

State of Florida



Public Service Commission
-M-E-M-O-R-A-N-D-U-M-

DATE: January 9, 2002
TO: Orlando District Office (Winston)
FROM: Denise N. Vandiver; Division of Auditing and Safety *DW*
RE: Docket No. 020010-WS; The Woodlands of Lake Placid, L.P.; Audit Request: Determine Eligibility for Staff Assistance; Audit Control No. 02-009-3-1

Complete the attached form for determining eligibility for staff assistance (Audit Control No. 020010-WS) and mail under a transmittal letter to Marshall Willis, Division of Economic Regulation, with a copy to me no later than January 23, 2002.

By copy of this memorandum, I request that Charleston Winston be added to the CASR distribution list.

Attachment

cc: Office of Public Counsel
Division of Commission Clerk and Administrative Services (Moses)
Division of Economic Regulation (Willis)

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC
- SER _____
- OTH _____

DOCUMENT NUMBER DATE

00440 JAN 11 8

FPSC-COMMISSION CLERK

COMPANY NAME _____

DOCKET NO. _____

AUDITOR _____

SHORT FORM RATE CASE (Applicable to WAW Only)

PRELIMINARY AUDIT SCOPE

	<u>YES</u>	<u>NO</u>
(1) Does the utility have annual revenues of \$150,000 or less for each service provided or \$300,000 or less where the services are combined?	_____	_____
(2) Were the applicant's books and records organized consistent with Rule 25-30.455, Florida Administrative Code, so as to allow Commission personnel to verify cost and other relevant factors within the 30-day time frame set out in the rule?	_____	_____
(3) Is the utility current in its filing of annual reports? Date last report filed: _____	_____	_____
(4) Is the utility current in its payment of applicable gross receipt tax or assessment fees? Date of last payment? _____ Amount? _____	_____	_____
(5) Is the utility a subsidiary to a larger corporation? If yes - Name immediate parent. _____	_____	_____
(6) Is the utility included in a consolidated Federal Income Tax return? If yes - name immediate parent. _____	_____	_____
(7) Comments or other financial and accounting matters which came to the attention of the auditor during the review.		

ORIGINAL

The Woodlands of Lake Placid, L.P.

1525 U.S. 27 South
Lake Placid, FL 33852
(863) 699-1936 Telephone
(863) 699-1890 Facsimile

RECEIVED FPSC
02 JAN - 2 AM 10:38
COMMISSION
CLERK

December 27, 2001

Director of Commission Clerk & Administrative Services
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0870

020010-WS

RE: Application for a Staff Assisted Rate Case

Dear Sir or Madam:

Enclosed is the application for a staff assisted rate case. I have spoken with Stephanie Clapp regarding this and assured her that I would have this application submitted by the end of the year.

Please contact Stephanie with questions regarding our file. The Woodlands is in the process of obtaining certification for our water and wastewater treatment facilities.

If you have any questions about the information, please contact me.

Sincerely,



John H. Lovelette
Real Estate Projects Manager

file: PSC122701application

02 JAN - 2 AM 8:34
DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE
00017 JAN-28
FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

- A. Name of utility The Woodlands of Lake Placid, L.P.
- B. Address 1525 US 27 SOUTH
LAKE PLACID, FL 33852
1. Telephone Nos. (863) 699-1936
2. County Highlands Nearest city LAKE PLACID
3. General area served A PORTION SEC. 17 T37S, R30E, SOUTH
OF CR 29, East of US 27, WEST OF LAKE GRASSY

C. Authority:

1. Water Certificate No. _____ Date received _____
2. Sewer Certificate No. _____ Date received _____
3. Date utility started operations: Water 1990 Sewer 1990

D. How system was acquired PURCHASED

If utility was purchased, give date 9/15/95 Amount Paid _____

1. Name of Seller _____
2. Was seller affiliated with present owners? No
3. Did you purchase: Stock _____ or assets only X

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

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	<u>CAMPER CORRAL, INC.</u>	<u>GENERAL PARTNER</u>	_____
2.	<u>R. ANTHONY COZIER</u>	<u>PARTNER</u>	_____
3.	_____	_____	_____
4.	_____	_____	_____

