

KSRU

040254-WU

Keen Sales, Rentals and Utilities, Inc.

685 Dyson Road
Haines City, FL 33844
Business Phone 863-421-6827

ORIGINAL

March 19, 2004

Ms. Troy Rendall
Florida Public Service Commission
Division of Water and Wastewater
2540 Shumard Oaks Boulevard
Tallahassee, FL 32399-0850

RE: Application for Staff Assisted Rate Case for Lake Region
Paradise Island Subdivision

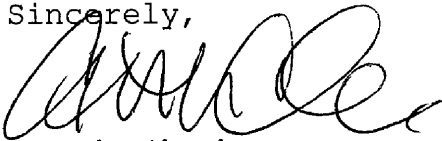
Dear Troy:

Enclosed please find our application for a Staff Assisted Rate Case for the above mentioned portion of our utility.

I am also enclosing a copy of the Annual Report for the above utility. However, I will be filing it in conjunction with the other three utilities by the due date.

As always, please feel free to contact me if you have any questions.

Sincerely,



Amanda Chambers
Water Manager

AMC/me
Enclosures

04 MAR 22 AM 11:05
ECONOMIC REGULATION
DIVISION OF
PUBLIC SERVICE

04 MAR 23 AM 7:51
COMMISSION
CLERK
FPSC

DOCUMENT NUMBER-DATE

03814 MAR 23

FPSC-COMMISSION CLERK

ORIGINAL

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

040254-WU

i. General Data

A. Name of utility LAKE REGION PARADISE ISLAND

B. Address 685 DYSON ROAD - HAINES CITY, FLORIDA 33844

1. Telephone Nos. (863) - 421-6827

2. County POLK Nearest City HAINES CITY

3. General area served LAKE REGION PARADISE ISLAND

C. Authority:

1. Water Certificate No. 582-W Date Received no date shown on certificate

2. Wastewater Certificate No. N/A Date Received N/A

3. Date utility started operations: Water Unknown Wastewater N/A

D. How system was acquired DIRECT PURCHASE

If utility was purchased, give date 1/97 Amount Paid \$25,000.00

1. Name of Seller S & S UTILITIES, INC.

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
SUB CHAPTER S - CORPORATION

F. Ownership & Officers:

| Name | Title | Percent Ownership |
|------------------------|----------------|-------------------|
| 1. EARLENE KEEN | PRESIDENT | 100% |
| 2. KAREN KIMBREL | VICE-PRESIDENT | -0- |
| 3. SHELLY K. KIKER | SECRETARY | -0- |
| 4. MELINDA K. DUNNAHOE | TREASURER | -0- |

G. List of Associated Companies and Addresses:

- 1. KEEN MOBILE HOME SUBDIVISIONS
- 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):

N/A

II. Accounting Data

A. Outside Accountant

- 1. Name G. STEPHEN HERMAN
- 2. Firm HUNTER & HERMAN, INC.
- 3. Address 399 SIXTH STREET, SE - WINTER HAVEN, FL 33880
- 4. Telephone 863 , 293-3965

B. Individual to contact on accounting matters:

- 1. Name EARLENE KEEN
- 2. Telephone 863 , 421-6827

C. Location of books and records 685 DYSON ROAD - HAINES CITY, FL 33844

D. Have you filed an Annual Report with the Commission? YES
Date Last Filed 3/2004

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? WE FILE ANNUALLY - YES IT HAS BEEN PAID

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

| 1. Water | 20_03 | 20_2002 |
|--------------------------------|-------------------|-------------------|
| Cost of Plant In Service: | \$ <u>33,177</u> | \$ <u>33,177</u> |
| Less Accumulated Depreciation: | <u>12,480</u> | <u>10,417</u> |
| Less Contributed Plant: | <u> </u> | <u> </u> |
| Net Owner's Investment: | \$ <u>20,757</u> | \$ <u>22,901</u> |

