

ORIGINAL

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FLORIDA PUBLIC SERVICE COMMISSION

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APPLICATION FOR A
STAFF ASSISTED RATE CASE

COMMISSION
CLERK

I. General Data

A. Name of utility TYMBER CREEK UTILITIES, INC.

B. Address 1951 W. GRANADA BLVD.
ORMOND BEACH, FL 32174

1. Telephone Nos. (386) 677-5702

2. County VOLUSTIA Nearest City ORMOND BEACH

3. General area served TYMBER CREEK SUBDIVISION

C. Authority:

1. Water Certificate No. 103 W Date Received APRIL 6, 1978

2. Wastewater Certificate No. 252 S Date Received APRIL 6, 1978

3. Date utility started operations: Water 4-6-78 Wastewater 4-6-78

D. How system was acquired SUBDIVISION BUILT BY ASSOCIATED CO.

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? _____

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

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

F. Ownership & Officers:

Name	Title	Percent Ownership
1. J. STANLEY SHIRAH	OWNER	50%
2. STEVE SHIRAH	OWNER	50%
3.		
4.		

PSC/ECR 2 (Rev. 3/02)

DOCUMENT NUMBER-DATE
04249 APR-5 8
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G. List of Associated Companies and Addresses:

1. SHIRAH BUILDERS, INC.
2. 1951 W. GRANADA BLVD.
3. ORMOND BEACH, FL 32174

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):

ROBERT F. DODRILL, SR.
2307 AMHERST AVE.
ORLANDO, FL 32804-5401

II. Accounting Data

A. Outside Accountant

1. Name ROBERT F. DODRILL, SR.
2. Firm REGULATED PLANT CONSULTING
3. Address 2307 AMHERST AVE. ORLANDO, FL 32804
4. Telephone (407) 843-9060 CELL (321) 217-6407

B. Individual to contact on accounting matters:

1. Name SAME AS ABOVE
2. Telephone ()

C. Location of books and records TCU 1951 W. GRANADA BLVD. ORMOND BEACH, FL 32174

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

Date Last Filed MARCH 2004

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? FILED ANNUALLY 03/31/04 YES

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

1. Water	20_03	20_02
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>

2. Wastewater	2003	20_02
Cost of Plant In Service:	\$ <u>671,636</u>	\$ <u>670,736</u>
Less Accumulated Depreciation:	<u>377,515</u>	<u>353,346</u>
Less Contributed Plant:	<u>60,756</u>	<u>74,506</u>
New Owner's Investment:	\$ <u>233,365</u>	\$ <u>242,884</u>

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

1. Water	20_03	20_02
Revenues (By Class):		
a. _____	\$ <u>N/A</u>	\$ <u>N/A</u>
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	2003	2002
Revenues (By Class):		
a. RESIDENTIAL	147,334	154,488
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ 147,334	\$ 154,488
Less Expenses:		
a. Salaries & Wages - Employees	\$ _____	\$ _____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	8,498	6,572
c. Employee Pensions & Benefits	_____	_____
d. Purchased Wastewater Treatment	_____	_____
e. Sludge Removal Expense	37,987	37,109
f. Purchased Power	15,471	10,707
g. Fuel for Power Production	_____	_____
h. Chemicals	4,165	4,097
i. Materials & Supplies	5,099	4,480
j. Contractual Services	55,698	51,023
k. Rents	9,490	9,240
l. Transportation Expenses	_____	_____
m. Insurance Expense	1,200	300
n. Regulatory Commission Expense	_____	_____
o. Bad Debt Expense	1,304	98
p. Miscellaneous Expense	2,823	3,149
q. Depreciation Expense	(2) 9,687	10,206 (1)
r. Property Taxes	3,613	3,466
s. Other Taxes	8,246	8,498
t. Income Taxes	_____	_____
Operating Income (Loss)	\$ (15,947)	\$ 5,543

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	SUNTRUST	_____	25,874	5.5%	_____
2.	STOCKHOLDERS	_____	78,919	-	-
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I.	Indicate Type of Tax Return Filed:	Note (1)	(2)
	_____	DEP. 26,892	26,587
	_____ Form 1120 - Corporation	AMORT. (16,686)	(16,900)
	X _____ Form 1120S - Subchapter S Corporation	10,206	9,687
	_____ Form 1065 - Partnership		
_____ Form 1040 - Schedule C - Individual (Proprietorship)			

III. Engineering Data

A. Outside Engineering Consultant:

1. Name RICHARD W. FERNANDEZ P.E.
2. Firm QUENTIN L. HAMPTON ASSOCIATES, INC.
3. Address P.O. BOX DRAWER 290247 PORT ORANGE, FL 32129-0247
4. Telephone (386) 761-6810

B. Individual to contact on engineering matters:

1. Name RICHARD W. FERNANDEZ, P.E.
2. Telephone (386) 761-6810

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.

