

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

950967-SU

I. General Data

- A. Name of utility FAIRMOUNT UTILITIES TR. 2nd, INC.
- B. Address P.O. Box 548
SEBRING, FLORIDA 32871-0548
1. Telephone Nos. (941) 385-8542
2. County HIGHLAND Nearest city Sebring, FLA
3. General area served PARADISE VILLAGE

C. Authority:

1. Water Certificate No. _____ Date received _____
2. Sewer Certificate No. 3575 Date received _____
3. Date utility started operations: Water _____ Sewer _____

D. How system was acquired PURCHASED

If utility was purchased, give date 7/21/91 Amount Paid _____

1. Name of Seller PARMER UTILITIES, INC.
2. Was seller affiliated with present owners? NO.
3. Did you purchase: Stock _____ or assets only X

E. Type of legal entity: Corporation, Partnership or Sole Proprietorship CORPORATION

F. Ownership & Officers:

	Name	Title	Percent Ownership
1.	<u>RUDOLPH E. MILLER</u>	<u>President</u>	<u>86%</u>
2.	<u>KAREN JANETTE DEARY</u>		<u>14%</u>
3.			
4.			

G. List of Associated Companies and Addresses:

1. SEBRING RIDGE UTILITIES
2. P.O. Box 488
3. SEBRING, FLORIDA 33871

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):

K. MICHAEL KANE CPA (CONSULTANT)
87 KNOD LANE
LAKE PLACID, FLORIDA 32852
(941) 465-1124

II. Accounting Data

A. Outside Accountant

1. Name DAN DORRELL C.P.A.
2. Firm DORRELL + HANCOCK C.P.A. P.A.
3. Address 435 S. COMMERCIAL AVENUE, SEBRING, FLA. 33870
4. Telephone (941) 385-1577

B. Individual to contact on accounting matters:

1. Name DAN DORRELL C.P.A. K. MICHAEL KANE CPA
2. Telephone (941) 385-1577 (941) 465-1124

C. Location of books and records Sebring, FLORIDA

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

Date last filed 1994

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)

	19 <u>94</u>	19 <u>93</u>
1. Water		
Cost of Plant In Service:	\$ <u>N/A</u>	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ _____	\$ _____

2. Sewer	19 <u>94</u>	19 <u>93</u>
Cost of Plant In Service:	\$ <u>289,305</u>	\$ <u>289,305</u>
Less Accumulated Depreciation:	<u>27,232</u>	<u>19,799</u>
Less Contributed Plant:	<u>1,971</u>	<u>1820</u>
Net Owner's Investment:	\$ <u>260,302</u>	\$ <u>267,686</u>

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

1. Water	19 <u> </u>	19 <u> </u>
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. Sewer

1997

1993

Revenues (By Class):

a. <u>RESIDENTIAL</u>	\$ <u>67,912</u>	\$ <u>59,474</u>
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ <u>67,912</u>	\$ <u>59,474</u>

Less Expenses:

a. Salaries & Wages - Employees	\$ <u>3,191</u>	\$ _____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>27,000</u>	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Sewage Treatment	_____	_____
e. Sludge Removal Expense	<u>245</u>	<u>391</u>
f. Purchased Power	<u>9,974</u>	<u>6,126</u>
g. Fuel for Power Production	_____	_____
h. Chemicals	<u>760</u>	<u>820</u>
i. Materials & Supplies	<u>2,371</u>	<u>4,125</u>
j. Contractual Services	<u>5,510</u>	<u>6,218</u>
k. Rents	_____	<u>69</u>
l. Transportation Expenses	_____	_____
m. Insurance Expense	<u>524</u>	<u>524</u>
n. Regulatory Commission Expense	_____	_____
o. Bad Debt Expense	_____	_____
p. Miscellaneous Expense	_____	_____
q. Depreciation Expense	<u>7,384</u>	<u>7,384</u>
r. Property Taxes	_____	_____
s. Other Taxes	<u>5,044</u>	<u>7,897</u>
t. Income Taxes	_____	_____
Operating Income (Loss)	\$ <u>10,272</u> 1	\$ <u>25,900</u> 1

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	<u>FAIRMOUNT MURKLEST.</u>	_____	<u>19,550</u>	<u>10%</u>	_____
2.	<u>RODGER MILLER</u>	_____	<u>231,107</u>	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

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

III. Engineering Data

A. Outside Engineering Consultant:

1. Name Jeff Kennedy
2. Firm Kennedy Lynch + Associates, Inc.
3. Address P.O. Box 380, AVON PARK, FLORIDA 32825
4. Telephone (941) 465-0794

B. Individual to contact on engineering matters:

1. Name Jeff Kennedy
2. Telephone (941) 465-0794

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

NO

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

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

THOMAS SPKANE "C" 4196
Rodger RIVERA "C" 236

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 existing 35,000
under construction N/A proposed N/A

2. Type and make of present treatment facilities EXTENDED AIR

3. Approximate average daily flow of treatment plant effluent _____

4. Approximate length of sewer mains:

Size (diameter)	<u>8"</u>	<u>6"</u>	<u>4"</u>	_____	_____
Linear feet	<u>610</u>	<u>2020</u>	<u>1200</u>	_____	_____

5. Number of manholes 46

6. Number of liftstations _____

7. How do you measure treatment plant effluent? _____

8. Is the treatment plant effluent chlorinated? _____ If yes, what is the normal dosage rate? _____

9. Tap in fees - Sewer \$ _____
10. Service availability fees - Sewer \$ _____
11. Note DER Treatment Plant Certificate Number and date of expiration: Number _____ Expiration Date _____
12. Total gallons treated during most recent twelve months _____
13. Sewage treatment purchased during most recent twelve months _____

H. Water

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 _____ *N/A* _____
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 DER? _____
17. Total gallons pumped during most recent twelve months W/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 RODOLFO W. MINGA _____
2. Telephone Number (971) 385-8592 _____

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

1. Water:

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

2. Sewer:

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

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

1. Water Metered	19__	19__
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
2. Water Unmetered	19__	19__
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
3. Sewer	19 ⁹⁴	19 ⁸³
a. Residential	426	426
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
<u>COMMERCIAL</u>	2	426

V Affirmation

I, ROGER E. MILLER 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 *Roger E Miller*
 Title *DIVISION*

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.

State of Florida

Commissioners:
SUSAN F. CLARK, CHAIRMAN
J. TERRY DEASON
JULIA L. JOHNSON
DIANE K. KIESLING
JOE GARCIA



DIVISION OF RECORDS &
REPORTING
BLANCA S. BAYO
DIRECTOR
(904) 413-6770

Public Service Commission

August 16, 1995

Mr. Roger E. Miller
Fairmount Utilities, the 2nd, Inc.
Post Office Box 548
Sebring, Florida 33871-0548

Dear Mr. Miller:

RE: Docket No. 950967-SU
Application for staff-assisted rate case in Highlands County by Fairmount
Utilities, the 2nd, Inc.

This will acknowledge receipt of an application for an application for staff-assisted rate case
in Highlands County, which has been filed as of August 15, 1995.

Appropriate staff members will be advised.

by: M. Sanders