

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

ORIGINAL

001382-WS

I. General Data

A. Name of utility PENNBROOKE UTILITIES, INC.

B. Address MAILING 146 HORIZON CT. LAKELAND, FL. 33813 PHYSICAL 501 STATE RD 44 LEESBURG, FL. 34748

1. Telephone Nos. (863) 646-2904 (352) 326-5600

2. County LAKE Nearest city LEESBURG

3. General area served PENNBROOKE FAIRWAYS, LEESBURG, FL.

C. Authority:

1. Water Certificate No. 466 W Date received _____

2. Sewer Certificate No. 400 S Date received _____

3. Date utility started operations: Water _____ Sewer _____

D. How system was acquired PURCHASED

If utility was purchased, give date 5/29/92 Amount Paid \$173,000.00

1. Name of Seller PENNBROOKE EQUITY, INC.

2. Was seller affiliated with present owners? No

3. Did you purchase: Stock _____ or assets only X

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

F. Ownership & Officers:

Name	Title	Percent Ownership
<u>LEISURE COMMUNITIES, LTD</u>		<u>100%</u>
<u>FRANK HAAS</u>	<u>PRESIDENT</u>	<u>- 0 -</u>
<u>ARTHUR ERICSSON</u>	<u>V. PRESIDENT</u>	<u>- 0 -</u>
<u>GREG RICHESON</u>	<u>CONTROLLER</u>	<u>- 0 -</u>

PSC/WAS 2 (Rev. 11/86)

G. List of Associated Companies and Addresses:

- _____
- _____
- _____

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):

DOCUMENT NUMBER-DATE

11373 SEP 12 8

II. Accounting Data

A. Outside Accountant

1. Name CARTER, BELCOURT & ATKINSON, P.A.
2. Firm _____
3. Address 500 S. FLORIDA AVE 8TH FLR LAKELAND, FL 33813
4. Telephone (863) 687-4010

B. Individual to contact on accounting matters:

1. Name GREG RICHESON
2. Telephone (863) 644-5401

C. Location of books and records 146 HORIZON CT. LAKELAND FL.

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

Date last filed APRIL 2000

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	1999	1998
Cost of Plant In Service:	\$ <u>955,179</u>	\$ <u>955,179</u>
Less Accumulated Depreciation:	<u>380,650</u>	<u>342,332</u>
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>574,529</u>	\$ <u>612,847</u>

2. Sewer	1999	1998
Cost of Plant In Service:	\$ <u>1,193,499</u>	\$ <u>1,193,499</u>
Less Accumulated Depreciation:	<u>305,819</u>	<u>254,100</u>
Less Contributed Plant:	<u> </u>	<u> </u>
Net Owner's Investment:	\$ <u>887,680</u>	\$ <u>939,399</u>

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

1. Water	1999	1998
Revenues (By Class):		
a. <u>BASIC WATER</u>	\$ <u>37,683</u>	\$ <u>32,218</u>
b. <u>WATER USAGE</u>	<u>114,098</u>	<u>87,261</u>
c. <u> </u>	<u> </u>	<u> </u>
Total Operating Revenues:	\$ <u>151,781</u>	\$ <u>119,479</u>
Less Expenses:		
a. Salaries & Wages - Employees	\$ <u>4847</u>	\$ <u>4215</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u> </u>	<u> </u>
c. Employee Pensions & Benefits	<u> </u>	<u> </u>
d. Purchased Water	<u>13,293</u>	<u>14,737</u>
e. Purchased Power	<u> </u>	<u> </u>
f. Fuel for Power Production	<u> </u>	<u> </u>
g. Chemicals	<u>10,047</u>	<u>10,185</u>
h. Materials & Supplies	<u>6,390</u>	<u>7,259</u>
i. Contractual Services	<u>5,096</u>	<u>6,944</u>
j. Rents	<u> </u>	<u> </u>
k. Transportation Expenses	<u> </u>	<u> </u>
l. Insurance Expense	<u> </u>	<u> </u>
m. Regulatory Commission Expense	<u>581</u>	<u>3651</u>
n. Bad Debt Expense	<u> </u>	<u> </u>
o. Miscellaneous Expense	<u>4,878</u>	<u>5,647</u>
p. Depreciation Expense	<u>38,318</u>	<u>37,960</u>
q. Property Taxes	<u> </u>	<u> </u>
r. Other Taxes	<u>26,699</u>	<u>25,734</u>
s. Income Taxes	<u> </u>	<u> </u>
Operating Income (Loss)	\$ <u>41,632</u>	\$ <u>3,150</u>

