

960561-SU

FLORIDA PUBLIC SERVICE COMMISSION
APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility Indian Springs Utilities, Inc.
B. Address 7655 W. Gulf to Lake Hwy, #14
Crystal River, Florida 34429

1. Telephone Nos. 352 795-6986
2. County Citrus Nearest city Crystal River
3. General area served approx. 1 mile northwest of Crystal River, Fla. off Highway US 19/98 in Citrus County

C. Authority:
1. Water Certificate No. _____ Date received _____
2. Sewer Certificate No. 136-5 Date received July, 1987
3. Date utility started operations: Water _____ Sewer 07/87

D. How system was acquired Purchase
If utility was purchased, give date 6/87 Amount Paid \$55,000.⁰⁰
1. Name of Seller NAST, Inc & Motel Investments, Inc.
2. Was seller affiliated with present owners? NO
3. Did you purchase: Stock _____ or assets only YES

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

F. Ownership & Officers:

Name	Title	Percent Ownership
<u>Jeffrey S. Schrade</u>	<u>President</u>	<u>50%</u>
<u>James P. Eyster</u>	<u>Secretary</u>	<u>50%</u>
<u>James S. Eyster</u>	<u>Vice President</u>	

G. List of Associated Companies and Addresses:

- 1. NONE
- 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):

NONE

II. Accounting Data

A. Outside Accountant

- 1. Name Robert M^cCrane
- 2. Firm Williams, M^cCrane & Sutton
- 3. Address P.O. Box 426, Crystal River, Fl. 34423
- 4. Telephone (352) 726-8130

B. Individual to contact on accounting matters:

- 1. Name Carlene Chyatt
- 2. Telephone (352) 795-6986

C. Location of books and records 7655 W. Gulf to Lake Hwy, #14

- D. Have you filed an Annual Report with the Commission? Yes
- Date last filed 4/30/96

- 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	19__	19__
Cost of Plant In Service:	\$ <u>N/A</u>	\$ <u>N/A</u>
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ _____	\$ _____

	1995	1994
2. Sewer		
Cost of Plant In Service:	\$ <u>149,495.14</u>	\$ <u>199,268.52</u>
Less Accumulated Depreciation:	<u>60,521.90</u>	<u>84,627.55</u>
Less Contributed Plant:	<u>31,791.53</u>	<u>46,137.17</u>
Net Owner's Investment:	\$ <u>57,181.71</u>	\$ <u>68,503.80</u>

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

	1995	1994
1. Water <i>N/A</i>		
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. Sewer

	1995	1994
Revenues (By Class):		
a. <u>Residential</u>	\$ 34,303.21	\$ 19,225.98
b. <u>Commercial</u>		<u>9586.05</u>
c. _____		
Total Operating Revenues:	\$ <u>34,303.21</u>	\$ <u>28,812.03</u>
Less Expenses:		
a. Salaries & Wages - Employees	\$ _____	\$ _____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders		
c. Employee Pensions & Benefits	<u>4000.00</u>	<u>200.00</u>
d. Purchased Sewage Treatment		<u>0</u>
e. Sludge Removal Expense	<u>1890.00</u>	<u>2657.50</u>
f. Purchased Power	<u>4246.44</u>	<u>3240.11</u>
g. Fuel for Power Production		
h. Chemicals	<u>763.01</u>	<u>700.58</u>
i. Materials & Supplies	<u>151.64</u>	<u>100.10</u>
j. Contractual Services	<u>4800.00</u>	<u>9848.14</u>
k. Rents		
l. Transportation Expenses		<u>231.30</u>
m. Insurance Expense		
n. Regulatory Commission Expense	<u>824.59</u>	<u>981.46</u>
o. Bad Debt Expense		<u>15677.81</u>
p. Miscellaneous Expense	<u>57,070.39</u>	
q. Depreciation Expense CIAC AMORTIZATION	<u>5645.31</u>	<u>5645.31</u>
r. Property Taxes	<u><4492.03></u>	<u><2708.02></u>
	<u>50.56</u>	<u>320.69</u>
s. Other Taxes		
t. Income Taxes		
Operating Income (Loss)	(\$ <u>40,646.70</u>)	\$ <u><8082.85></u>

