

ORIGINAL SERVICE

FLORIDA PUBLIC SERVICE COMMISSION

07 MAR 19 PM 2:18

APPLICATION FOR A
STAFF ASSISTED RATE CASE

DEPARTMENT OF
REGULATION

070177-WU

I. General Data

A. Name of utility LWV UTILITY

B. Address 1552 CONGRESS ST #4

1. Telephone Nos. 227, 849-9389

2. County PASCO Nearest City NEW PONT RICHEY

3. General area served SUB - LAKEWOOD ESTATES

C. Authority:

1. Water Certificate No. 152-W Date Received MAY 20, 2005

2. Wastewater Certificate No. NONE Date Received ---

3. Date utility started operations: Water 1975 Wastewater ---

D. How system was acquired JAMES A COCHRAN TRUST

If utility was purchased, give date --- Amount Paid ---

1. Name of Seller JAMES A COCHRAN TRUST

2. Was seller affiliated with present owners? PARTNER

3. Did you purchase: Stock YES or assets only ---

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

F. Ownership & Officers:

Name	Title	Percent Ownership
1. JAMES WEEKS	MANAGER	50%
2. RICKY MILLER	---	50%
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 MATT POTTER PA
2. Firm MATTHEW A. POTTER CERTIFIED PUBLIC ACCOUNTANT
3. Address 5940 MAIN ST. NEW PORT RICHEY #34652
4. Telephone TEL 841-6500 FAX 841-0525

B. Individual to contact on accounting matters:

1. Name MATT POTTER
2. Telephone 841-6500

C. Location of books and records 7552 CONYVER ST. #4 N.P.R. #34653

D. Have you filed an Annual Report with the Commission? YES
Date Last Filed MARCH 2006

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)

	2006	20__
1. Water		
Cost of Plant In Service:	\$ <u>112,586,000</u>	\$ _____
Less Accumulated Depreciation:	<u>83,700</u>	_____
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>35,280,000</u>	\$ _____

2. Wastewater

Cost of Plant In Service:

Less Accumulated Depreciation:

Less Contributed Plant:

New Owner's Investment:

20__	20__
\$ _____	\$ _____
_____	_____
_____	_____
\$ _____	\$ _____

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

1. Water

Revenues (By Class):

a. _____

b. _____

c. _____

Total Operating Revenues:

20__	20__
\$ _____	\$ _____
_____	_____
\$ <u>13,266.00</u>	\$ <u>65,760.00</u>
(2006)	(2005)

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)

50,000.00	_____
_____	_____
<u>2355.00</u>	_____
<u>4634.00</u>	_____
<u>1202.00</u>	_____
<u>2273.00</u>	_____
<u>7704.00</u>	_____
_____	_____
_____	_____
<u>263.00</u>	_____
_____	_____
_____	_____
_____	_____
\$ <u>78,893.00</u>	\$ _____

B

2. Wastewater

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 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)	\$ _____	\$ _____

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	NONE	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

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

III. Engineering Data

A. Outside Engineering Consultant:

1. Name RAY BUSSMAN CONSTRUCTION
2. Firm BUSSMAN CONSTRUCTION SERVICES INC.
3. Address 5757 COLONIAL DR
4. Telephone 222, 847-4882

B. Individual to contact on engineering matters:

1. Name SAME
2. Telephone ()

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.

NONE

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

Gator WATER

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 \$ N/A
11. Note DEP Treatment Plant Certificate Number and date of expiration: Number N/A
Expiration Date _____
12. Total gallons treated during most recent twelve months N/A
13. Wastewater treatment purchased during most recent twelve months N/A

H. Water

1. Gallons per day capacity of treatment facilities existing 8395000 under construction _____ proposed _____
2. Type of treatment Liquid chlorine
3. Approximate average daily flow of treated water 230,000
4. Source of water supply Well
5. Types of chemicals used and their normal dosage rates Liquid Chlorine
6. Number of wells in service 2 Total capacity in gallons per minute (gpm) _____
- | | | | |
|---------------------|---------------|---------------|----------|
| Diameter/Depth | <u>4, 150</u> | <u>4, 150</u> | <u>1</u> |
| Motor horsepower | <u>7.5</u> | <u>7.5</u> | _____ |
| Pump capacity (gpm) | _____ | _____ | _____ |
7. Reservoirs and/or hydropneumatic tanks:
- | | | | |
|-------------|--------------|-------|-------|
| Description | <u>steel</u> | _____ | _____ |
| Capacity | <u>1000</u> | _____ | _____ |
8. High service pumping:
- | | | | | |
|---------------------|------------|------------|-------|-------|
| Motor horsepower | <u>1/2</u> | <u>1/2</u> | _____ | _____ |
| Pump capacity (gpm) | _____ | _____ | _____ | _____ |
9. How do you measure treatment plant production? meter
10. Approximate feet of water mains:
- | | | | | |
|-----------------|------------|-------|-------|-------|
| Size (diameter) | <u>6"</u> | _____ | _____ | _____ |
| Linear feet | <u>150</u> | _____ | _____ | _____ |
11. Note any fire flow requirements and imposing government agency
NONE
12. Number of fire hydrants in service 0

- 13. Do you have a meter change out program? YES
- 14. Meter installation or tap in fees - Water \$ 100.00
- 15. Service availability fees - Water \$ 450
- 16. Has the existing treatment facility been approved by DEP? YES
- 17. Total gallons pumped during most recent twelve months 28 715 000
- 18. Total gallons sold during most recent twelve months 24 396 000
- 19. Gallons unaccounted for during most recent twelve months 2800 000
- 20. Gallons purchased during most recent twelve months N/A

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name Jim Weeks - President
- 2. Telephone Number 727 849-9389

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

1. Water:

- a. Residential Water BASE \$23.95 Bi-monthly / 1.88 / 1000 gpm
- b. General Service _____
- c. Special Contract _____
- d. Other _____

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

	20 <u>06</u>	20__
a. Residential	<u>433</u>	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
- 2. Water Unmetered

	20 <u>06</u>	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

<p>NONE</p> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
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V. Affirmation

I, JAMES WEEKS 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 *James Weeks*
 Title MANAGER 3/12/2007

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.