

U.S. Water Services Corporation

Water and Wastewater Utility Operations, Maintenance, Engineering, Management

DISTRIBUTION CENTER
06 SEP 2006 AM 7:38

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September 1, 2006

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

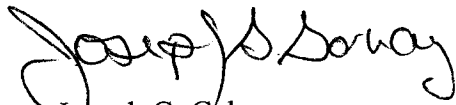
Dear Ms. Polak Edgar,

Please find our application for a staff assisted rate case for Pasco Utilities, Inc.

If you have any questions, or need further information, please contact me.

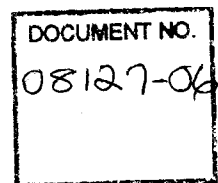
We appreciate your consideration of our application and look forward to hearing from you.

Sincerely,



Joseph G. Gabay
Accounting Manager

cc: Vickie Penick
Vice-President



4939 Cross Bayou Boulevard * New Port Richey, FL 34652
Phone: 727-848-8292 * Fax: 727-848-7701 * Toll Free: 866-753-8292

CUC1223914 * CGC003307 * QB26776

679 SEP 08 2005

ORIGINAL
CK# 1169

CICD 1,000.00

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

RECEIVED-1100
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COMMISSION CLERK

I. General Data

A. Name of utility Pasco Utilities Inc

B. Address P.O. Box 4118, Tampa FL 33677-4118

1. Telephone Nos. (813) 877-8339

2. County Hillsborough Nearest City Zephyrhills

3. General area served Zephyrhills / Westley Chapel

C. Authority:

1. Water Certificate No. WU190 Date Received 7-21-67

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

3. Date utility started operations: Water 7-21-67 Wastewater N/A

D. How system was acquired

Developed by owner

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

1. Name of Seller _____

2. Was seller affiliated with present owners? _____

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

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

Corporation

F. Ownership & Officers:

Name	Title	Percent Ownership
1. <u>Maynard Fernandez</u>	<u>President</u>	<u>100%</u>
2. <u>Lionel Llanes</u>	<u>Dir / Tr.</u>	
3. _____	_____	_____
4. _____	_____	_____

G. List of Associated Companies and Addresses:

1. _____
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):

II. Accounting Data

A. Outside Accountant

1. Name Vickie Perick or Joseph Gabay
2. Firm WIS Water Services Corp
3. Address 4939 Cross Bayou Blvd New Port Richey FL 34652
4. Telephone (727) 848-8292

B. Individual to contact on accounting matters:

1. Name Leo Llanes
2. Telephone (813) 877-8339

C. Location of books and records 2700 N. MacDill, Tampa, FL

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

Date Last Filed 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	2005	2004
Cost of Plant In Service:	\$ <u>560,822</u>	\$ <u>504,701</u>
Less Accumulated Depreciation:	<u>369,892</u>	<u>352,266</u>
Less Contributed Plant:	<u>130,008</u>	<u>131,531</u>
Net Owner's Investment:	\$ <u>60,922</u>	\$ <u>20,904</u>

2. Wastewater	2005	2004
Cost of Plant In Service:	\$ _____	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
New Owner's Investment:	\$ <u>N/A</u>	\$ <u>N/A</u>

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

1. Water	2005	2004
Revenues (By Class):		
a. <u>Residential</u>	\$ <u>108,370</u>	\$ <u>106,608</u>
b. <u>Commercial</u>	<u>542</u>	<u>626</u>
c. <u>Other</u>	<u>1,830</u>	<u>1,725</u>
Total Operating Revenues:	\$ <u>110,742</u>	\$ <u>108,959</u>
Less Expenses:		
a. Salaries & Wages - Employees	_____	_____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>12,000</u>	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	<u>7,024</u>	<u>7,578</u>
f. Fuel for Power Production	_____	_____
g. Chemicals	<u>3,232</u>	<u>3,366</u>
h. Materials & Supplies	<u>58,900</u>	<u>39,086</u>
i. Contractual Services	<u>49,695</u>	<u>50,151</u>
j. Rents	<u>16,719</u>	<u>16,699</u>
k. Transportation Expenses	<u>22,793</u>	<u>20,000</u>
l. Insurance Expense - CIAE Amort -	<u>(17,089)</u>	<u>(10,651)</u>
m. Regulatory Commission Expense Interest -	<u>16,829</u>	_____
n. Bad Debt Expense	_____	_____
o. Miscellaneous Expense	<u>108,316</u>	_____
p. Depreciation Expense	<u>17,626</u>	<u>14,133</u>
q. Property Taxes	_____	_____
r. Other Taxes	<u>8,958</u>	<u>8,497</u>
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ <u>(194,261)</u>	\$ <u>(39,900)</u>