GLEN WETHERELL "C" LIC #1218 PHONE (386) 673-4161

F. Is the utility serving customers outside of its certificated area? NO

If yes, explain N/A

G. Wastewater:

1. Gallons per day capacity of treatment facilities existing 131 K
under construction NONE proposed NONE
2. Type and make of present treatment facilities EXTENDED AERATION
3. Approximate average daily flow of treatment plant effluent 78.5 K
4. Approximate length of wastewater mains:
Size (diameter) 6" 8"
Linear feet 4,500 * 17,700*
5. Number of manholes 75* *APPROXIMATE
6. Number of liftstations 3
7. How do you measure treatment plant effluent? FLOW METER

- 8. Is the treatment plant effluent chlorinated? YES If yes, what is the normal dosage rate? 1.0 MC/L
- 9. Tap in fees - Wastewater \$ -0-
- 10. Service availability fees - Wastewater \$ 1,050
- 11. Note DEP Treatment Plant Certificate Number and date of expiration: Number FLA 011193
Expiration Date SEPTEMBER 20, 2004
- 12. Total gallons treated during most recent twelve months 28,264
- 13. Wastewater treatment purchased during most recent twelve months NONE

H. Water N/A

- 1. Gallons per day capacity of treatment facilities existing _____ under construction _____ proposed _____
- 2. Type of treatment _____
- 3. Approximate average daily flow of treated water _____
- 4. Source of water supply _____
- 5. Types of chemicals used and their normal dosage rates _____
- 6. Number of wells in service _____ Total capacity in gallons per minute (gpm) _____
 Diameter/Depth _____/_____
 Motor horsepower _____
 Pump capacity (gpm) _____
- 7. Reservoirs and/or hydropneumatic tanks:
 Description _____
 Capacity _____
- 8. High service pumping:
 Motor horsepower _____
 Pump capacity (gpm) _____
- 9. How do you measure treatment plant production? _____
- 10. Approximate feet of water mains:
 Size (diameter) _____
 Linear feet _____
- 11. Note any fire flow requirements and imposing government agency _____
- 12. Number of fire hydrants in service _____

- 13. Do you have a meter change out program? _____
- 14. Meter installation or tap in fees - Water \$ _____
- 15. Service availability fees - Water \$ _____
- 16. Has the existing treatment facility been approved by DEP? _____
- 17. Total gallons pumped during most recent twelve months _____
- 18. Total gallons sold during most recent twelve months _____
- 19. Gallons unaccounted for during most recent twelve months _____
- 20. Gallons purchased during most recent twelve months _____

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name MARLA KUMPF UTILITY MGR.
- 2. Telephone Number (386) 677-5702

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

1. Water:

a. Residential Water	BASE	7.32	GAL.	1.91
b. General Service	"	"	"	"
c. Special Contract	_____	_____	_____	_____
d. Other	_____	_____	_____	_____

2. Wastewater:

a. Residential Wastewater	BASE	9.95	GAL	3.89
b. General Service	"	"	"	"
c. Special Contract	_____	_____	_____	_____
d. Other	_____	_____	_____	_____

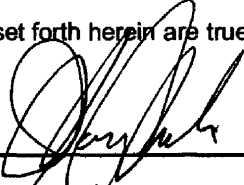
C. Number of Customers (Most recent two years):

1. Water Metered	20_03	2002
a. Residential	<u>N/A</u>	<u>N/A</u>
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered	20__	20__
a. Residential	<u>NONE</u>	<u>NONE</u>
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____

3. Wastewater	20_03	20_02
a. Residential	415	412
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____

V. Affirmation

I, J. STANLEY SHIRAH 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 SEC/TRES

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.