

# CLASS "C"

## WATER and/or SEWER UTILITIES

(Gross Revenue of Less Than \$150,000 Each)

# ANNUAL REPORT

OF

SU486  
K. S. OPERATIONS, INC.  
103 KELLY AVENUE  
MIDDLEPORT, NY 14105

SU 36

350-S  
Certificate Number(s)

OFFICIAL COPY  
DIVISION OF  
WATER AND SEWER  
Do Not Remove from



No longer  
IN EXISTANCE

Remove From your  
Mailing list

FOR THE  
YEAR ENDED DECEMBER 31, 19 90

## General Instructions

1. Prepare this report in conformity with the 1984 National Association of Regulatory Utility Commissioners Uniform System of Accounts for Water and/or Sewer Utilities.
2. Interpret all accounting words and phrases in accordance with the USOA.
3. Complete each question fully and accurately, even if it has been answered in a previous annual report. Enter the word "None" where it truly and completely states the fact.
4. For any question, section, or page which is not applicable to the respondent enter the words "Not Applicable". Do not omit any pages.
5. Where dates are called for, the month and day should be stated as well as the year.
6. All schedules requiring dollar entries should be rounded to the nearest dollar.
7. Complete this report by means which result in a permanent record, such as by typewriter.
8. If there is not enough room on any schedule, an additional page or pages may be added provided the format of the added schedule matches the format of the schedule with not enough room. Such a schedule should reference the appropriate schedules, state the name of the utility, and state the year of the report.
9. If it is necessary or desirable to insert additional statements for the purpose of further explanation of schedules, such statements should be made at the bottom of the page or on an additional page. Any additional pages should state the name of the utility and the year of the report, and reference the appropriate schedule.
10. The report should be filled out in quadruplicate and the original and two copies returned by March 31 of the year following the date of the report. The report should be returned to:

Florida Public Service Commission  
Division of Water and Sewer  
101 East Gaines Street  
Tallahassee, Florida 32399-0873

State of Florida



Division of Water & Sewer  
Chuck H. Hill, Director  
(904) 488-8482

Commissioners:

Michael McK. Wilson, Chairman  
Thomas M. Beard  
Betty Easley  
Gerald L. (Jerry) Gunter  
Frank S. Messersmith

Public Service Commission

August 24, 1990

K. S. Operations  
P. O. Box 310  
Middleport, N. Y. 14105  
Attn: Mr. Robert Gelder

Re: K. S. Operations; Cancellation of Certificate

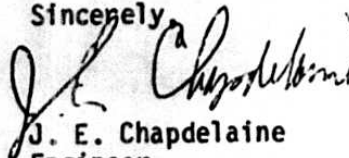
Dear Mr. Gelder:

I received your letter dated August 17, 1990 concerning the title to the lift stations now in the hands, more or less, of the two condominium associations. There remains the matter of properly recognizing the transfer of your facilities to the governmental agency and cancelling your certificate pursuant to the rules and statutes under which this Commission operates. To that end, please find attached instructions and an application for the transfer of your facility to the governmental agency.

Your attention is particularly directed to the financial information in Part III concerning customer deposits, regulatory assessment fees and the affidavit. Your regulatory assessment fees are due through the date of transfer to the government agency.

Your timely and complete response to this inquiry will be appreciated. Please direct any comments or questions to the undersigned.

Sincerely,

  
J. E. Chapdelaine  
Engineer

JEC/(1564w)  
Attachment

cc: Legal Services (Feil)

2616.40

APPLICATION FOR SALE TO GOVERNMENTAL AUTHORITY  
PURSUANT TO SECTION 367.071(4)(a), FLORIDA STATUTES

TO: Director, Division of Records and Reporting  
Florida Public Service Commission  
101 East Gaines Street  
Tallahassee, Florida 32399-0850

The undersigned hereby makes application for the approval of the transfer of  
(all) or (part) of the facilities operated under Water Certificate No. ~~Unknown~~ N/A  
and/or Wastewater Certificate No. ~~Unknown~~ located in LEE County,  
Florida, and submits the following:

