

KSRU

Keen Sales, Rentals and Utilities, Inc.

685 Dyson Road
Haines City, FL 33844
Business Phone 941-421-6827

August 4, 2000

Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

001118-WU

RE: Staff Assisted Rate Case - Keen Sales, Rentals and Utilities, Inc.
D/B/A - Sunrise Water Company

To Whom It May Concern:

Enclosed please find our application for the above.

If you have any questions, please feel free to contact us.

We look forward to hearing from you soon.

Sincerely,


J. Ray Keen
President

JRK/mmc

Enclosure

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FLORIDA PUBLIC SERVICE COMMISSION

DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

KEEN SALES, RENTALS AND UTILITIES, INC.

A. Name of utility D/B/A SUNRISE WATER COMPANY

B. Address 685 DYSON ROAD
HAINES CITY, FLORIDA 33844

1. Telephone Nos. (863) 421-6827

2. County POLK Nearest city AUBURNDALE

3. General area served SUN ACRES SUBDIVISION

C. Authority:

1. Water Certificate No. 582-W Date received AMENDMENT TO BE RECEIVED

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

3. Date utility started operations: Water 4/1999 Sewer N/A

D. How system was acquired DIRECT PURCHASE

If utility was purchased, give date 6/2000 Amount Paid \$100,000.00

1. Name of Seller WHITING WATER WORKS D/B/A SUNRISE WATER COMPANY

2. Was seller affiliated with present owners? NO

3. Did you purchase: Stock _____ or assets only XXX

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

Proprietorship CORPORATION

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	<u>J. RAY KEEN</u>	<u>PRESIDENT</u>	<u>50%</u>
2.	<u>EARLENE KEEN</u>	<u>VICE-PRESIDENT</u>	<u>50%</u>
3.	_____	_____	_____
4.	_____	_____	_____

G. List of Associated Companies and Addresses:

1. KEEN SUBDIVISIONS - 685 DYSON ROAD - HAINES CITY, FL 33844
2. LAKE REGION PARADISE ISLAND - 685 DYSON ROAD - HAINES CITY, FL 33844
3. ALTURAS WATER WORKS - ;685 DYSON ROAD - HAINES CITY, FL 33844

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 G. STEVE HERMAN
2. Firm HUNTER & HERMAN
3. Address 399 - 6TH STREET - WINTER HAVEN, FLORIDA 33880
4. Telephone (863) 421-6827

B. Individual to contact on accounting matters:

1. Name EARLENE KEEN/AMANDA CHAMBERS
2. Telephone (863) 421-6827

C. Location of books and records 685 DYSON ROAD - HAINES CITY, FL 33844

D. Have you filed an Annual Report with the Commission? YES
 Date last filed 1-1-2000

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)

1. Water	19__	1999
Cost of Plant In Service:	\$ <u>N/A</u>	\$ <u>100,548.00</u>
Less Accumulated Depreciation:	<u>N/A</u>	<u>8,766.00</u>
Less Contributed Plant:	<u>N/A</u>	<u>-0-</u>
Net Owner's Investment:	\$ <u><u>N/A</u></u>	\$ <u><u>91,782.00</u></u>

2. Sewer	N/A	19__	19__99
Cost of Plant In Service:		\$ _____	\$ _____
Less Accumulated Depreciation:		_____	_____
Less Contributed Plant:		_____	_____
Net Owner's Investment:		\$ <u>_____</u>	\$ <u>_____</u>

