

County-Wide Utility Co., Inc.
7801 S.E. 58th Ave.
Ocala, Florida 34480
(904) 245-7007 • FAX 245-1144

April 7, 1993

930440-W4

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

Certified Mail
P 296 753 079

RE: Application for Staff Assisted Rate Case

W4008

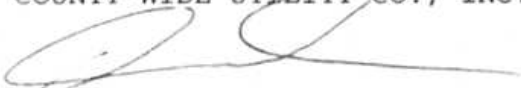
Dear Mr. Tribble:

Enclosed is our "Application for a Staff Assisted Rate Case".

As agreed to by staff, the overearnings audit/investigation scheduled to begin on April 29, 1993 will also serve as the audit for our rate case.

Sincerely,

COUNTY-WIDE UTILITY CO., INC.



Dirk J. Leeward
President

DOCUMENT NUMBER-DATE
04647 APR 28 1993
FPSC-RECORDS/REPORTING

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

1. General Data

A. Name of utility County-Wide Utility Co., Inc.

B. Address 7801 SE 58th Avenue
Ocala, FL 34480

1. Telephone Nos. (904) 245-7007 FAX # (904) 245-1144

2. County Marion Nearest city Ocala

3. General area served Bahia Oaks and Oak Creek Village

C. Authority:

1. Water Certificate No. 390-W Date received 4/21/83

2. Sewer Certificate No. N/A Date received N/A

3. Date utility started operations: Water 1972 Sewer

D. How system was acquired Built by utility

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:

Name	Title	Percent Ownership
1. <u>Bahia Oaks, Inc.</u>	<u></u>	<u>100%</u>
2. <u>Dirk J. Leeward</u>	<u>President</u>	<u>-0-</u>
3. <u>James K. Leeward</u>	<u>Secretary/Treasurer</u>	<u>-0-</u>
4. <u></u>	<u></u>	<u></u>

G. List of Associated Companies and Addresses:

1. Bahia Oaks, Inc. - Same Address _____
2. Squadron 567 Corp. - Same Address _____
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):

Marty Deterding
Rose, Sundstrom & Bentley
2548 Blairstone Pines Drive
Tallahassee, FL 32301
(904) 877-6555 FAX# (904) 656-4029

II. Accounting Data

A. Outside Accountant

1. Name Bob Nixon
2. Firm Cronin, Jackson, Nixon & Wilson
3. Address 2560 Gulf-to-Bay Blvd., Suite 200, Clearwater, FL 34625
4. Telephone (813) 791-4020 FAX# (813) 797-3602

B. Individual to contact on accounting matters:

1. Name Dirk Leeward
2. Telephone (904) 245-7007

C. Location of books and records 7801 SE 58th Avenue, Ocala, FL 34480

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

Date last filed 3/26/93

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)

	1991	1992
1. Water		
Cost of Plant In Service:	\$ 65,544.	\$ 67,235.
Less Accumulated Depreciation:	30,936.	33,583.
Less Contributed Plant:	27,429.	34,872.
Net Owners Investment :	\$ 3,507.	\$ (1,289.)

III. Engineering Data

A. Outside Engineering Consultant: We do not have an engineer on retainer.

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

B. Individual to contact on engineering matters:

1. Name Dirk Leeward
2. Telephone (904) 245-7007

C. Is the utility under citation by the Department of Environmental Regulation (DER) or county health department? If yes, explain No

D. List any known service deficiencies and steps taken to remedy problems. Stand-By generator required to be installed by end of '93 additional water storage will soon be required.

E. Name of plant operator(s) and DER operator certificate number(s) held. Leonard F. Tabor C-6649

F. Is the utility serving customers outside of its certificated area? No 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 sewer mains:

Size (diameter) _____
Linear feet _____

5. Number of manholes _____

6. Number of liftstations _____

	19__	19__
2. Sewer		
Cost of Plant In Service:	\$ _____	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
Net Owners Investment:	\$ _____	\$ _____

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

	19 91	19 92
1. Water		
Revenues (By Class):		
a. Residential	\$ 44,604.	\$ 49,873.
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ 44,604.	\$ 49,873.
Less Expenses:		
* a. Salaries & Wages - Employees	\$ 5,000.	\$ _____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions and Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	2,909.	3,054.
f. Fuel for Power Production	_____	_____
g. Chemicals	_____	230.
h. Materials & Supplies	872.	1,267.
* i. Contractual Services	25,839.	41,931.
j. Rents	_____	5,190.
k. Transportation Expenses	_____	356.
l. Insurance Expense	_____	300.
m. Regulatory Commission Expense	_____	_____
n. Bad Debt Expense	_____	_____
o. Miscellaneous Expense	160.	145.
p. Depreciation Expense	2,965.	2,647.
Amortization Expense	(703.)	(917.)
q. Property Taxes	540.	540.
r. Other Taxes	2,051.	2,234.
s. Income Taxes	_____	_____
* Operating Income (Loss)	\$ 4,971.	\$ (7,104.)

* Salaries and wages should have been reported under contractual services and not all expenses incurred in providing utility service were charged to utility in 1991.

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 and Benefits	_____	_____
d. Purchased Sewage 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.	Barnett Bank	1988	50,156.	Prime + 1	1993
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

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

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

H. Water

1. Gallons per day capacity of treatment facilities existing
66,000 under construction _____ proposed _____
2. Type of treatment chlorination
3. Approximate average daily flow of treated water 52,500
4. Source of water supply Wells
5. Types of chemicals used and their normal dosage rates
Chlorine, 4 Gallons per week
6. Number of wells in service 2 Total capacity in gallons
per minute (gpm) 440,000 Each
Diameter/Depth 6" / 150' 6" / 150' _____ / _____
Motor horsepower 20 _____ 20 _____
Pump capacity (gpm) 310 _____ 310 _____
7. Reservoirs and/or hydropneumatic tanks:
Description Steel Hydro _____
Capacity 5,000 Gal. _____
8. High service pumping:
Motor horsepower _____
Pump capacity (gpm) _____
9. How do you measure treatment plant production? Meter
10. Approximate feet of water mains:
Size (diameter) 1" 2" 2½" 4"
Linear feet 100 5,630 5,300 4,360

11. Note any fire flow requirements and imposing government agency
None-required (Grandfathered) _____
12. Number of fire hydrants in service -0-
13. Do you have a meter change out program? No
14. Meter installation or tap in fees - Water \$ _____
15. Service availability fees - Water \$ 350.
16. Has the existing treatment facility been approved by DER?
Yes _____
17. Total gallons pumped during most recent twelve months 20,624 K
18. Total gallons sold during most recent twelve months 19,159 K
19. Gallons unaccounted for during most recent twelve months 1,465 K
20. Gallons purchased during most recent twelve months -0-

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Dirk Leeward
2. Telephone Number (904) 245-7007

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

1. Water: Base 9.95 Incl. 3750 Gal
Plus 1.41/1000 Gal Between 3750-22500
a. Residential water Plus 0.75/1000 Gal Over 22,500 _____
b. General Service _____
c. Special Contract _____
d. Other _____
2. Sewer:
a. Residential sewer _____
b. General Service _____
c. Special Contract _____
d. Other _____

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

1. Water Metered	19 <u>91</u>	19 <u>92</u>
a. Residential	<u>320</u>	<u>331</u>
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
2. Water Unmetered	19 <u> </u>	19 <u> </u>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
3. Sewer	19 <u> </u>	19 <u> </u>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____

V. Affirmation

I, Dirk Leeward 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

4/26/93

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.