. Approximate average daily flow of treated water Unlimited
- 4. Source of water supply City of Ocala - Ocala Electric Utilities
- 5. Types of chemicals used and their normal dosage rates N/A
- 6. Number of wells in service 0 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? N/A Meter Installation = 100
14. Meter installation or tap in fees - Water \$ 830 Main Extension Chg = 715
15. Service availability fees - Water \$ \_\_\_\_\_ Initial Setup Fee = 15  
\$830
16. Has the existing treatment facility been approved by DEP? N/A
17. Total gallons pumped during most recent twelve months 161,842
18. Total gallons sold during most recent twelve months 169,436
19. Gallons unaccounted for during most recent twelve months \_\_\_\_\_
20. Gallons purchased during most recent twelve months 161,842

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Theresa Camuso
2. Telephone Number (352) 732-8662

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

1. Water:

- |                      |  |
|----------------------|--|
| a. Residential Water | <u>Base = 7.42 + 1.39/100 cubic feet</u> |
| b. General Service   | <u>Base = 7.42 + 1.39/100 cubic feet</u> |
| c. Special Contract  | _____                                    |
| d. Other             | _____                                    |

2. Wastewater:

- |                           |            |
|---------------------------|------------|
| a. Residential Wastewater | <u>N/A</u> |
| b. General Service        | _____      |
| c. Special Contract       | _____      |
| d. Other                  | _____      |


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

1. Water Metered	<u>2004</u>	<u>2005</u>
a. Residential	<u>946</u>	<u>994</u>
b. General Service	<u>5</u>	<u>5</u>
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered <u>N/A</u>	<u>20</u>	<u>20</u>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____

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

V. Affirmation

I, Arthur F. Tait, Jr 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 President + Treasurer

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.