

G. List of Associated Companies and Addresses:

N/A

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):

Name:

Martin S Friedman

Address:

**Sanlando Center
2180 W State Rd. 434.
Suite 2118
Longwood, FI 32779**

II. ACCOUNTING DATA

A. Outside Accountant

Robert Underwood

Also ; Lynn Raymond,

1. Name:

2. Firm: **Underwood&Roberts, PLLC
3110 Edwards Mill Road.
Suite 100**

**Juffe, Flischel
900 Pine st.
Englewood FI. 34223**

3. Address: **Raleigh, N. C. 27612**

4. Telephone: 919 664 8803

941-475-7937

B. Individual To Contact On Accounting Matters:

1. Name: **Pamela Young**

2. Telephone: **(919 664 8803**

1916 Michigan

C. Location of Books and Records: **Grove City, FL. 34224**

D. Have you filed an Annual Report with Charlotte County? XYes No

Date Last Filed:

E. Has your latest Regulatory Assessment Fee Payment been made? XYes No

(

F. Basic Rate Base Data: (Most recent two years)

1. Water:
Cost of Plant In Service

2010

2009

\$ 1,421,050

\$ _____

Less Accumulated Depreciation

552,161

Less Contributed Plant

This number is a best guess estimate. We charged different Impacts at different times. Will contact DEP to obtain, number of customers throughout the years

500,000?

Net Owner's Investment

\$ **368,889**

\$

2. Wastewater:

Cost of Plant In Service

\$ **N/A**

\$ **N/A**

Less Accumulated Depreciation

N/A

N/A

Less Contributed Plant

N/A

N/A

Net Owner's Investment

\$ **N/A**

\$ **N/A**

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

1. Water:

2010

2009

Revenues (By Class)

a. **Water revenue**

\$ **196,232**

\$ **191,805**

b. **Impact fees**

18,000

18,100

c. **Other misc**

800

770

Total Operating Revenues:

\$ **215,032**

\$ **210,675**

Less Expenses:

a. Salaries & Wages - Employees

4393

3200

b. Salaries & Wages - Officers, Directors, & Majority Stockholders

49,500

n/a

c. Employee Pensions & Benefits

0

0

d. Purchased Water

876

e. Purchased Power

23,000

20,653

f. Fuel for Power Production

g. Chemicals

3,781

6,589

h. Materials, Supplies & Repairs

20,565

35,531

i. Contractual Services

15,000

12,700

j. Rents

6,680

5,992

k. Transportation Expenses

5,490

1,817

l. Insurance Expense

3,953

3,733

m. Regulatory Commission Expense

8,378

9,634

n. Professional

22,165

6,905

o. Miscellaneous Expense

4,225

4,773

p. Depreciation Expense	20,953	62,160
q. Property Taxes	11,683	8,857
r. Other Taxes	13,290	688
s. interest	60,205	32,287
t. Income Taxes	4,340	
Operating Income (Loss)	\$ 278,313	\$ 293,085
	(63,281)	(82,612)

2. <u>Wastewater</u>	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:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	I. D. N		\$582,775	8%	
2.	BB&T	3/27/09	\$68,383	6.75%	

3.	Bank of the West	12/31/10	\$18,410	7.49%
4.	Dugal McNeil	/91	\$30,000	10%
5.	Jack Bouer		\$55,000	?

I. Indicate Type of Tax Return Field:

- 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: **Jay Johansen**
2. Firm: **DMK Associates**
3. Address: **435 Commercial Court, Venice, Fl. 34292**
4. Telephone: **(941) 412 1293**

B. Individual to contact on engineering matters:

1. Name: **Jay Johansen**
2. Telephone: **(941) 412 1293**

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:

Needs Emergency Interconnect!

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

Kate Dodge #0015226

F. Is the utility serving customers outside of its certificated area? **NO**

If yes, explain:

G. Wastewater:

1. Gallons per day capacity of treatment facilities:
 - a. Existing:
 - b. Under Construction:
 - c. 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 lift stations:

7. How do you measure treatment plant effluent?

8. Is the treatment plant effluent chlorinated? Yes No

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:

a. Existing: **72,000GPD**

b. Under Construction : **0**

c. Proposed: **Interconnect for bulk water**

2. Type of treatment: **Desalination**

3. Approximate average daily flow of treated water: **27,400 GPD**

4. Source of water supply: **Wells**

5. Types of chemicals used and their normal dosage rates: **Cl2 & line3 cups each per day, also ASA 600 1 cup per day**

6. Number of wells in service: **3**

Total capacity in gallons per minute (gpm): **180**

Diameter/Depth:	4" / 180'	4" / 180'	6" / 500'
Motor horsepower:	3hp	3hp	3hp
Pump capacity (gpm):	60	60	60

7. Reservoirs and/or hydro pneumatic tanks:

Description:	concrete	fiberglass	hydropneumatic
Capacity:	146,000	25,000	300

8. High service pumping:

Motor horsepower:	15hp	15hp		
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Pump capacity (gpm):	200	200		
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9. How do you measure treatment plant production?

10. Approximate feet of water mains:

Size (diameter):	6"	4"	3"	2" & 1"
Linear feet:	15,000	6,000	4,000	2,000

11. Note any fire flow requirements and imposing government agency: NOT AT THIS TIME

12. Number of fire hydrants in service: 14

13. Do you have a meter change out program? No Yes
INCLUDED IN INPACT

14. Meter installation or tap in fees - Water \$ FEE (est @ \$500.)

15. Service availability fees - Water \$ 4500

16. Has the existing treatment facility been approved by DEP? No Yes

17. Total gallons pumped during most recent twelve months: 11,145,300

18. Total gallons sold during most recent twelve months: 9,683,881

19. Gallons unaccounted for during most recent twelve months: 1,461,419

20. Gallons purchased during most recent twelve months: 0

IV. RATE DATA

A. Individual to contact on tariff matters:

1. Name: Jack Boyer

2. Telephone Number: (941) 626 8294

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

1. Water:

a. Residential Water \$4.20/1000 gals

b. General Service \$37.27

c. Special Contract _____

d. Other - Specify _____

2. Wastewater:

a. Residential Wastewater _____

b. General Service _____

c. Special Contract _____

d. Other - Specify _____

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

1. Water Metered	2011/October	2010
a. Residential	<u>351</u>	<u>348</u>
b. Genera (docks)	<u>6</u>	<u>5</u>
c. Special FIRE/sewer	<u>2</u>	<u>2</u>
d. Other – Swimming Pools	<u>2</u>	<u>2</u>

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, _____ 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 Charlotte County Board of County Commissioners, certify that the statements set forth herein are true and correct to the best of my information, knowledge, and belief.

Signed _____
 Title V-P

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.