

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

ORIGINAL

011677-WU

RECEIVED-FPSC

I. General Data

01 DEC 24 AM 10:50

COMMISSION
CLERK

Name of utility Tevalo Inc. DBA McLeod Gardens Water Company

Address PO Box 2898, Winter Haven, FL 33883-2898

616 Second Street SW, Winter Haven, FL 33880'

1. Telephone Nos. (863) 293-2577
2. County Polk County Nearest city Winter Haven
3. General area served Winter Haven/Bartow
(Between Above Two Cities)

C. Authority:

1. Water Certificate No. 619-W Date received 12/2001
2. Sewer Certificate No. N/A Date received N/A
3. Date utility started operations: Water 3/1997 Sewer N/A

D. How system was acquired Tevalo Inc. Built To Service Development

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

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 Corporation

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	<u>James O. Vaughn</u>	<u>President</u>	<u>0%</u>
2.	<u>Kenneth M. Gerrard</u>	<u>Sec/Treasurer</u>	<u>50%</u>
3.	<u>Martha Vaughn</u>	<u>---</u>	<u>50 %</u>
4.	<u></u>	<u></u>	<u></u>

PSC/WAS 2 (Rev. 11/86)

G. List of Associated Companies and Addresses:

1. Tevalo, Inc. Po Box 2898, Winter Haven, FL 33883-2898
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

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II. Accounting Data

A. Outside Accountant

- 1. Name Karen Premuto
- 2. Firm Campbell & Associates
- 3. Address 201 Avenue G SW, Winter Haven, FL 33880
- 4. Telephone (863) 293-1238

B. Individual to contact on accounting matters:

- 1. Name Karen Premuto
- 2. Telephone (863) 293-1238

C. Location of books and records 616 Second Street SW, Winter Haven

D. Have you filed an Annual Report with the Commission? Yes

Date last filed 2000

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)

	<u>2000</u>	<u>19⁹⁹</u>
1. Water		
Cost of Plant In Service:	\$ <u>75346.00</u>	\$ <u>64396.00</u>
Less Accumulated Depreciation:	<u>14238.00</u>	<u>10230.00</u>
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>61108.00</u>	\$ <u>54166.00</u>

2. Sewer	20__	19__
Cost of Plant In Service:	\$ <u>N/A</u>	\$ <u>N/A</u>
Less Accumulated Depreciation:	<u> </u>	<u> </u>
Less Contributed Plant:	<u> </u>	<u> </u>
Net Owner's Investment:	\$ <u> </u>	\$ <u> </u>

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

1. Water	20 <u>00</u>	19 <u>99</u>
Revenues (By Class):		
a. <u>Water</u>	\$ <u>8764.00</u>	\$ <u>6637.01</u>
b. <u>Tap-On Fees</u>	<u>3850.00</u>	<u>3575.00</u>
c. <u>Reg Assessment Fees</u>	<u>856.00</u>	<u>-----</u>
Total Operating Revenues:	\$ <u>13470.00</u>	\$ <u>10212.00</u>
Less Expenses:		
a. Salaries & Wages - Employees	\$ <u> </u>	\$ <u> </u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u> </u>	<u> </u>
c. Employee Pensions & Benefits	<u> </u>	<u> </u>
d. Purchased Water	<u> </u>	<u> </u>
e. Purchased Power	<u>1232.00</u>	<u>1623.00</u>
f. Fuel for Power Production	<u> </u>	<u> </u>
g. Chemicals	<u> </u>	<u> </u>
h. Materials & Supplies	<u> </u>	<u> </u>
i. Contractual Services	<u>5567.00</u>	<u>5610.00</u>
j. Rents	<u> </u>	<u> </u>
k. Transportation Expenses	<u> </u>	<u> </u>
l. Insurance Expense	<u>560.00</u>	<u>1705.00</u>
m. Regulatory Commission Expense	<u> </u>	<u> </u>
n. Bad Debt Expense	<u> </u>	<u> </u>
o. Miscellaneous Expense	<u>4168.00</u>	<u>16478.00</u>
p. Depreciation Expense	<u> </u>	<u> </u>
q. Property Taxes	<u> </u>	<u> </u>
r. Other Taxes	<u>856.00</u>	<u> </u>
s. Income Taxes	<u> </u>	<u> </u>
Operating Income (Loss)	\$ <u>(2921.00)</u>	\$ <u>(18854.00)</u>