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	<u>EARLENE DiLORENZO</u>		<u>35,000.00</u>	<u>9%</u>	<u>-</u>
2.	<u>JULIA WILKINSON</u>	<u>7/26/95</u>	<u>10,000.00</u>	<u>9%</u>	<u>-</u>
3.	<u>DELICAN COVE</u>		<u>24,600.00</u>	<u>0</u>	<u>-</u>
4.	<u>JIM EYSTER</u>	<u>08/21/95</u>	<u>9,970.00</u>	<u>9%</u>	<u>-</u>
	<u>LLOYD SCHRAGE</u>	<u>08/21/95</u>	<u>3,500.00</u>	<u>9%</u>	<u>08/21/96</u>

I. Indicate Type of Tax Return Filed:

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

Engineering Data

A. Outside Engineering Consultant:

1. Name Hal W. Barrineau
2. Firm H. W. Barrineau & Assoc., Inc.
3. Address 1306 S.E. 18th St., Ocala, Fl. 34471
4. Telephone (352) 840-9774

B. Individual to contact on engineering matters:

1. Name Jeffrey S. Schrade
2. Telephone (352) 795-1501

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. NONE

E. Name of plant operator(s) and DER operator certificate number(s) held. Mike T. Putsch A-3471

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 50,000 under construction N/A proposed N/A
2. Type and make of present treatment facilities EXTENDED AERATION
3. Approximate average daily flow of treatment plant effluent 22,000 MGD (FEB, 1996)
4. Approximate length of sewer mains:
Size (diameter) 8" VCP 4" CL
Linear feet UNKNOWN UNKNOWN
5. Number of manholes 13
6. Number of liftstations 3
7. How do you measure treatment plant effluent? TIME ELAPSE
8. Is the treatment plant effluent chlorinated? YES If yes, what is the normal dosage rate? TABLETS

- 9. Tap in fees - Sewer \$ 100.00
- 10. Service availability fees - Sewer \$ 14.30
- 11. Note DER Treatment Plant Certificate Number and date of expiration: Number FLA011876 Expiration Date 02/23/01
- 12. Total gallons treated during most recent twelve months 8,776,000
- 13. Sewage treatment purchased during most recent twelve months N/A

H. Water N/A

- 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 DER? _____

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 Jeffrey S. Schrade
2. Telephone Number (~~352~~) 795-6986

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

1. Water:

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

2. Sewer:

- | | |
|----------------------|---------------|
| a. Residential Sewer | <u>14.30</u> |
| b. General Service | <u>757.79</u> |
| c. Special Contract | _____ |
| d. Other | _____ |

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

1. Water Metered	19__	19__
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
_____	_____	_____
2. Water Unmetered	19__	19__
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
_____	_____	_____
3. Sewer	19__	19__
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
_____	_____	_____

V Affirmation

I, JEFFREY S. SCHRADE 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 Jeffrey S Schrade
 Title PRESIDENT

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.



● Indian Springs Utilities, Inc.

7655 W. Gulf to Lake Highway, Suite 14

Crystal River, Florida 34429

352-795-6986 // Fax 352-795-8701

May 2, 1996

Director of Records and Reporting
State of Florida
Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

960561-SU

Dear Sir:

Enclosed are 10 copies of our completed staff assisted rate case application. If you have any questions, please feel free to call me at 352-795-6986.

Sincerely,

Carlene Clyatt,
Bookkeeper

CC/my

MAIL ROOM
96 MAY -3 AM 10:00

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

DOCUMENT NUMBER-DATE

04982 MAY-3

FPSC-RECORDS/REPORTING