

120078-SU

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A STAFF ASSISTED RATE CASE

RECEIVED-FPSC  
12 APR -9 AM 9:07  
COMMISSION CLERK

I. GENERAL DATA

A. Name of Utility: *TKC B*  
B. Address: *5600 North Cocoa Blvd. COCOA FL 32927*

1. Telephone Nos.: *(321) 639-1174*  
2. County: *BREVARD* Nearest City: *COCOA*  
3. General Area Served: *COCOA*

C. Authority:  
1. Water Certificate No. Date Received:  
2. Wastewater Certificate No. *5625* Date Received: *10-2011*  
3. Date Utility Started Operations: Water: Wastewater: *1983*

D. How System Was Acquired: *owner had system constructed*  
If utility was purchased, give date *1983* Amount Paid \$ *501,132*

1. Name of Seller:  
2. Was seller affiliated with present owners?  Yes  No  
3. Did you purchase:  Stock  or assets only

E. Type of Legal Entity:  
 Corporation  Partnership  Sole Proprietorship

F. Ownership & Officers:

	Name	Title	Percent Ownership
COM _____			
APA _____			
ECR _____	1. <i>Thad A. Terry</i>	<i>owner</i>	<i>100%</i>
GCL _____	2. _____	_____	_____
RAD _____	3. _____	_____	_____
SRC _____	4. _____	_____	_____
ADM _____			
OPC _____			
CLK <i>NG1</i>			

DOCUMENT NUMBER-DATE

*02097 APR-9 2*

Macintosh HD:Users:jerrypadnick:Downloads:sarc-3.doc

FPSC-COMMISSION CLERK

G. List of Associated Companies and Addresses: *n/a*

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):

Name: *n/a*

Address:

II. ACCOUNTING DATA *n/a*

A. Outside Accountant

1. Name:

2. Firm: *n/a*

3. Address:

4. Telephone: ( )

B. Individual To Contact On Accounting Matters:

1. Name: *Pam Bolton*

2. Telephone: *(321) 639-1124*

C. Location of Books and Records: *5600 North Cocoa Blvd. Cocoa FL 32927*

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

Date Last Filed: *12-2011*

E. Has your latest Regulatory Assessment Fee Payment been made?

(January 30 or July 30 whichever is applicable)  Jan 30  July 30

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

1. Water:

Cost of Plant In Service

Less Accumulated Depreciation

Less Contributed Plant

Net Owner's Investment

20

20

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ *n/a* \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

20

20 //

2. Wastewater:

Cost of Plant In Service	\$ _____	\$ 501,132
Less Accumulated Depreciation	_____	164,493
Less Contributed Plant	_____	5,369
Net Owner's Investment	\$ _____	\$ 342,008

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)	\$ _____	\$ _____

N  
A

2. Wastewater

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)

20	2011
\$ _____	\$ <u>69,915</u>
_____	_____
_____	_____
\$ _____	\$ <u>69,915</u>
_____	_____
_____	3,000
_____	4,800
_____	1,000
_____	700
_____	10,708
_____	74
_____	188
_____	27,613
_____	_____
_____	2,160
_____	- 0 -
_____	942
_____	6,414
_____	6,103
_____	3,207
_____	- 0 -
\$ _____	\$ <u>3,006</u>

H. Outstanding Debt:

Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	N/A	_____	_____	_____
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:
- 2. Firm: *n/a*
- 3. Address:
- 4. Telephone: ( )

B. Individual to contact on engineering matters:

- 1. Name:
- 2. Telephone: ( ) *n/a*

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: *no*

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

*JERRY PADRICK C 000 7051*

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:

- a. Existing: *.135*
- b. Under Construction:
- c. Proposed:

2. Type and make of present treatment facilities:

*Concrete Full mix / MAROLFF*

3. Approximate average daily flow of treatment plant effluent: *.027*

*But meter was bad  
New flows are  
ave. .033*

4. Approximate length of wastewater mains:

Size (diameter):					<i>8"</i>
Linear feet:					<i>6,975</i>

5. Number of manholes: *23*

6. Number of lift stations: *1*

7. How do you measure treatment plant effluent? *Elapsed Time Meter*

8. Is the treatment plant effluent chlorinated?  Yes  No

If yes, what is the normal dosage rate? 128 oz / Day Cl<sub>2</sub>

- 9. Tap in fees – Wastewater: \$
- 10. Service availability fees – Wastewater: \$
- 11. Note DEP Treatment Plant Certificate Number and date of expiration: FLA 010353-003  
Number Expiration Date: 10/2015
- 12. Total gallons treated during most recent twelve months: .288
- 13. Wastewater treatment purchased during most recent twelve months: 69,915

H. Water:

- 1. Gallons per day capacity of treatment facilities:
  - a. Existing:
  - b. Under Construction :
  - c. 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: *2*  
Total capacity in gallons per minute (gpm): *1*

Diameter/Depth:	<i>1</i>	<i>1</i>	<i>1</i>
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?  No  Yes
14. Meter installation or tap in fees - Water \$ \_\_\_\_\_
15. Service availability fees - Water \$ \_\_\_\_\_
16. Has the existing treatment facility been approved by DEP?  No  Yes
17. Total gallons pumped during most recent twelve months: *A*
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: *JERRY PADRICK*
2. Telephone Number: *(321) 639-1273*

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

1. Water:

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

*N*

*A*

2. Wastewater:

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

*2.65 Per/gal*

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

1. Water Metered

**20**

**20 11**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Water Unmetered

**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

*275*

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. AFFIRMATION**

I W. J. Perry 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 Pres

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.