FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility

B. Address

1. Telephone Nos. ( )
2. County Nearest City
3. General area served

C. Authority:
1. Water Certificate No. Date Received
2. Wastewater Certificate No. Date Received
3. Date utility started operations: Water Wastewater

D. How system was acquired

If utility was purchased, give date 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

F. Ownership & Officers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Percent Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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</tbody>
</table>

PSC/ECR 2 (Rev. 3/02)
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 
   2. Firm 
   3. Address 
   4. Telephone  

B. Individual to contact on accounting matters:
   1. Name 
   2. Telephone  

C. Location of books and records 

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

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>20__</th>
<th>20__</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Plant In Service:</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
<tr>
<td>Less Accumulated Depreciation:</td>
<td></td>
<td></td>
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<tr>
<td>Less Contributed Plant:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Owner's Investment:</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

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

1. Water

<table>
<thead>
<tr>
<th>Year</th>
<th>20__</th>
<th>20__</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues (By Class):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
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<tr>
<td>Total Operating Revenues:</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

Less Expenses:

<table>
<thead>
<tr>
<th>Item</th>
<th>20__</th>
<th>20__</th>
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</thead>
<tbody>
<tr>
<td>a. Salaries &amp; Wages - Employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Salaries &amp; Wages - Officers, Directors, &amp; Majority Stockholders</td>
<td></td>
<td></td>
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<tr>
<td>c. Employee Pensions &amp; Benefits</td>
<td></td>
<td></td>
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<tr>
<td>d. Purchased Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Purchased Power</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Fuel for Power Production</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Chemicals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Materials &amp; Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Contractual Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Rents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Transportation Expenses</td>
<td></td>
<td></td>
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<tr>
<td>l. Insurance Expense</td>
<td></td>
<td></td>
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<tr>
<td>m. Regulatory Commission Expense</td>
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<td></td>
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<tr>
<td>n. Bad Debt Expense</td>
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<td></td>
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<tr>
<td>o. Miscellaneous Expense</td>
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<td></td>
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<tr>
<td>p. Depreciation Expense</td>
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<td></td>
</tr>
<tr>
<td>q. Property Taxes</td>
<td></td>
<td></td>
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<tr>
<td>r. Other Taxes</td>
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<tr>
<td>s. Income Taxes</td>
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</tr>
</tbody>
</table>

Operating Income (Loss) | $ __________ | $ __________ |
2. Wastewater

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

i. Income Taxes

Operating Income (Loss) $_________  $_________

H. Outstanding Debt:

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Date Borrowed</th>
<th>Balance Due</th>
<th>Interest Rate</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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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 ________________________________
   2. Firm ________________________________
   3. Address ________________________________
   4. Telephone (____) ________________________________

B. Individual to contact on engineering matters:
   1. Name ________________________________
   2. Telephone (____) ________________________________

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

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

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

F. Is the utility serving customers outside of its certificated area?
   If yes, explain ____________________________________________

G. Wastewater:
   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

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 ________________________________

2. Telephone Number (_____) ________________________________

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 ________________________________
   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 ________________________________
<table>
<thead>
<tr>
<th></th>
<th>Wastewater</th>
<th>20__</th>
<th>20__</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Residential</td>
<td></td>
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</tr>
<tr>
<td>b.</td>
<td>General Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Special Contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Other - Specify</td>
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</table>

V. Affirmation

I, ___________________________ 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 ___________________________

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.