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

1. Water		19 N/A	19__99
Revenues (By Class):			
a. CLASS "C"		\$ _____	\$ 26,700.42
b. _____		_____	_____
c. _____		_____	_____
Total Operating Revenues:		\$ _____	\$ 26,700.42
Less Expenses:			
a. Salaries & Wages - Employees		\$ _____	\$ 3,453.39
b. Salaries & Wages - Officers, Directors, & Majority Stockholders		_____	-0-
c. Employee Pensions & Benefits		_____	N/A
d. Purchased Water		_____	N/A
e. Purchased Power		_____	2,331.40
f. Fuel for Power Production		_____	N/A
g. Chemicals		_____	N/A
h. Materials & Supplies		_____	1,709.00
i. Contractual Services		_____	4,636.56
j. Rents		_____	N/A
k. Transportation Expenses		_____	1,284.59
l. Insurance Expense		_____	818.67
m. Regulatory Commission Expense		_____	1,951.51
n. Bad Debt Expense		_____	115.84
o. Miscellaneous Expense		_____	73,972.94
p. Depreciation Expense		_____	8,766.00
q. Property Taxes		_____	32.56
r. Other Taxes		_____	N/A
s. Income Taxes		_____	N/A
Operating Income (Loss)		\$ <u>_____</u>	\$ (72,375.04)

2. Sewer	N/A	19__	19__
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 Sewage 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)		\$ _____	\$ _____

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	GRACE ROBERTS	3-1-99	11,029.98	10.00	2/2004
2.	JACOB HOFF	3-1-99	4,412.07	10.00	2/2004
3.	RAY KEEN	3-1-99	26,854.80	8.00	2/2004
4.	WHITING WATER WKS.	2/23-99	37,793.69	8.00	12/2004

I. Indicate Type of Tax Return Filed:

_____	Form 1120 - Corporation
<u>XXX</u>	Form 1120S - Subchapter S Corporation
_____	Form 1065 - Partnership
_____	Form 1040 - Schedule C - Individual (Proprietorship)

III. Engineering Data

A. Outside Engineering Consultant:

- 1. Name N/A
- 2. Firm _____
- 3. Address _____
- 4. Telephone (____) _____

B. Individual to contact on engineering matters:

- 1. Name J. RAY KEEN
- 2. Telephone (863) 421-6827

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. TRI-FLORIDA WATER
c 8141 C7525

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 UNKNOWN
 _____ under construction N/A proposed N/A
2. Type of treatment CHOLRINE
3. Approximate average daily flow of treated water UNKNOWN
4. Source of water supply WELL
5. Types of chemicals used and their normal dosage rates _____
CHOLRINE - 2 parts per million
6. Number of wells in service 2 Total capacity in gallons per
 minute (gpm) 350/100
 Diameter/Depth 6" / 4" _____ / _____
 Motor horsepower 25 7 _____
 Pump capacity (gpm) 350 100 _____
7. Reservoirs and/or hydropneumatic tanks:

Description	<u>STEEL</u>	<u>STEEL</u>	
Capacity	<u>6,000</u>	<u>3,000</u>	
8. High service pumping: N/A
 Motor horsepower _____
 Pump capacity (gpm) _____
9. How do you measure treatment plant production? FLO-METER
10. Approximate feet of water mains: UNKNOWN
 Size (diameter) _____
 Linear feet _____

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? YES
14. Meter installation or tap in fees - Water \$ WAIVED-NOT NEEDED
15. Service availability fees - Water \$ 50.00
16. Has the existing treatment facility been approved by DER?
YES
17. Total gallons pumped during most recent twelve months 19,588,578
18. Total gallons sold during most recent twelve months 19,204,490
19. Gallons unaccounted for during most recent twelve months 384,088
20. Gallons purchased during most recent twelve months -0-

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name J. RAY KEEN/AMANDA M. CHAMBERS
2. Telephone Number (863) 421-6827

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

1. Water:

- a. Residential Water 8.85/1ST 5,000 GALLONS/1.31 EACH 1,000
- b. General Service _____
- c. Special Contract _____
- d. Other _____

2. Sewer:


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

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

1. Water Metered	19	N/A	19__	99
a. Residential	_____		_____	282
b. General Service	_____		_____	
c. Special Contract	_____		_____	
d. Other - specify	_____		_____	
2. Water Unmetered	N/A	19__	19__	
a. Residential	_____		_____	
b. General Service	_____		_____	
c. Special Contract	_____		_____	
d. Other - specify	_____		_____	
3. Sewer	N/A	19__	19__	
a. Residential	_____		_____	
b. General Service	_____		_____	
c. Special Contract	_____		_____	
d. Other - specify	_____		_____	

V Affirmation

I, J. RAY KEEN 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 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.