

Mr. James R. Frier

DEPOSIT TREAS. REC. DATE

D 958 123456 JAN 10 '90

Shady Oaks Mobile-Modular Estates, Inc.

813/782-2686 38616 Shady Oaks Dr.
1702 Highway 39 South — 101 Shady Oaks Dr.
ZEPHYRHILLS, FLORIDA 34248 33540-6526

SUBJECT

DATE

1-4-90

MESSAGE:

Dear Mr. Frier:

900025-WS

Enclosed is a completed application for a staff assisted rate case, and our check in the amount of \$150.00.

Very truly yours,

R. D. Sims

R. D. Sims

ORIGINATOR-DO NOT WRITE BELOW THIS LINE

REPLY TO

SIGNED

REPLY

Florida Public Service Commission

RECEIVED
JAN 8 1990

LEGAL DIVISION

DOCUMENT NUMBER-DATE
00298 JAN 10 1990
FPSC-RECORDS/REPORTING

DATE

SIGNED

SEND PARTS 1 AND 3 INTACT-PART 1 WILL BE RETURNED WITH REPLY

JENKINS BUSINESS FORMS — MASCOUTAH, ILLINOIS 62258

RETURN TO ORIGINATOR

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

1990 JAN -8 AM 10:47

I. General Data

A. Name of utility Shady Oaks Mobile-Modular Estates, Inc. MAIL ROOM

B. Address 1702 Hwy. 39, S. OUR NEW ADDRESS IS
Zephyrhills Fl 33599 38616 Shady Oaks Drive
Zephyrhills, Fla.
33540-6526

1. Telephone Nos. (813) 782-2686

2. County Pasco Nearest city Zephyrhills

3. General area served Zephyrhills (Specifically
Shady Oaks Mobile-Modular Estates)

C. Authority:

1. Water Certificate No. 451W Date received 8/71

2. Sewer Certificate No. 382S Date received 8/71

3. Date utility started operations: Water 8/71 Sewer 8/71

D. How system was acquired New

If utility was purchased, give date New Amount Paid

1. Name of seller None

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 S Corporation

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	<u>Richard D. Sims</u>	<u>Pres.</u>	<u>50</u>
2.	<u>Caroline Sue Sims</u>	<u>Secy./Treas.</u>	<u>50</u>
3.	<u>Mark Joseph Sims</u>	<u>Vice President</u>	<u>-0-</u>
4.	<u></u>	<u></u>	<u></u>

G. List of Associated Companies and Addresses:

- 1. None
- 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):

II. Accounting Data

A. Outside Accountant

- 1. Name Aileen B. Delehanty
- 2. Firm Aileen B. Delehanty, CPA
- 3. Address P O Box 5715 Hudson Fl 34674
- 4. Telephone (813) 862-3690

B. Individual to contact on accounting matters:

- 1. Name Richard D. Sims
- 2. Telephone (813) 782 2686

C. Location of books and records 101 Shady Oaks Dr., Zephyrhills, Fl

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

Date last filed 1988 Annual Report- 3/88

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? Yes

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

1. Water	<u>1987</u>	<u>1986</u>
Cost of Plant In Service:	\$ <u>13,888</u>	\$ <u>11,588</u>
Less Accumulated Depreciation:	<u>11,599</u>	<u>11,588</u>
Less Contributed Plant:	<u>-0-</u>	<u>-0-</u>
Net Owners Investment :	\$ <u><u>2,289</u></u>	\$ <u><u>-0-</u></u>

2. Sewer	1987	1986
Cost of Plant In Service:	\$ <u>45,632</u>	\$ <u>45,632</u>
Less Accumulated Depreciation:	<u>32,275</u>	<u>30,984</u>
Less Contributed Plant:	<u> </u>	<u> </u>
Net Owners Investment:	\$ <u><u>13,357</u></u>	\$ <u><u>14,648</u></u>