PSC/WAS 2 (Rev. 11/86)

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):

~~150 N. COMMERCE~~
~~SPRING, FL 32070~~

II. Accounting Data

A. Outside Accountant

1. Name FORREST HILTON, CPA
2. Firm _____
3. Address 702 US 27 N. ANDER PARK F: 33225
4. Telephone (863) 452-2906

B. Individual to contact on accounting matters:

1. Name FORREST HILTON OR REG FROOD
2. Telephone (863) 452-2906

C. Location of books and records SAME AS ABOVE

D. Have you filed an Annual Report with the Commission? YES -
Date last filed 3/2001

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)

	2000	1999
1. Water		
Cost of Plant In Service:	\$ <u>187,352</u>	\$ <u>155,321</u>
Less Accumulated Depreciation:	<u>53,647</u>	<u>46,612</u>
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>133,711</u>	\$ <u>108,709</u>

	20 <u>00</u>	19 <u>99</u>
2. Sewer		
Cost of Plant In Service:	\$ <u>159,679</u>	\$ <u>159,679</u>
Less Accumulated Depreciation:	<u>26,308</u>	<u>21,297</u>
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>133,371</u>	\$ <u>138,382</u>

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

	20 <u>00</u>	19 <u>99</u>
1. Water		
Revenues (By Class):		
a. <u>RESIDENTIAL</u>	\$ <u>37,870</u>	\$ <u>38,137</u>
b. <u>COMMERCIAL</u>	<u>3,890</u>	<u>4,043</u>
c. _____	_____	_____
Total Operating Revenues:	\$ <u>41,760</u>	\$ <u>42,180</u>
Less Expenses:		
a. Salaries & Wages - Employees	\$ <u>4,000</u>	\$ <u>8,000</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	<u>5,095</u>	<u>2,420</u>
f. Fuel for Power Production	_____	_____
g. Chemicals	<u>1,285</u>	<u>364</u>
h. Materials & Supplies	_____	<u>6,760</u>
i. Contractual Services	<u>38,362</u>	<u>6,225</u>
j. Rents	_____	_____
k. Transportation Expenses	_____	_____
l. Insurance Expense	<u>2,473</u>	<u>5,914</u>
m. Regulatory Commission Expense	<u>1,879</u>	<u>1,898</u>
n. Bad Debt Expense	<u>1,909</u>	_____
o. Miscellaneous Expense	_____	<u>177</u>
p. Depreciation Expense	<u>7,035</u>	<u>10,360</u>
q. Property Taxes	_____	_____
r. Other Taxes	_____	_____
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ <u>(20,278)</u>	\$ <u>62</u>

	2000	1999
2. - Sewer		
Revenues (By Class):		
a. <u>RESIDENTIAL</u>	\$ 33,468	\$ 31,695
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ 33,468	\$ 31,695
Less Expenses:		
a. Salaries & Wages - Employees	\$ 4,000	\$ 4,000
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Sewage Treatment	_____	_____
e. Sludge Removal Expense	1,828	1,047
f. Purchased Power	3,139	3,589
g. Fuel for Power Production	_____	_____
h. Chemicals	2,782	1,645
i. Materials & Supplies	_____	_____
j. Contractual Services	5,889	14,965
k. Rents	_____	_____
l. Transportation Expenses	_____	_____
m. Insurance Expense	2,472	_____
n. Regulatory Commission Expense	1,506	1,426
o. Bad Debt Expense	_____	_____
p. Miscellaneous Expense	_____	_____
q. Depreciation Expense	5,011	5,011
r. Property Taxes	_____	_____
s. Other Taxes	_____	_____
t. Income Taxes	_____	_____
Operating Income (Loss)	\$ 6,842	\$ 12

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	HIGHVEST, INC	9/15/95	302,105	9	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

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

A. Outside Engineering Consultant:

1. Name KRISS KAYE
2. Firm CHASTAIN SKILLMAN
3. Address 363 US 27 South SEBRING, FL 33872
4. Telephone (863) 382-4160

B. Individual to contact on engineering matters:

1. Name KRISS KAYE
2. Telephone (863) 382-4160

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. ADDING STANDBY GENERATOR FOR WELL

