

FLORIDA PUBLIC SERVICE COMMISSION

96 0145-WU

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility HOLMES CREEK WATER UTILITIES

B. Address 1930 SUGAR DOLL RD.  
VERNON, FL. 32460

1. Telephone Nos. (904) 535-2912

2. County WASH. Nearest city VERNON, FL.

3. General area served HOLMES CREEK CAMP SITE

Authority:

1. Water Certificate No. 538-W Date received 2/24/92

2. Sewer Certificate No. N/A Date received N/A

3. Date utility started operations: Water 8/2/91 Sewer N/A

D. How system was acquired TRADED CAR (1961) FOR SYSTEM 8/2/91

If utility was purchased, give date \_\_\_\_\_ Amount Paid \_\_\_\_\_

1. Name of Seller RONALD C. & FLORENCE H. STRICKLAND

2. Was seller affiliated with present owners? NO

3. Did you purchase: Stock NO or assets only \_\_\_\_\_

Type of legal entity: Corporation, Partnership or Sole

Proprietorship PROPRIETORSHIP

Ownership & Officers:

	Name	Title	Percent Ownership
1.	<u>RICHARD DEERSON, Sr.</u>	<u>OWNER &amp; OPERATOR</u>	<u>100%</u>
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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Division of Water and Wastewater

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G. List of Associated Companies and Addresses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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):

"ND"  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Accounting Data

A. Outside Accountant

1. Name \_\_\_\_\_
2. Firm \_\_\_\_\_
3. Address \_\_\_\_\_
4. Telephone (\_\_\_\_) \_\_\_\_\_

N/A

B. Individual to contact on accounting matters:

1. Name RICHARD OR GLORIA JETERSON
2. Telephone (Area) 535-2912

C. Location of books and records 4930 SUGAR DOLL RD.

D. Have you filed an Annual Report with the Commission? YES  
Date last filed 2/6/95

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

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

	1994	1995
1. Water		
Cost of Plant In Service:	\$ <u>7,132.00</u>	\$ <u>7,132.00</u>
Less Accumulated Depreciation:	<u>4,029.96</u>	<u>4,320.88</u>
Less Contributed Plant:	<u>(1,875.81)</u>	<u>(1,479.90)</u>
Net Owner's Investment:	\$ <u>1,232.23</u>	\$ <u>1,322.22</u>

2. Sewer	19__	19__
Cost of Plant In Service:	\$ _____	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ _____	\$ _____

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

1. Water	19 <u>94</u>	19 <u>95</u>
Revenues (By Class):		
a. _____	\$ _____	\$ _____
b. _____	_____	_____
c. <u>Class: "C"</u>	<u>7,372.20</u>	<u>6,527.98</u>
Total Operating Revenues:	\$ <u>7,372.20</u>	\$ <u>6,527.98</u>
Less Expenses:		
a. Salaries & Wages - Employees	\$ _____	\$ _____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>1,800.00</u>	<u>1,800.00</u>
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	<u>932.59</u>	<u>1,125.99</u>
f. Fuel for Power Production	_____	_____
g. Chemicals	<u>400.86</u>	<u>302.30</u>
h. Materials & Supplies	<u>1,004.12</u>	<u>207.59</u>
i. Contractual Services	_____	<u>1,225.00</u>
j. Rents	_____	_____
k. Transportation Expenses	<u>1,954.12</u>	<u>2,192.22</u>
l. Insurance Expense	_____	_____
m. Regulatory Commission Expense	_____	<u>322.00</u>
n. Bad Debt Expense	_____	_____
o. Miscellaneous Expense	<u>2,260.83</u>	<u>503.97</u>
p. Depreciation Expense	<u>296.32</u>	<u>296.32</u>
q. Property Taxes	<u>41.54</u>	<u>57.13</u>
r. Other Taxes	_____	_____
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ <u>8,690.38</u>	\$ <u>8,032.52</u>





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 RICHARD PETERSON
2. Telephone (904) 535-2912

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. \_\_\_\_\_

N/A

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

RICHARD PETERSON CERT. # 003694

F. Is the utility serving customers outside of its certificated area? \_\_\_\_\_

"NO"

If yes, explain. \_\_\_\_\_

G. Wastewater: \_\_\_\_\_

N/A

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 sewer 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? \_\_\_\_\_ 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 N/A proposed N/A
2. Type of treatment CHLORINATOR
3. Approximate average daily flow of treated water 3.120
4. Source of water supply WELLS (TWO)
5. Types of chemicals used and their normal dosage rates CHLORINE 1/2 PPM = 1 GALS CL<sub>2</sub> TO 5 GALS H<sub>2</sub>O
6. Number of wells in service 2 Total capacity in gallons per minute (gpm) 60

Diameter/Depth	<u>4" / 65'</u>	<u>4" / 130'</u>	_____
Motor horsepower	_____	_____	_____
Pump capacity (gpm)	<u>30</u>	<u>30</u>	_____
7. Reservoirs and/or hydropneumatic tanks:

Description	<u>#1 STEEL</u>	<u>#2 STEEL</u>	_____
Capacity	<u>500 GALS.</u>	<u>500 GALS.</u>	_____
8. High service pumping:
 

Motor horsepower	<u>#1 (1)</u>	<u>#2 (1)</u>	_____
Pump capacity (gpm)	<u>30</u>	<u>30</u>	_____
9. How do you measure treatment plant production? METERS
10. Approximate feet of water mains:
 

Size (diameter)	<u>2"</u>	<u>1 1/2"</u>	_____
Linear feet	<u>8,250'</u>	<u>2,150'</u>	_____

11. Note any fire flow requirements and imposing government agency N/A
12. Number of fire hydrants in service "NONE"
13. Do you have a meter change out program? N/A
14. Meter installation or tap in fees - Water \$ N/A
15. Service availability fees - Water \$ N/A
16. Has the existing treatment facility been approved by DER? YES
17. Total gallons pumped during most recent twelve months 871,440
18. Total gallons sold during most recent twelve months UNKNOWN  
\* HAD A FEW WATER BREAK DURING THE YEAR
19. Gallons unaccounted for during most recent twelve months UNKNOWN
20. Gallons purchased during most recent twelve months N/A

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name RICHARD PETERSON
2. Telephone Number (904) 535-2912

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

"FEET RATE"	
	#10.79 PER MONTH
CAMPER	#6.76 " "
VARIANT LOTS	#2.69 " "

2. Sewer:

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

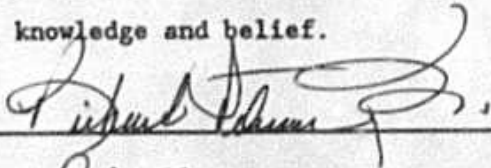
N/A

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

1. Water Metered	19__	19__
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
	N/A	
2. Water Unmetered	19 <sup>94</sup>	19 <sup>95</sup>
a. Residential	29	25
b. General Service	33	37
c. Special Contract	61	45
d. Other - specify	_____	_____
	CAMPEE VACANT	
3. Sewer	19__	19__
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
	N/A	

V Affirmation

I, RICHARD PETERSON, Sr. 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 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.