2. Sewer	20__	19__
Revenues (By Class):	N/A	N/A
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.	N/A	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

- I. Indicate Type of Tax Return Filed:
- | | |
|----------|--|
| _____ | Form 1120 - Corporation |
| <u>X</u> | Form 1120S - Subchapter S Corporation |
| _____ | Form 1065 - Partnership |
| _____ | Form 1040 - Schedule C - Individual (Proprietorship) |

A. Outside Engineering Consultant:

- 1. Name Mr. West
- 2. Firm WA Read Jr. & Associates
- 3. Address 510 South Central Avenue, Bartow, FL 33830
- 4. Telephone (863) 537-0783

B. Individual to contact on engineering matters:

- 1. Name Bill Read
- 2. Telephone (863) 537-0783

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. N/A

E. Name of plant operator(s) and DER operator certificate number(s) held. Leigh Messer #2699

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 \$ _____
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 768,000
 _____ under construction _____ proposed _____
2. Type of treatment Chlorinate

3. Approximate average daily flow of treated water 37,195

4. Source of water supply Ground

5. Types of chemicals used and their normal dosage rates _____
Liquid Chlorine - 12lbs per day
6. Number of wells in service 2 Total capacity in gallons per
 minute (gpm) 500
 Diameter/Depth 8" / 854' 4" / 854' _____ / _____
 Motor horsepower 50hp _____ 30hp _____
 Pump capacity (gpm) 500gpm _____ 300 gpm _____
7. Reservoirs and/or hydropneumatic tanks:
 Description Steel (ground) _____
 Capacity 10,000 gallons _____
8. High service pumping: N/A
 Motor horsepower _____
 Pump capacity (gpm) _____
9. How do you measure treatment plant production? flow meter
10. Approximate feet of water mains:
 Size (diameter) 6" PVC _____ 8" PVC _____
 Linear feet 3120' _____ 1420' _____

- 11. Note any fire flow requirements and imposing government agency
350 GPM at 40-60 PSI
- 12. Number of fire hydrants in service 3
- 13. Do you have a meter change out program? N/A
- 14. Meter installation or tap in fees - Water \$ 275.00
- 15. Service availability fees - Water \$ N/A
- 16. Has the existing treatment facility been approved by DER?
Yes
- 17. Total gallons pumped during most recent twelve months 13,576,000.
- 18. Total gallons sold during most recent twelve months Flat Rate
- 19. Gallons unaccounted for during most recent twelve months N/A
- 20. Gallons purchased during most recent twelve months N/A

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name Kim Gossett
- 2. Telephone Number (863) 293-2577

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

1. Water:

- a. Residential Water \$18.00
- b. General Service _____
- c. Special Contract _____
- d. Other _____
- Polk County .36
- 2% Service Tax _____

2. Sewer:

- a. Residential Sewer N/A
- b. General Service _____
- c. Special Contract _____
- d. Other _____

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

	20__	19__
1. Water Metered		
a. Residential	N/A	N/A
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
2. Water Unmetered	2000	1999
a. Residential	47	32
b. General Service	N/A	N/A
c. Special Contract	N/A	N/A
d. Other - specify	N/A	N/A
3. Sewer	20__	19__
a. Residential	N/A	N/A
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____

V Affirmation

I, James O. Vaughn 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

James O. Vaughn
President

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.

Subscribed and sworn to before me this 19th day of December, 2001 by James O. VAughn who is personally known to me.

Kimberly A. Gossett
Kimberly A. Gossett

My Commission Expires: 8
1/18/2004



Kimberly A. Gossett
MY COMMISSION # CC903234 EXPIRES
January 18, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

Tevalo, Inc.
McLeod Gardens Water
PO Box 2898
Winter Haven, FL 33883-2898

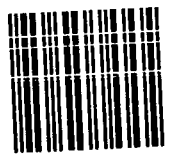
CERTIFIED MAIL



7099 3400 0003 4992 1530



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32399

U.S. POSTAGE
PAID
WINTER HAVEN, FL
33880
DEC 20, 01
AMOUNT

\$4.17
00055453-09

**RETURN RECEIPT
REQUESTED**

*Public Service Commission
Martha Coggins
2540 Shumard Oak Blvd
Gallahassie, FL*

32399-0850

32399+0850 01