2. Wastewater

2005

2004

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)	\$ _____	\$ _____	

N/A

N/A

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	Maynard Fernandez	6/30/05	199,000	8%	12/1/12
2.	_____	_____	_____	_____	_____
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)

III. Engineering Data

A. Outside Engineering Consultant:

1. Name Gary Deremes
2. Firm U.S. Water Services Corp.
3. Address 4939 Cross Bayou Blvd., NPR FL 34652
4. Telephone (727) 848-8292

B. Individual to contact on engineering matters:

1. Name Tim Kober
2. Telephone (727) 848-8292

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.

Meter Replacement Program in progress.

E. Name of plant operator (s) and DEP operator certificate number (s) held.

U.S. Water Services Corporation - Operating Company

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

No

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? _____ 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 _____ *Permitted 498 k gpd*
- 2. Type of treatment Chlorinated
- 3. Approximate average daily flow of treated water 145,276 GPD Average
- 4. Source of water supply Wells
- 5. Types of chemicals used and their normal dosage rates CL2
- 6. Number of wells in service 2 Total capacity in gallons per minute (gpm) 775

Diameter/Depth	<u>8" 1445'</u>	<u>6" 1366'</u>	<u>1</u>
Motor horsepower	<u>30</u>	<u>25</u>	<u> </u>
Pump capacity (gpm)	<u> </u>	<u> </u>	<u> </u>
- 7. Reservoirs and/or hydropneumatic tanks:

Description	<u>Steel</u>	<u>Steel</u>	<u> </u>
Capacity	<u>5,000</u>	<u>5,000</u>	<u> </u>
- 8. High service pumping:

Motor horsepower	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Pump capacity (gpm)	<u>400</u>	<u>325</u>	<u> </u>	<u> </u>
- 9. How do you measure treatment plant production? Metered
- 10. Approximate feet of water mains:

Size (diameter)	<u>4"</u>	<u> </u>	<u> </u>	<u> </u>
Linear feet	<u>77,200</u>	<u> </u>	<u> </u>	<u> </u>
- 11. Note any fire flow requirements and imposing government agency None
- 12. Number of fire hydrants in service N/A

- 13. Do you have a meter change out program? yes
- 14. Meter installation or tap in fees - Water \$ 5/8" #125⁰⁰
- 15. Service availability fees - Water \$ Deposit #25 - Connection #15
- 16. Has the existing treatment facility been approved by DEP? yes
- 17. Total gallons pumped during most recent twelve months 51,326,000
- 18. Total gallons sold during most recent twelve months 48,745,000
- 19. Gallons unaccounted for during most recent twelve months 2,581,000
- 20. Gallons purchased during most recent twelve months 0

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name Vickie Penick
- 2. Telephone Number (727) 848-0292

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

1. Water:

- a. Residential Water 2.00 Base for 1st 3k gallons, 1.80/k add'l.
- b. General Service N/A
- c. Special Contract N/A
- d. Other N/A

2. Wastewater:

- a. Residential Wastewater N/A
- b. General Service §
- c. Special Contract §
- d. Other §

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

1. Water Metered	<u>2005</u>	<u>2004</u>
a. Residential	<u>674</u>	<u>660</u>
b. General Service	<u>N/A</u>	<u>N/A</u>
c. Special Contract	<u>1</u>	<u>§</u>
d. Other - Specify	<u></u>	<u></u>
2. Water Unmetered	<u>2005</u>	<u>2004</u>
a. Residential	<u>N/A</u>	<u>N/A</u>
b. General Service	<u>7</u>	<u>7</u>
c. Special Contract	<u></u>	<u></u>
d. Other - Specify	<u></u>	<u></u>

3. Wastewater

20__

20__

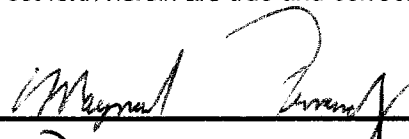
- a. Residential
- b. General Service
- c. Special Contract
- d. Other - Specify

N/A

N/A

V. Affirmation

I, Maynard Fernandez 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

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.