PART I APPLICANT INFORMATION

A) The full name (as it appears on the certificate), mailing address and  
telephone number of the seller:

K. S. OPERATIONS, INC. (716) 735 3732  
Name of utility Phone No.

103 KELLY AVE  
Office street address

Middleport N.Y. 14105  
City State Zip Code

Mailing address if different from above

B) The name, address and telephone number of a representative of the  
utility to contact concerning this application:

ROBERT GELDER (716) 735.3732  
Name Phone No.

103 KELLY AVE  
Street address

Middleport N.Y. 14105  
City State Zip Code

C) The full name, address and telephone number of the governmental authority:

Name of authority N/A ( ) Phone No. \_\_\_\_\_

Street address N/A \_\_\_\_\_

City N/A State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address if different from above N/A \_\_\_\_\_

D) The name, address and telephone number of a representative of the governmental authority to contact concerning this application:

Name N/A ( ) Phone No. \_\_\_\_\_

Street address N/A \_\_\_\_\_

City N/A State \_\_\_\_\_ Zip Code \_\_\_\_\_

If only a portion of the utility's facilities is being transferred, a revised territory description and map of the utility's remaining territory must be provided, as discussed below. IF THE UTILITY'S ENTIRE FACILITIES ARE BEING TRANSFERRED, PLEASE DISREGARD PART II.

## PART II CERTIFICATION

### A) TERRITORY DESCRIPTION

Exhibit N/A - An accurate description of the utility's revised territory. If the water and wastewater territory is different, provide separate descriptions.

**Note:** Use the Survey of Public Lands method (township, range, section, and quarter section) if possible, or a metes and bounds description, and also the subdivision or project name. The description should **NOT** refer to land grants or plat books, but may use geographic boundaries (i.e., road right-of-ways, railroads, rivers, creeks, etc.). The object is to make the description as brief, but as accurate as possible.

B) TERRITORY MAPS

Exhibit N/A - An official county tax assessment map or other map showing township, range and section with a scale such as 1"=200' or 1"=400', along with the remaining territory plotted thereon with a defined reference point of beginning from a corner point, quarter corner point, etc. If the water and wastewater territory is different, provide separate maps.

Note: The map shall show the location of the treatment plant(s).

C) Exhibit N/A - Revision to the Utility's tariff to reflect the revised service territory.

PART III FINANCIAL INFORMATION

A) Exhibit NONE - A statement regarding the disposition of customer deposits and the accumulated interest thereon.

B) Exhibit Attached with Acre. - A statement regarding the disposition of any outstanding regulatory assessment fees, fines or refunds owed.

C) Exhibit NONE - An affidavit that the buyer requested and received from the utility or the Commission the utility's income and expense statement, balance sheet and statement of rate base for regulatory purposes and contributions-in-aid-of-construction.

D) Indicate the date on which the buyer proposes to take official action to acquire the utility: N/A

Statement of Regulatory Assessment Fee

TOTAL INCOME 1990 \$ 8616.40  
2 1/2 % Fee \$ 215.41

PART IV AFFIDAVIT

I Robert Belder (applicant) do solemnly swear or affirm that the facts stated in the foregoing application and all exhibits attached thereto are true and correct and that said statements of fact thereto constitute a complete statement of the matter to which it relates.

\_\_\_\_\_  
(Applicant)

BY:

Robert Belder, President  
Name and title\*

Subscribed and sworn to before me this 22nd  
of August 1990.

Notary Public, State of New York  
Qualified in Orleans County  
No. 4081104  
5-15-91  
Commission Expires \_\_\_\_\_

Tina M. Shupe  
Notary Public

\*If the applicant is a corporation, the affidavit must be made by the president or other officer authorized by the by-laws of the corporation to act for it. If the applicant is a partnership or association, a member of the organization authorized to make such affidavit shall execute same.