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REPLY TO ALTAMONTE SPRINGS

October 21, 2002

VIA FEDERAL EXPRESS

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

021067-WS

RE: River Ranch Water Management, LLC; Staff Assisted Rate Case
Our File No.: 37027.02

Dear Ms. Bayo:

Pursuant to Commission Rule 25-30.455, enclosed is an Application for a Staff Assisted Rate Case which we are filing on behalf of River Ranch Water Management, L.L.C. Should you or the Staff have any questions regarding this Application, please do not hesitate to give me a call.

Very truly yours,



MARTIN S. FRIEDMAN
For the Firm

MSF/dmp
Enclosure

cc: Mr. Mark Waltrip (w/enclosure)
Mr. Bill Goaziou (w/enclosure)
Mr. Robert Ori (w/enclosure)

River Ranch\SARC\PSC Clerk (Bayo) 01.ltr

DOCUMENT NUMBER-DATE

11485 OCT 22 08

FPSC-COMMISSION CLERK

ORIGINAL

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A STAFF ASSISTED RATE CASE

021067-WS

I. General Data

A. Name of utility RIVER RANCH WATER MANAGEMENT, L.L.C.

B. Address 5601 WINDHOVER AVE, ORLANDO, FL 32819

1. Telephone Nos. (407) 351-3350

2. County POLK Nearest City PARTOW

3. General area served RIVER RANCH DEVELOPMENT

C. Authority:

1. Water Certificate No. 603-W Date Received Transfer Pending

2. Wastewater Certificate No. 519-S Date Received Transfer Pending

3. Date utility started operations: Water _____ Wastewater _____

D. How system was acquired foreclosure sale (along with development property)

If utility was purchased, give date 11/27/01 Amount Paid no allocation made

1. Name of Seller _____

2. Was seller affiliated with present owners? _____

3. Did you purchase: Stock _____ of assets only _____

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

Limited liability company

F. Ownership & Officers:

| Name | Title | Percent Ownership |
|---|--------------------------------|-------------------|
| 1. <u>CENTRAL FLORIDA INVESTMENTS, INC.</u> | | <u>100%</u> |
| 2. | | |
| 3. <u>Mark Waltrip</u> | <u>Chief Operating Officer</u> | |
| 4. <u>Harry Stecher</u> | <u>Vice President</u> | |

PSC/ECR 2 (Rev. 3/02)

G. List of Associated Companies and Addresses:

1. CENTRAL FLORIDA INVESTMENTS, INC.
2. 5601 Windhover Dr., Orlando, FL 32819
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):

Martin Friedman, Rose, Sundstrom & Bentley LLP
650 S. North Lake Blvd., Suite 420 Altamonte Springs, FL 32701
Robert Ori, Public Resource Management Group, Inc.
341 N. Mainland Ave., Suite 300, Maitland, FL 32751

II. Accounting Data

A. Outside Accountant

1. Name _____
2. Firm _____
3. Address _____
4. Telephone () _____

B. Individual to contact on accounting matters:

1. Name BIBI GAUGA
2. Telephone (407) 351-3350 ext. 161

C. Location of books and records _____

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

Date Last Filed 4/29/02 2001 Annual Report

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)

| | 20__ | 20__ |
|--------------------------------|----------|----------|
| 1. Water | | |
| Cost of Plant In Service: | \$ _____ | \$ _____ |
| Less Accumulated Depreciation: | _____ | _____ |
| Less Contributed Plant: | _____ | _____ |
| Net Owner's Investment: | \$ _____ | \$ _____ |

| | | |
|--------------------------------|----------|----------|
| 2. Wastewater | 20__ | 20__ |
| Cost of Plant In Service: | \$ _____ | \$ _____ |
| Less Accumulated Depreciation: | _____ | _____ |
| Less Contributed Plant: | _____ | _____ |
| New Owner's Investment: | \$ _____ | \$ _____ |

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

| | | |
|--|----------|----------|
| 1. Water | 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 Water | _____ | _____ |
| e. Purchased Power | _____ | _____ |
| f. Fuel for Power Production | _____ | _____ |
| g. Chemicals | _____ | _____ |
| h. Materials & Supplies | _____ | _____ |
| i. Contractual Services | _____ | _____ |
| j. Rents | _____ | _____ |
| k. Transportation Expenses | _____ | _____ |
| l. Insurance Expense | _____ | _____ |
| m. Regulatory Commission Expense | _____ | _____ |
| n. Bad Debt Expense | _____ | _____ |
| o. Miscellaneous Expense | _____ | _____ |
| p. Depreciation Expense | _____ | _____ |
| q. Property Taxes | _____ | _____ |
| r. Other Taxes | _____ | _____ |
| s. Income Taxes | _____ | _____ |
| Operating Income (Loss) | \$ _____ | \$ _____ |

| | | | |
|----|--|----------|----------|
| 2. | Wastewater | 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:

| | <u>Creditor</u> | <u>Date Borrowed</u> | <u>Balance Due</u> | <u>Interest Rate</u> | <u>Expiration Date</u> |
|----|-----------------|----------------------|--------------------|----------------------|------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |