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

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

| | | |
|--|------------|------------|
| 1. Water | 20_03 | 20_02 |
| Revenues (By Class): | | |
| a. RESIDENTIAL | \$ 22,669 | \$ 22,821 |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| Total Operating Revenues: | \$ 22,669 | \$ 22,821 |
| Less Expenses: | | |
| a. Salaries & Wages - Employees | 7,894 | 7,689 |
| b. Salaries & Wages - Officers, Directors, & Majority Stockholders | 1,906 | 1,906 |
| c. Employee Pensions & Benefits | 79 | 525 |
| d. Purchased Water | _____ | _____ |
| e. Purchased Power | 1,662 | 1,947 |
| f. Fuel for Power Production | _____ | _____ |
| g. Chemicals | _____ | _____ |
| h. Materials & Supplies | 1,520 | 2,307 |
| i. Contractual Services | 3,753 | 3,137 |
| j. Rents | 1,715 | -0- |
| k. Transportation Expenses | 761 | 1,136 |
| l. Insurance Expense | 2,709 | 2,331 |
| m. Regulatory Commission Expense | _____ | _____ |
| n. Bad Debt Expense | 11 | -0- |
| o. Miscellaneous Expense | 1,131 | 1,458 |
| p. Depreciation Expense | 2,063 | 1,909 |
| q. Property Taxes | 352 | 574 |
| r. Other Taxes | 2,091 | 1,839 |
| s. Income Taxes | -0- | -0- |
| Operating Income (Loss) | \$ (4,978) | \$ (3,937) |

2. Wastewater N/A 20__ 20__

Revenues (By Class):

| | | |
|---------------------------|----------|----------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| Total Operating Revenues: | \$ _____ | \$ _____ |

Less Expenses: N/A

| | | |
|--|----------|----------|
| 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: N/A

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

III. Engineering Data

A. Outside Engineering Consultant:

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

B. Individual to contact on engineering matters:

1. Name N/A
2. Telephone () _____

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.

NONE

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

TRI-FLORIDA WATER - 7881C & 8567 & 7247

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 wastewater 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 - 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 existing unknown under construction -0- proposed -0-
2. Type of treatment LIQUID CHLORINE
3. Approximate average daily flow of treated water 34,702
4. Source of water supply WELL
5. Types of chemicals used and their normal dosage rates CHLORINE - AS
MONITORED BY OPERATOR
6. Number of wells in service 1 Total capacity in gallons per minute (gpm) UNKNOWN

| | | | |
|---------------------|-----------------|-------|-------|
| Diameter/Depth | <u>6" / 265</u> | _____ | _____ |
| Motor horsepower | <u>25</u> | _____ | _____ |
| Pump capacity (gpm) | <u>?</u> | _____ | _____ |
7. Reservoirs and/or hydropneumatic tanks:

| | | | |
|-------------|--------------|-------|-------|
| Description | <u>STEEL</u> | _____ | _____ |
| Capacity | <u>7,500</u> | _____ | _____ |
8. High service pumping: N/A

| | | | |
|---------------------|-------|-------|-------|
| Motor horsepower | _____ | _____ | _____ |
| Pump capacity (gpm) | _____ | _____ | _____ |
9. How do you measure treatment plant production? FLO-METER
10. Approximate feet of water mains:

| | | | | |
|-----------------|-----------|-----------|-------|-------|
| Size (diameter) | <u>6"</u> | <u>4"</u> | _____ | _____ |
| Linear feet | <u>?</u> | <u>?</u> | _____ | _____ |
11. Note any fire flow requirements and imposing government agency
NONE
12. Number of fire hydrants in service 4

- | | | | | |
|----|---------------------|-------|-----|-------|
| 3. | Wastewater | 20__ | N/A | 20__ |
| | a. Residential | _____ | | _____ |
| | b. General Service | _____ | | _____ |
| | c. Special Contract | _____ | | _____ |
| | d. Other - Specify | _____ | | _____ |

V. Affirmation

I, EARLENE KEEN 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 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.