

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

991290-WU
RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

I. General Data

- A. Name of utility BRENDENWOOD WATER SYSTEM
- B. Address PO Box 350294, GRAND ISLAND, FL 32735-0294
13600 BERKSHIRE CT., GRAND ISLAND, FL 32735
1. Telephone Nos. (352) 357-9466
2. County LAKE Nearest city EUSTIS OR GRAND ISLAND
3. General area served BRENDENWOOD SUBDIVISION
JEREMYS

C. Authority:

1. Water Certificate No. 339-W Date received 8/5/81
2. Sewer Certificate No. N/A Date received N/A
3. Date utility started operations: Water 8/17/81 Sewer N/A

D. How system was acquired BUILT WITH CONSTRUCTION OF BRENDENWOOD SUBDIV.

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

1. Name of Seller N/A
2. Was seller affiliated with present owners? N/A
3. Did you purchase: Stock N/A or assets only N/A

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

Proprietorship SOLE PROPRIETORSHIP

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	<u>PAUL F DAY</u>	<u>OWNER/OPERATOR</u>	<u>100%</u>
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PSC/WAS 2 (Rev. 11/86)

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):

DOCUMENT NUMBER-DATE

10571 SEP-28

PSC-RECORDS/REPORTING

(NONE)

II. Accounting Data

A. Outside Accountant - ONLY FOR FEDERAL TAX RETURN

- 1. Name ANDREWS & MILLER
- 2. Firm ANDREWS & MILLER CPA
- 3. Address 8525 S. HWY 441, PO BOX 491271, LEESBURG, FL 32735
- 4. Telephone (352) 326-8001

B. Individual to contact on accounting matters:

- 1. Name PAUL E. DAY
- 2. Telephone (352) 357-9466

C. Location of books and records 13600 BERKSWIRE CT, GRAND ISLAND, FL 32735

- D. Have you filed an Annual Report with the Commission? YES
Date last filed 1998

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? YES - ANNUAL ASSESSMENT - 1998

F. Basic Rate Base Data (Most recent two years) FEE PAID 2/16/99 \$1030⁴⁹

1. Water	N/A	19__	19__
	CASH BASIS		
Cost of Plant In Service:		\$ _____	\$ _____
Less Accumulated Depreciation:		_____	_____
Less Contributed Plant:		_____	_____
Net Owner's Investment:		\$ _____	\$ _____

2. Sewer	N/A	19__	19__
Cost of Plant In Service:		\$ _____	\$ _____
Less Accumulated Depreciation:		_____	_____
Less Contributed Plant:		_____	_____
Net Owner's Investment:		\$ _____	\$ _____

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

1. Water	1998	1997
Revenues (By Class):		
a. <u>RESIDENTIAL</u>	\$ 22900	\$ 19417
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ 22900	\$ 19417
Less Expenses:		
a. Salaries & Wages - Employees	\$ _____	\$ _____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	7741	6660
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	1794	1726
f. Fuel for Power Production	_____	_____
g. Chemicals	115	134
h. Materials & Supplies	5294	4276
i. Contractual Services	2100	3630
j. Rents	1500	1500
k. Transportation Expenses	3995	4163
l. Insurance Expense	1467	1464
m. Regulatory Commission Expense	_____	_____
n. Bad Debt Expense	_____	_____
o. Miscellaneous Expense	_____	_____
p. Depreciation Expense	_____	_____
q. Property Taxes	_____	_____
r. Other Taxes	272	274
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ (1378)	\$ (4410)

2. Sewer	19__	19__
<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 Sewage 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.	<u>NONE</u>	_____	_____	_____	_____
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 NONE
- 2. Firm _____
- 3. Address _____
- 4. Telephone (____) _____

B. Individual to contact on engineering matters:

- 1. Name PAULE DAY
- 2. Telephone (352) 357-9466

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.

DENNIS KEENEY #2128 LEAD/CHIEF PLANT OPERATOR

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 sewer 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 - Sewer \$ _____ N/A
- 10. Service availability fees - Sewer \$ _____
- 11. Note DER Treatment Plant Certificate Number and date of expiration: Number _____ Expiration Date _____
- 12. Total gallons treated during most recent twelve months _____
- 13. Sewage treatment purchased during most recent twelve months _____

H. Water

- 1. Gallons per day capacity of treatment facilities existing 230,400 under construction _____ proposed _____
- 2. Type of treatment LIQUID CHLORINE
- 3. Approximate average daily flow of treated water 43.8 THOUSAND
- 4. Source of water supply WELL
- 5. Types of chemicals used and their normal dosage rates _____
CHLORINE CROCK - CHECKED DAILY
- 6. Number of wells in service 1 Total capacity in gallons per minute (gpm) 160 gpm
 Diameter/Depth 6" DIAMETER 121 FT CASING DEPTH 141 FT TOTAL DEPTH
 Motor horsepower 15 HP SUBMERSIBLE
 Pump capacity (gpm) 160 gpm
- 7. Reservoirs and/or hydropneumatic tanks:
 Description PRESSURE TANK
 Capacity 3000 GALLON
- 8. High service pumping:
 Motor horsepower N/A
 Pump capacity (gpm) _____
- 9. How do you measure treatment plant production? MAIN FLOW METER
- 10. Approximate feet of water mains:
 Size (diameter) 4" 2"
 Linear feet 3000 FT 1000 FT

- 11. Note any fire flow requirements and imposing government agency
NONE
- 12. Number of fire hydrants in service NONE
- 13. Do you have a meter change out program? CHECK MONTHLY - CHANGE OUT AS NEEDED.
- 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 15,995,000
- 18. Total gallons sold during most recent twelve months ^{SEPT 98 - AUG 99} 14,701,000
- 19. Gallons unaccounted for during most recent twelve months ^{SEPT 98 - AUG 99} 1,294,000
- 20. Gallons purchased during most recent twelve months 0

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name PAUL E. DAY
- 2. Telephone Number (352) 357-9466

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

1. Water:

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

BASE \$ 6⁸⁹, PER GALLON \$ 36 (1000 GAL AND OVER)

2. Sewer:

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

N/A

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

1. Water Metered	19 <u>98</u>	19 <u>97</u>
a. Residential	<u>55</u>	<u>55</u>
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
2. Water Unmetered	19 <u> </u>	19 <u> </u>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	<u>N/A</u>	<u>N/A</u>
d. Other - specify	_____	_____
3. Sewer	19 <u> </u>	19 <u> </u>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	<u>N/A</u>	<u>N/A</u>
d. Other - specify	_____	_____

V Affirmation

I, PAUL E. DAY 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 Paul E. Day
 Title OWNER/OPERATOR

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.