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

1. Water	1987	1986
Revenues (By Class):		
a. Residential	\$ <u>14,543</u>	\$ <u>13,031</u>
b. _____	<u> </u>	<u> </u>
c. _____	<u> </u>	<u> </u>
Total Operating Revenues:	\$ <u><u>14,543</u></u>	\$ <u><u>13,031</u></u>
Less Expenses:		
a. Salaries & Wages - Employees	\$ <u>1,903</u>	\$ <u> </u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>800</u>	<u>1,625</u>
c. Employee Pensions and Benefits	<u> </u>	<u> </u>
d. Purchased Water	<u> </u>	<u> </u>
e. Purchased Power	<u>4,740</u>	<u>4,356</u>
f. Fuel for Power Production	<u> </u>	<u> </u>
g. Chemicals	<u>19</u>	<u>198</u>
h. Materials & Supplies	<u>856</u>	<u>398</u>
i. Contractual Services	<u>8,824</u>	<u>9,275</u>
j. Rents	<u>53</u>	<u> </u>
k. Transportation Expenses	<u>633</u>	<u>813</u>
l. Insurance Expense	<u>2,409</u>	<u>1,700</u>
m. Regulatory Commission Expense	<u> </u>	<u> </u>
n. Bad Debt Expense	<u> </u>	<u> </u>
o. Miscellaneous Expense	<u>(95)</u>	<u>1,496</u>
p. Depreciation Expense	<u>11</u>	<u>-0-</u>
q. Property Taxes	<u> </u>	<u> </u>
r. Other Taxes	<u>461</u>	<u>667</u>
s. Income Taxes	<u> </u>	<u> </u>
Operating Income (Loss)	\$ <u><u>(6,071)</u></u>	\$ <u><u>(7,497)</u></u>

2. Sewer

1987

19⁸⁶

Revenues (By Class):

a. Residential	\$ 14,271	\$ 18,361
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ 14,271	\$ 18,361

Less Expenses:

a. Salaries & Wages - Employees	\$ 2,002	\$ _____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	800	1,625
c. Employee Pensions and Benefits	_____	_____
d. Purchased Sewage Treatment	_____	_____
e. Sludge Removal Expense	710	210
f. Purchased Power	2,516	3,563
g. Fuel for Power Production	_____	_____
h. Chemicals	105	1,393
i. Materials & Supplies	632	720
j. Contractual Services	7,376	16,240
k. Rents	228	371
l. Transportation Expenses	659	852
m. Insurance Expense	2,410	1,700
n. Regulatory Commission Expense	_____	_____
o. Bad Debt Expense	_____	_____
p. Miscellaneous Expense	(49)	1,444
q. Depreciation Expense	1,291	1,293
r. Property Taxes	_____	_____
s. Other Taxes	436	801
t. Income Taxes	_____	_____
Operating Income (Loss)	\$ (4,845)	\$ (11,851)

H. Outstanding Debt: n/a

Creditor	Date Borrowed Since	Balance Due	Interest Rate	Expiration Date
1. R. D. Sims & C.S.	1971 & Var.	261,078.00	Various	Renewed
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

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

III. Engineering Data

A. **Outside Engineering Consultant:**

- 1. Name C. Fred Duell - David Armstrong
- 2. Firm C. Fred Duell, Engineering
- 3. Address 13418 US Hwy. 19, Hudson Fl 34667
- 4. Telephone(813) 868-2168

B. **Individual to contact on engineering matters:**

- 1. Name Same as above
- 2. Telephone(813) 782-6717 Zephyrhills - Office

C. **Is the utility under citation by the Department of Environmental Regulation (DER) or county health department? If yes, explain ~~No~~ Yes**
Sewer Plant was to be expanded

D. **List any known service deficiencies and steps taken to remedy problems.** Under engineering

E. **Name of plant operator(s) and DER operator certificate number(s) held.** Mathis Water Treatment C5762

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 40,000
under construction _____ proposed _____
- 2. Type and make of present treatment facilities Extended Air -
Defiance
- 3. Approximate average daily flow of treatment plant effluent 18,000
- 4. Approximate length of sewer mains:
Size (diameter) 8" 6" 4" _____
Linear feet 9,649 890 960 _____
- 5. Number of manholes 37
- 6. Number of liftstations 2

7. How do you measure treatment plant effluent? Flow meter
8. Is treatment plant effluent chlorinated? yes If yes, what is the normal dosage rate? 1.5
9. Tap in fees - Sewer \$ None
10. Service availability fees - Sewer \$ None
11. Note DER Treatment Plant Certificate Number and date of expiration: Number 382 S Expiration Date Open
12. Total gallons treated during most recent twelve months 5,176,000
13. Sewage treatment purchased during most recent twelve months n/a

