

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

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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 - 2 8
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:

- _____
- _____
- _____

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 FORREST HILTON, CPA
2. Firm _____
3. Address 702 US 27 N. AVON PARK FL 33825
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>

	2000	1999
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:	<u> </u>	<u> </u>
Net Owner's Investment:	\$ <u>133,371</u>	\$ <u>138,382</u>

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

	2000	1999
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. <u> </u>	<u> </u>	<u> </u>
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	<u> </u>	<u> </u>
c. Employee Pensions & Benefits	<u> </u>	<u> </u>
d. Purchased Water	<u> </u>	<u> </u>
e. Purchased Power	<u>5,095</u>	<u>2,420</u>
f. Fuel for Power Production	<u> </u>	<u> </u>
g. Chemicals	<u>1,285</u>	<u>364</u>
h. Materials & Supplies	<u> </u>	<u>6,760</u>
i. Contractual Services	<u>38,362</u>	<u>6,225</u>
j. Rents	<u> </u>	<u> </u>
k. Transportation Expenses	<u> </u>	<u> </u>
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>	<u> </u>
o. Miscellaneous Expense	<u> </u>	<u>177</u>
p. Depreciation Expense	<u>7,035</u>	<u>10,360</u>
q. Property Taxes	<u> </u>	<u> </u>
r. Other Taxes	<u> </u>	<u> </u>
s. Income Taxes	<u> </u>	<u> </u>
Operating Income (Loss)	\$ <u>(20,278)</u>	\$ <u>62</u>

		20 <u>00</u>	19 <u>99</u>
2. Sewer			
Revenues (By Class):			
a. <u>RESIDENTIAL</u>	\$	<u>33,468</u>	\$ <u>31,695</u>
b. _____		_____	_____
c. _____		_____	_____
Total Operating Revenues:	\$	<u>33,468</u>	\$ <u>31,695</u>
Less Expenses:			
a. Salaries & Wages - Employees	\$	<u>4,000</u>	\$ <u>4,000</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders		_____	_____
c. Employee Pensions & Benefits		_____	_____
d. Purchased Sewage Treatment		_____	_____
e. Sludge Removal Expense		<u>1,828</u>	<u>1,047</u>
f. Purchased Power		<u>3,139</u>	<u>3,589</u>
g. Fuel for Power Production		_____	_____
h. Chemicals		<u>2,782</u>	<u>1,645</u>
i. Materials & Supplies		_____	_____
j. Contractual Services		<u>5,888</u>	<u>14,965</u>
k. Rents		_____	_____
l. Transportation Expenses		_____	_____
m. Insurance Expense		<u>2,472</u>	_____
n. Regulatory Commission Expense		<u>1,506</u>	<u>1,426</u>
o. Bad Debt Expense		_____	_____
p. Miscellaneous Expense		_____	_____
q. Depreciation Expense		<u>5,011</u>	<u>5,011</u>
r. Property Taxes		_____	_____
s. Other Taxes		_____	_____
t. Income Taxes		_____	_____
Operating Income (Loss)	\$	<u>6,842</u>	\$ <u>12</u>

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	<u>HIGHVEST, INC</u>	<u>9/15/95</u>	<u>302,105</u>	<u>9</u>	_____
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? If yes, explain.

No

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 D1434D 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 IO # 6230304
- 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. Lovelette
- 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
\$48.50 + \$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):

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