

ORIGINAL

050894-WU

FLORIDA PUBLIC SERVICE COMMISSION

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APPLICATION FOR A STAFF ASSISTED RATE CASE

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COMMISSION CLERK

I. General Data

- A. Name of utility BLUE HERON GOLF & COUNTRY CLUB
- B. Address 1925 S.E. 9TH AVE, OKEECHOBEE, FL 34974
 - 1. Telephone Nos. (863) 467-4677 , 863-357-2291
 - 2. County OKEECHOBEE Nearest City FT. PIERCE
 - 3. General area served BLUE HERON & THE OAKS, SUB-DIVISIONS IN OKEECHOBEE CITY LIMITS
- C. Authority:
 - 1. Water Certificate No. _____ Date Received _____
 - 2. ~~Wastewater Certificate No.~~ NONE ~~Date Received~~ _____
 - 3. Date utility started operations: Water 1991 Wastewater _____
- D. How system was acquired WITH GOLF COURSE, AUG. 7, 2003
 - If utility was purchased, give date SAME Amount Paid N/A
 - 1. Name of Seller BANK - DALLAS, TEX
 - 2. Was seller affiliated with present owners? NO
 - 3. Did you purchase: Stock _____ or assets only
- E. Type of legal entity: Corporation, Partnership or Sole Proprietorship PARTNERSHIP
- F. Ownership & Officers:

Name	Title	Percent Ownership
<u>1. DONALD E. MCBRAYER</u>	<u>CO-OWNER</u>	<u>50%</u>
<u>2. MARTY W. STEVENS</u>	<u>CO-OWNER</u>	<u>50%</u>
<u>3.</u>		
<u>4.</u>		

G. List of Associated Companies and Addresses:

1. DONALD E. MCBRAYER 601 S.E. 8TH ST. OKEECHOBEE, FL
2. MARTY W. STEVENS 8030 U.S. 60E, MOREHEAD, KY
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 COSTOPOULOS & HELTON PA CPA
2. Firm _____
3. Address 195 S.W. 28 TH. ST., OKEECHOBEE, FL 34974
4. Telephone (863) 763-1120

B. Individual to contact on accounting matters:

1. Name MIKE COSTOPOULOS
2. Telephone (863) 763-1120

C. Location of books and records 1925 S.E. 9TH ST OKEECHOBEE, FL 34974

D. Have you filed an Annual Report with the Commission? NO

Date Last Filed ON HOLD - EXTENSION

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? YES - FOR JAN 30-04

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

1. Water	<u>20-1990</u>	20__
Cost of Plant In Service:	\$ <u>500,000</u>	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>N/A</u>	\$ _____

2. Wastewater

Cost of Plant In Service:

Less Accumulated Depreciation:

Less Contributed Plant:

New Owner's Investment:

	20__	20__
\$	_____	_____
	_____	_____
	_____	_____
\$	_____	_____

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

1. Water

2004

20N/A

Revenues (By Class):

a. MS TA RESIDENTIAL (461.1)

b. _____

c. HOORUPS

Total Operating Revenues:

\$	<u>35,295</u>	\$ _____
	_____	_____
	<u>37,800</u>	_____
\$	<u>72,095</u>	\$ _____

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

_____	_____
_____	_____
_____	_____
<u>3,330</u>	_____
_____	_____
<u>4042</u>	_____
<u>8,019</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<u>1,696</u>	_____
_____	_____
<u>1,217</u>	_____
_____	_____

Operating Income (Loss)

\$	<u>54,791</u>	\$ _____
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SEE ACCOMPANYING ACCOUNTANTS' COMPILATION REPORT.