H. Water

1. Gallons per day capacity of treatment facilities existing Unknown under construction _____ proposed _____
2. Type of treatment Chlorinator
3. Approximate average daily flow of treated water Unknown
4. Source of water supply Wells
5. Types of chemicals used and their normal dosage rates .5
6. Number of wells in service 2 Total capacity in gallons per minute (gpm) 125 each well
- | | | | | |
|---------------------|----------------|----------------|-------|-------|
| Diameter/Depth | <u>6 / 132</u> | <u>6 / 153</u> | _____ | _____ |
| Motor horsepower | <u>5</u> | <u>5</u> | _____ | _____ |
| Pump capacity (gpm) | <u>125</u> | <u>125</u> | _____ | _____ |
7. Reservoirs and/or hydropneumatic tanks:
- | | | | |
|-------------|--------------|-------|-------|
| Description | <u>Steel</u> | _____ | _____ |
| Capacity | <u>2,000</u> | _____ | _____ |
8. High service pumping:
- | | | | | |
|---------------------|------------|------------|-------|-------|
| Motor horsepower | <u>5</u> | <u>5</u> | _____ | _____ |
| Pump capacity (gpm) | <u>125</u> | <u>125</u> | _____ | _____ |
9. How do you measure treatment plant production? Flow Meter
10. Approximate feet of water mains:
- | | | | | | |
|-----------------|--------------|--------------|------------|-------|-------|
| Size (diameter) | <u>2"</u> | <u>3"</u> | <u>4"</u> | _____ | _____ |
| Linear feet | <u>8,750</u> | <u>1,750</u> | <u>950</u> | _____ | _____ |

11. Note any fire flow requirements and imposing government agency
No
12. Number of fire hydrants in service none
13. Do you have a meter change out program? No
14. Meter installation or tap in fees - Water \$ None
15. Service availability fees - Water \$ None
16. Has the existing treatment facility been approved by DER?
Yes
17. Total gallons pumped during most recent twelve months 20,846,000
18. Total gallons sold during most recent twelve months None
19. Gallons unaccounted for during most recent twelve months Unk.
20. Gallons purchased during most recent twelve months None

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Richard D. Sims
2. Telephone Number (813) 782-2686 or 813-932-3177

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

1. Water:

- a. Residential water None
- b. General Service _____
- c. Special Contract _____
- d. Other _____

2. Sewer:

- a. Residential sewer None
- b. General Service _____
- c. Special Contract _____
- d. Other _____

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

1. Water Metered	19 <u>87</u>	19 <u>86</u>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
	_____	_____
2. Water Unmetered	19 <u>87</u>	19 <u>86</u>
a. Residential	179	178
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
	_____	_____
3. Sewer	19 <u>87</u>	19 <u>86</u>
a. Residential	179	178
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
	_____	_____

V. Affirmation

I, Richard D. Sims 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 *Richard D. Sims*
 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.

Mr. James R. Frier

Shady Oaks Mobile-Modular Estates, Inc.

813/782-2686 38616 Shady Oaks Dr.

1702 Highway 39 South — 101 Shady Oaks Dr.

ZEPHYRHILLS, FLORIDA 34248 33540-6526

DEPOSIT TREAS. REC. DATE

D 958 12345 JAN 10 '90

SUBJECT

DATE

1-4-90

MESSAGE:

Dear Mr. Frier:

Enclosed is a completed application for a staff assisted rate case, and our check in the amount of \$150.00.

Very truly yours,

R. D. Sims

R. D. Sims

ORIGINATOR-DO NOT WRITE BELOW THIS LINE

REPLY TO

SIGNED

SHADY OAKS MOBILE - MODULAR

PH. 813-782-2686

38616 SHADY OAKS DR.

ZEPHYRHILLS, FL 34248

1534

83-1272/631

PAY TO THE ORDER OF

P.L.C.

1-4 90

\$ 150.00

One Hundred Fifty & no/100

DOLLARS



FOR

Richard Sims

REDACTED

DOCUMENT NUMBER-DATE
00298 JAN 10 1990
FPSC-RECORDS/REPORTING