2. Sewer	1999	1998
Revenues (By Class):		
a. <u>BASIC SEWER</u>	\$ <u>36,278</u>	\$ <u>30,252</u>
b. <u>SEWER USAGE</u>	\$ <u>37,521</u>	\$ <u>30,116</u>
c. _____		
Total Operating Revenues:	\$ <u>73,799</u>	\$ <u>60,368</u>
Less Expenses:		
a. Salaries & Wages - Employees	\$ <u>5647</u>	\$ <u>7317</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Sewage Treatment	_____	_____
e. Sludge Removal Expense	_____	_____
f. Purchased Power	<u>16,815</u>	<u>15,649</u>
g. Fuel for Power Production	_____	_____
h. Chemicals	<u>5,445</u>	<u>4,894</u>
i. Materials & Supplies	<u>2,886</u>	<u>2,457</u>
j. Contractual Services	<u>10,376</u>	<u>10,410</u>
k. Rents	_____	_____
l. Transportation Expenses	_____	_____
m. Insurance Expense	_____	_____
n. Regulatory Commission Expense	<u>4909</u>	<u>3691</u>
o. Bad Debt Expense	_____	_____
p. Miscellaneous Expense	<u>5031</u>	<u>16,399</u>
q. Depreciation Expense	<u>51,719</u>	<u>51,300</u>
r. Property Taxes	_____	_____
s. Other Taxes	<u>18,392</u>	<u>18,002</u>
t. Income Taxes	_____	_____
Operating Income (Loss)	\$ <u>(47,441)</u>	\$ <u>(69,051)</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>LEISURE COMMUNITIES</u>	<u>12/4/92</u>	<u>918,915</u>	<u>Prime + 1%</u>	<u>DEMAND</u>
2.	_____	_____	_____	_____	_____
3.	<u>MISC. APPLICABLE</u>	_____	<u>4,374</u>	_____	<u>OPEN TERMS</u>
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

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

III. Engineering Data

A. Outside Engineering Consultant:

1. Name TED WICKS P. E.
2. Firm WICKS CONSULTING SERVICES, INC.
3. Address 107 WEST MAIN ST. TAVERES, FL. 32778-3809
4. Telephone (352) 343-8667

B. Individual to contact on engineering matters:

1. Name TEO WICKS
2. Telephone (352) 343-8667

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.

E. Name of plant operator(s) and DER operator certificate number(s) held. BOB STEWART C-6407 DW
B-6834 WW

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 .090 MGD
X under construction _____ proposed .180 MGD
2. Type and make of present treatment facilities EXTENDED AERATION
3. Approximate average daily flow of treatment plant effluent .082 MGD
4. Approximate length of sewer mains:
Size (diameter) 2" 4" 6" 8" 10"
Linear feet 660 2570 5265 25,041 603
5. Number of manholes 111
6. Number of liftstations 5
7. How do you measure treatment plant effluent? FLOW METER ON DISCHARGE
8. Is the treatment plant effluent chlorinated? YES If yes, what is the normal dosage rate? _____

9. Tap in fees - Sewer \$ -0-
10. Service availability fees - Sewer \$ -0-
11. Note DER Treatment Plant Certificate Number and date of expiration: Number FLA 010570-001 Expiration Date 3/15/07
12. Total gallons treated during most recent twelve months 9,120,000
13. Sewage treatment purchased during most recent twelve months -0-

H. Water

1. Gallons per day capacity of treatment facilities existing 864,000
 under construction N/A proposed N/A
2. Type of treatment AERATION FILTRATION, DISINFECTION
SEQUESTRATION (AQUA MAS) FOR IRON
3. Approximate average daily flow of treated water 298,000
4. Source of water supply 2-12" WELLS
5. Types of chemicals used and their normal dosage rates
GAS CL2 - 8# DAY AQUA MAS 5.4 GPD
6. Number of wells in service 2 Total capacity in gallons per
 minute (gpm) 600 EA
 Diameter/Depth 12" / 665 12" / 665 _____
 Motor horsepower 2.5 2.5 _____
 Pump capacity (gpm) 600 600 _____
7. Reservoirs and/or hydropneumatic tanks:

Description	<u>GND</u>	<u>GND</u>	<u>HYDRO PNEUMATIC</u>
Capacity	<u>10,000</u>	<u>50,000</u>	<u>7,500</u>
8. High service pumping:

Motor horsepower	<u>40</u>	<u>40</u>	<u>50</u>
Pump capacity (gpm)	<u>600</u>	<u>600</u>	<u>3,000</u>
9. How do you measure treatment plant production? _____
10. Approximate feet of water mains:

Size (diameter)	<u>2"</u>	<u>4"</u>	<u>6"</u>	<u>8"</u>	<u>10"</u>
Linear feet	<u>210</u>	<u>4244</u>	<u>35610</u>	<u>16459</u>	<u>840</u>

11. Note any fire flow requirements and imposing government agency
LEESBURG FIRE DEPARTMENT

12. Number of fire hydrants in service 30

13. Do you have a meter change out program? No

14. Meter installation or tap in fees - Water \$ NONE

15. Service availability fees - Water \$ NONE

16. Has the existing treatment facility been approved by DER?
YES

17. Total gallons pumped during most recent twelve months 103,360,000

18. Total gallons sold during most recent twelve months 103,360,000

19. Gallons unaccounted for during most recent twelve months -0-

20. Gallons purchased during most recent twelve months -0-

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name THOMAS BANKOWSKI

2. Telephone Number (352) 326-5600

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

1. Water:

a. Residential Water	<u>\$1.75 PER 1000 GALLONS USED PER MONTH</u>
b. General Service	<u>\$ 5.76</u>
c. Special Contract	_____
d. Other	_____

2. Sewer:

a. Residential Sewer	<u>\$1.20 PER 1000 GALLONS USED PER MONTH</u>
b. General Service	<u>\$ 5.62</u>
c. Special Contract	_____
d. Other	_____

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

	19 <u>99</u>	19 <u>98</u>
1. Water Metered		
a. Residential	<u>545</u>	<u>455</u>
b. General Service	<u>3</u>	<u>3</u>
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 <u>99</u>	19 <u>98</u>
a. Residential	<u>545</u>	<u>455</u>
b. General Service	<u>3</u>	<u>3</u>
c. Special Contract	_____	_____
d. Other - specify	_____	_____

V Affirmation

I, GREG RICHESON 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 CONTROLLER

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.