III. Engineering Data

A. Outside Engineering Consultant:

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

B. Individual to contact on engineering matters:

1. Name _____
2. Telephone (____) _____

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

5 CORRECTIONS TO BE MADE, 3 COMPLETED, OTHERS BEING ADDRESSED

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 WAYNE DAMPIER DAMPIER UTILITIES

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 _____
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? X If yes, what is the normal dosage rate? _____
9. Tap in fees - Wastewater \$ X _____
10. Service availability fees - Wastewater \$ X _____
11. Note DEP Treatment Plant Certificate Number and date of expiration: Number X _____
Expiration Date _____
12. Total gallons treated during most recent twelve months X _____
13. Wastewater treatment purchased during most recent twelve months X _____

H. Water

1. Gallons per day capacity of treatment facilities existing 80 CUSTOMERS under construction 4 proposed 2-300
2. Type of treatment CHLORINE
3. Approximate average daily flow of treated water 8,000 GAL.
4. Source of water supply 2 WELLS
5. Types of chemicals used and their normal dosage rates _____
6. Number of wells in service 2 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 7

13. Do you have a meter change out program? YES
14. Meter installation or tap in fees - Water \$ 150⁰⁰
15. Service availability fees - Water \$ 1250⁰⁰
16. Has the existing treatment facility been approved by DEP? YES
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 NONE

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name DONALD E. MCBRAYER
2. Telephone Number (863) 467-4677

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

1. Water:

- a. Residential Water \$31¹⁸ UP TO 3,000 GAL. .00408 OVER 3000
- b. General Service _____
- c. Special Contract _____
- d. Other _____

2. Wastewater:

- ~~a. Residential Wastewater _____~~
- ~~b. General Service _____~~
- ~~c. Special Contract _____~~
- ~~d. Other _____~~

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

- | | | |
|---------------------|-------------|-------------|
| 1. Water Metered | <u>2003</u> | <u>2004</u> |
| a. Residential | <u>80</u> | _____ |
| b. General Service | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |

- | | | |
|---------------------|---|-------------|
| 2. Water Unmetered | <u>2003</u> | <u>2004</u> |
| a. Residential | _____ | _____ |
| b. General Service | <u>CLUB HOUSE + POOL HOUSE AT GOLF COURSE</u> | |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |

3. Wastewater

20__

20__

- a. Residential
- b. General Service
- c. Special Contract
- d. Other - Specify

V. Affirmation

I, Donald E. McBrayer 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 Donald E. McBrayer
 Title CO-OWNER

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.

Costopoulos  *Helton P.A.*
Certified Public Accountants Registered Investment Advisors

195 Southwest 28th Street • Okeechobee, FL 34974-5903

November 22, 2005

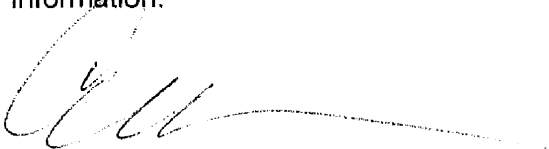
To: Donald E. McBrayer & Marty Stevens, Partners
Blue Heron Golf & Country Club

We have compiled the statement of income of Blue Heron Golf & Country Club (a partnership) for the year ended December 31, 2004, included in the accompanying prescribed form, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting, in the form prescribed by the Florida Public Service Commission, information that is the representation of the management of Blue Heron Golf & Country Club. We have not audited or reviewed the accompanying statement of income and, accordingly, do not express an opinion or any form of assurance on it.

This statement of income (including related disclosures) is presented in accordance with the requirements of the Florida Public Service Commission, which differ from generally accepted accounting principles. Accordingly, this statement of income is not designed for those who are not informed about such differences.

The supplementary information contained in the accompanying prescribed form has not been audited, reviewed, or compiled by us and, accordingly, we assume no responsibility for that information.



Costopoulos & Helton, P.A.

(863) 763-1120 Fax (863) 763-8118 www.CHCPA.com chcpa@chcpa.com

Securities-related Email; michael.costopoulos@genworthrr.com; donna.helton@genworthrr.com. Investment and insurance products distributed by Genworth Financial Securities Corp., member NASD/SIPC and a licensed insurance agency (dba Genworth Financial Securities and Insurance Services in CA); investment advisory services are offered through Genworth Financial Advisers Corp., an SEC Registered Investment Adviser. Home offices at 200 N. Martingale Rd., 7th FL, Schaumburg, IL 60173; phone 888-528-2987.

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