E. Name of plant operator(s) and DER operator certificate number(s) held. DAVID W. FAIRCLOTH C-8189
WENDELL L. FAIRCLOTH C-9088

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 existing 50,000
_____ under construction _____ proposed _____

2. Type and make of present treatment facilities MAROLF -
AERATION

3. Approximate average daily flow of treatment plant effluent _____
12,000 AGPD

4. Approximate length of sewer mains:

Size (diameter)	<u>4"</u>	<u>6"</u>	<u>8"</u>	<u>10"</u>	<u>12"</u>	<u>4" FORCE MAIN</u>
Linear feet	<u>575</u>	<u>3640</u>	<u>2588</u>	<u>1600</u>	<u>120</u>	<u>1895</u>

5. Number of manholes 46

6. Number of liftstations 1

7. How do you measure treatment plant effluent? METER

8. Is the treatment plant effluent chlorinated? YES If yes, what is the normal dosage rate? _____

9. Tap in fees - Sewer \$ _____
10. Service availability fees - Sewer \$ NOT AT THIS TIME
11. Note DER Treatment Plant Certificate Number and date of expiration: Number FLA D14340 Expiration Date 12/22/2004
12. Total gallons treated during most recent twelve months 4,365,000
13. Sewage treatment purchased during most recent twelve months N/A

H. Water

1. Gallons per day capacity of treatment facilities existing *
 _____ under construction _____ proposed _____
 * 2 WELLS EACH PERMITTED FOR 175,200 AGPD
2. Type of treatment CHLORINATOR
3. Approximate average daily flow of treated water 37,665,000
4. Source of water supply 2 WELLS
5. Types of chemicals used and their normal dosage rates
CHLORINE
6. Number of wells in service 2 Total capacity in gallons per minute (gpm) _____
 Diameter/Depth 10" / 1780 6" / UNK _____
 Motor horsepower 50 25 _____
 Pump capacity (gpm) _____
7. Reservoirs and/or hydropneumatic tanks:
 Description STEEL STEEL _____
 Capacity 15,000 10,000 _____
8. High service pumping:
 Motor horsepower _____
 Pump capacity (gpm) _____
9. How do you measure treatment plant production? WELLS METERED
10. Approximate feet of water mains:
 Size (diameter) 8" 6" 4" 3" 2"
 Linear feet 2790 9440 1600 2813 280
1 1/2"
9898

- 11. Note any fire flow requirements and imposing government agency
NO
- 12. Number of fire hydrants in service 4
- 13. Do you have a meter change out program? NO
- 14. Meter installation or tap in fees - Water \$15 PER TARIFF
- 15. Service availability fees - Water \$NOT AT THIS TIME
- 16. Has the existing treatment facility been approved by DER? YES
DER ID # 6280304
- 17. Total gallons pumped during most recent twelve months ^{YR 2000} 37,665,000
- 18. Total gallons sold during most recent twelve months 37,550,000
- 19. Gallons unaccounted for during most recent twelve months 115,000
- 20. Gallons purchased during most recent twelve months N/A

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name JOHN H. LOUETTE
- 2. Telephone Number (863) 699-1936

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

(RV - \$35 INCLUDES SEWER) \$22.00
\$48.00 + \$1.00 PER 1000 GAL

2. Sewer:

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

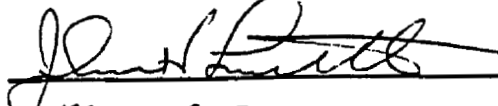
INCLUDED W/ WATER

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

	2000	1999
1. Water Metered		
a. Residential	192	31
b. General Service	6	4
c. Special Contract		
d. Other - specify		
2. Water Unmetered	2000	1999
a. Residential		161
b. General Service		
c. Special Contract		
d. Other - specify		
3. Sewer	2000	1999
a. Residential	158	143
b. General Service		
c. Special Contract		
d. Other - specify		

V Affirmation

I, John H. Lovelette 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 MANAGER

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.