

RANCH MOBILE, INC. ORIGINAL

6800 - 150TH AVENUE NORTH
CLEARWATER, FLORIDA 33764

040342-54

727-536-3553

FAX: 727-536-3554

April 15, 2004

Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

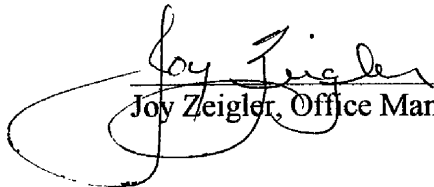
ATTN: Troy Rendell

Dear Mr. Rendell:

In accordance with are recent conversation, we are enclosing herewith the original and three(3) copies of the PSC application for a Staff Assisted Rate Case.

Should you have any questions or need additional assistance, please do not hesitate to contact us.

Sincerely,


Joy Zeigler, Office Manager

04 APR 19 AM 9:25
EDUCATION REGULATION

DOCUMENT NUMBER-DATE

04634 APR 19 04

FPSC-COMMISSION CLERK

ORIGINAL

040342-50

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility Ranch Mobile WWT P Inc

B. Address 6800 150th Av N Clearwater FL 33764

1. Telephone Nos. (727) 536 3553

2. County Pinellas Nearest City Clearwater

3. General area served 3 Customers: 2 in Largo 1 in Co.

C. Authority:

1. Water Certificate No. _____ Date Received _____

2. Wastewater Certificate No. SL31303 SR Date Received 12/82

3. Date utility started operations: Water _____ Wastewater 12/82

D. How system was acquired Purchase

If utility was purchased, give date 12/16/82 Amount Paid \$ 80,000.00

1. Name of Seller Midway Service Corp.

2. Was seller affiliated with present owners? No

3. Did you purchase: Stock _____ or assets only

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

F. Ownership & Officers:

Name	Title	Percent Ownership
<u>1. Ralph L Bircher</u>	<u>Chairman</u>	
<u>2. Robert Emerson</u>	<u>Vice Chairman</u>	
<u>3. Barbara Miller</u>	<u>Secretary</u>	
<u>4. Thomas Fought</u>	<u>Treasurer</u>	

G. List of Associated Companies and Addresses:

1. Ranch Mobility, Inc
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):

No

II. Accounting Data

A. Outside Accountant

1. Name Charles Wilson CPA
2. Firm Charles A Wilson CPA, PA
3. Address 2364 Sunset Point Road - Clw 33765
4. Telephone (727) 669-9800

B. Individual to contact on accounting matters:

1. Name Jay Zeigler
2. Telephone (727) 536 3553

C. Location of books and records Site

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

Date Last Filed for 12/31/23

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	20__	20__
Cost of Plant In Service:	\$ _____	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ _____	\$ _____

2. Wastewater

Cost of Plant In Service:

20__ 20__

City of Largo Lift Station

\$ _____ \$ _____

Less Accumulated Depreciation:

Less Contributed Plant:

New Owner's Investment:

\$ _____ \$ _____

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

1. Water

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 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.	Wastewater	20__	20__
	Revenues (By Class):		
a.	_____	<u>185,468.</u>	_____
b.	_____	_____	_____
c.	_____	_____	_____
	Total Operating Revenues:	\$ <u>185,468.</u>	\$ _____
	Less Expenses:		
a.	Salaries & Wages - Employees	\$ _____	\$ _____
b.	Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c.	Employee Pensions & Benefits	_____	_____
d.	Purchased Wastewater Treatment	<u>173,096</u>	_____
e.	Sludge Removal Expense	_____	_____
f.	Purchased Power	_____	_____
g.	Fuel for Power Production <i>State Fee</i>	<u>150.</u>	_____
h.	Chemicals <i>Large Permit</i>	<u>200.</u>	_____
i.	Materials & Supplies	_____	_____
j.	Contractual Services	_____	_____
k.	Rents	_____	_____
l.	Transportation Expenses	_____	_____
m.	Insurance Expense	_____	_____
n.	Regulatory Commission Expense	<u>8,376.</u>	_____
o.	Bad Debt Expense	_____	_____
p.	Miscellaneous Expense	_____	_____
q.	Depreciation Expense	_____	_____
r.	Property Taxes	_____	_____
s.	Other Taxes	_____	_____
t.	Income Taxes	_____	_____
	Operating Income (Loss)	\$ <u>3,675.</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>Ranch Mobile Inc</u>	<u>Open Note</u>	<u>43,796-</u>	_____	_____
* 2.	<u>Ultra Vision</u>	_____	<u>301,820-</u>	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

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

* Proposals Accepted to date,
 Total rehab. approx. 1.5 million.

III. Engineering Data

A. Outside Engineering Consultant:

1. Name David Baker
2. Firm Ultra Vision SE, Inc
3. Address 8606 N 40th St Tampa, FL 33604
4. Telephone (813) 237-6447

B. Individual to contact on engineering matters:

1. Name Ralph Bircher (WWTP)
2. Telephone (727) 536 3553

C. Is the utility under citation by the Department of Environmental Protection (DEP) or county health department? If yes, explain.

NO

D. List any known service deficiencies and steps taken to remedy problems.

Video Survey - Rehabilitation Scheduled

E. Name of plant operator (s) and DEP operator certificate number (s) held. NONE

F. Is the utility serving customers outside of its certificated area? _____

If yes, explain _____

G. Wastewater: Pass thru Utility (serves 867 residences)

1. Gallons per day capacity of treatment facilities existing City of Largo Lift Station
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) 13,100' 6" _____
Linear feet 3,520' 8" _____
5. Number of manholes 31
6. Number of liftstations (1) City of Largo
7. How do you measure treatment plant effluent? _____

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

H. Water

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 DEP? _____
- 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 Joy Zeigler
- 2. Telephone Number (727) 536-3553

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

1. Water:

- a. Residential Water _____
- b. General Service _____
- c. Special Contract _____
- d. Other _____

2. Wastewater:

- a. Residential Wastewater 1,031.05 (Month)
- b. General Service _____
- c. Special Contract _____
- d. Other _____

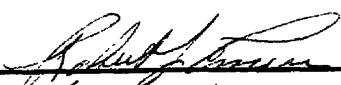
C. Number of Customers (Most recent two years):

- | | | |
|---------------------|-------|-------|
| 1. Water Metered | 20__ | 20__ |
| a. Residential | _____ | _____ |
| b. General Service | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |
| 2. Water Unmetered | 20__ | 20__ |
| a. Residential | _____ | _____ |
| b. General Service | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |

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

V. Affirmation

I, Robert Emerson 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 Vice Chairman

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.