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 BRUCE COLLE
2. Firm CARTER & BURGESS
3. Address 1000 Legion Place, Orlando, FL 32801
4. Telephone (407) 514-1499

B. Individual to contact on engineering matters:

1. Name BILL GOAZIOW
2. Telephone (407) 492-3234

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

Utility entered into a Consent Order for matters existing when it purchased the system at foreclosure sale

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

Various water plant improvements, New WWTP, These issues are being addressed in Docket No. 020382-WS

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

Keith Johnson 7451 (water); Michael Harrison 7196 (wastewater)

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 95,000
under construction _____ proposed _____
2. Type and make of present treatment facilities Daveco Extended Air
3. Approximate average daily flow of treatment plant effluent 0.012 MGD
4. Approximate length of wastewater mains:
Size (diameter) 4" 6" 8"
Linear feet unknown unknown unknown
5. Number of manholes unknown
6. Number of liftstations 6
7. How do you measure treatment plant effluent? Regular sampling as required by permit.

8. Is the treatment plant effluent chlorinated? YES If yes, what is the normal dosage rate? 1.98 GPD
9. Tap in fees - Wastewater \$ _____
10. Service availability fees - Wastewater \$ _____
11. Note DEP Treatment Plant Certificate Number and date of expiration: Number WWTP/FLA 012996
Expiration Date 2/7/04
12. Total gallons treated during most recent twelve months unknown
13. Wastewater treatment purchased during most recent twelve months none

H. Water

1. Gallons per day capacity of treatment facilities existing 720,000 GPD under construction none proposed none
2. Type of treatment Aeration and chlorine disinfection
3. Approximate average daily flow of treated water 0.072 MGD
4. Source of water supply wells
5. Types of chemicals used and their normal dosage rates sodium hypochlorinate
26 PD
6. Number of wells in service 2 Total capacity in gallons per minute (gpm) 500
- | Diameter/Depth | 12" / 812 | 6" / 11K | _____ / _____ |
|---------------------|-----------|----------|---------------|
| Motor horsepower | _____ | _____ | _____ |
| Pump capacity (gpm) | 350 | 150 | _____ |
7. Reservoirs and/or hydropneumatic tanks:
- | Description | Steel | steel | steel |
|-------------|-------------|-------------|--------------|
| Capacity | 50,000 gal. | 50,000 gal. | 100,000 gal. |
8. High service pumping:
- | Motor horsepower | 25 | 20 | 15 | _____ |
|---------------------|-----|-----|-----|-------|
| Pump capacity (gpm) | 727 | 581 | 259 | _____ |
9. How do you measure treatment plant production? meter
10. Approximate feet of water mains:
- | Size (diameter) | 6" | 8" | _____ | _____ |
|-----------------|---------|---------|-------|-------|
| Linear feet | unknown | unknown | _____ | _____ |
11. Note any fire flow requirements and imposing government agency
500 gpm - 4 hour period
12. Number of fire hydrants in service unknown

13. Do you have a meter change out program? NO
14. Meter installation or tap in fees - Water \$ _____
15. Service availability fees - Water \$ _____
16. Has the existing treatment facility been approved by DEP? YES
17. Total gallons pumped during most recent twelve months unknown
18. Total gallons sold during most recent twelve months unknown
19. Gallons unaccounted for during most recent twelve months unknown
20. Gallons purchased during most recent twelve months 0

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Bill Gocziou
2. Telephone Number (407) 492-3236

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

1. Water: -flat rates -per unit
- | | | |
|----------------------|--|----------------|
| a. Residential Water | <u>River Ranch Shores</u> | <u>\$15.20</u> |
| b. General Service | <u>River Ranch Condo Ass'n</u> | <u>\$7.00</u> |
| c. Special Contract | <u>River Ranch R.V. Ass'n</u> | <u>\$10.50</u> |
| d. Other | <u>Pineal, Long Hammock Owners Ass'n</u> | <u>\$10.50</u> |
2. Wastewater: -included with water billing
- | | |
|---------------------------|-------|
| a. Residential Wastewater | _____ |
| b. General Service | _____ |
| c. Special Contract | _____ |
| d. Other | _____ |

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

1. Water Metered Current 20__
- | | | |
|---------------------|--|-------|
| a. Residential | <u>River Ranch Shores - 50</u> | _____ |
| b. General Service | <u>River Ranch Condo Ass'n - 192</u> | _____ |
| c. Special Contract | <u>River Ranch R.V. Ass'n - 367</u> | _____ |
| d. Other - Specify | <u>Pineal, Long Hammock Owners Ass'n - 119</u> | _____ |
2. Water Unmetered (Same as water) 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, Mark Waltrip, as Chief Operating Officer 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.

River Ranch Water Management, L.L.C.
By: Central Florida Investments, Inc., its Managing Member
 Signed: _____
 Title: Chief Operating Officer

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.