



ORIGINAL

2002 JUN 24 AM 10: 37

June 19, 2002

DEPARTMENT OF
COMPETITIVE SERVICES

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

020560 - Su

Enclosed is the Staff Assisted Rate Case application for Haselton Village in Eustis, Florida. If you have any questions regarding this application please contact me at:

Chateau Communities, Inc.
8805 Crown Blvd.
Tampa, FL 33615
Attn: Judy Lounsberry

Or by phone at 813-594-0013 X21.

Thank you for your assistance.

Sincerely,

Judy Lounsberry
Judy Lounsberry
Regional Manager

REGULATION

REGULATION
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DISTRIBUTION CENTER

ORIGINAL

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility Haselton Village Utility

B. Address 14 Carol Street, Eustis, Florida 32726

1. Telephone Nos. (352) 589-1190

2. County Lake Nearest City Leesburg

3. General area served Haselton Village Mobile Home Park

C. Authority:

1. Water Certificate No 518-W Date Received _____

2. Wastewater Certificate No. _____ Date Received _____

3. Date utility started operations: Water _____ Wastewater _____

D. How system was acquired Purchased

If utility was purchased, give date 8/3/01 Amount Paid _____

1. Name of Seller CWS Communities L.P.

2. Was seller affiliated with present owners? NO

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

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

F. Ownership & Officers:

| Name | Title | Percent Ownership |
|-----------------------|-------------------------|-------------------|
| 1. Gary P. McDaniel | Chief Executive Officer | |
| 2. Rees F. Davis, Jr. | Chief Operating Officer | |
| 3. Tamara D. Fischer | Chief Financial Officer | |
| 4. C. G. Kellogg | President | |

G. List of Associated Companies and Addresses:

- 1. _____
- 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 Sid Swale
- 2. Firm Tattersall & Tattersall
- 3. Address 333 N. Ferncreek Avenue, Orlando, Florida 32803
- 4. Telephone (407) 894-2272

B. Individual to contact on accounting matters:

- 1. Name Rise Reno
- 2. Telephone (303) 741-3707

C. Location of books and records Haselton Village

D. Have you filed an Annual Report with the Commission? Yes
Date Last Filed 5/30/02

E. Has your latest regulatory assessment fee payment been made? _____

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

| | | |
|--------------------------------|----------|----------|
| 1. Water | 20__ | 20__ |
| Cost of Plant In Service: | \$ _____ | \$ _____ |
| Less Accumulated Depreciation: | _____ | _____ |
| Less Contributed Plant: | _____ | _____ |
| Net Owner's Investment: | \$ _____ | \$ _____ |

| | | |
|--------------------------------|----------|----------|
| 2. Wastewater | 20__ | 20__ |
| Cost of Plant In Service. | \$ _____ | \$ _____ |
| Less Accumulated Depreciation: | _____ | _____ |
| Less Contributed Plant: | _____ | _____ |
| New Owner's Investment: | \$ _____ | \$ _____ |

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

| | | |
|--|------------|-----------|
| 1. Water | 2001 | 2000 |
| Revenues (By Class): | | |
| a. Residential | \$ 16,255 | \$ 18,987 |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| Total Operating Revenues: | \$ 16,255 | \$ 18,987 |
| Less Expenses: | | |
| a. Salaries & Wages - Employees | _____ | _____ |
| b. Salaries & Wages - Officers, Directors, & Majority Stockholders | _____ | _____ |
| c. Employee Pensions & Benefits | _____ | _____ |
| d. Purchased Water | _____ | _____ |
| e. Purchased Power | 4,877 | 2,142 |
| f. Fuel for Power Production | _____ | _____ |
| g. Chemicals | 683 | 1,090 |
| h. Materials & Supplies | _____ | _____ |
| i. Contractual Services | 4,260 | 3,200 |
| j. Rents | _____ | _____ |
| k. Transportation Expenses | _____ | _____ |
| l. Insurance Expense | 223 | 177 |
| m. Regulatory Commission Expense | _____ | _____ |
| n. Bad Debt Expense | _____ | _____ |
| o. Miscellaneous Expense | 125 | 3,457 |
| p. Depreciation Expense | _____ | _____ |
| q. Property Taxes | _____ | _____ |
| r. Other Taxes | _____ | _____ |
| s. Income Taxes | _____ | _____ |
| Operating Income (Loss) | \$ (2,627) | \$ (222) |

| | | |
|--|----------|----------|
| 2. Wastewater | 20__ | 20__ |
| 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 Wastewater 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. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |

I. Indicate Type of Tax Return Filed:

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

III. Engineering Data

A. Outside Engineering Consultant:

- 1. Name Julian R. Coto, P.E., D.E.E.
- 2. Firm Excel Engineering Consultants, Inc.
- 3. Address 122 Wilshire Blvd., Casselberry, Florida 32707
- 4. Telephone (407) 260-2292

B. Individual to contact on engineering matters:

- 1. Name Robert Munro
- 2. Telephone (407) 341-0053

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

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

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

Gene Henderson - Southeast Utilities 0000053

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 _____
under construction _____ proposed _____

- 2. Type and make of present treatment facilities _____

- 3. Approximate average daily flow of treatment plant effluent _____

- 4. Approximate length of wastewater 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 - Wastewater \$ _____
- 10. Service availability fees - Wastewater \$ _____
- 11. Note DEP Treatment Plant Certificate Number and date of expiration: Number _____
Expiration Date _____
- 12. Total gallons treated during most recent twelve months _____
- 13. Wastewater treatment purchased during most recent twelve months _____

H. Water

- 1. Gallons per day capacity of treatment facilities existing 50,000 under construction _____ proposed _____
- 2. Type of treatment Chlorinator
- 3. Approximate average daily flow of treated water _____
- 4. Source of water supply Ground
- 5. Types of chemicals used and their normal dosage rates _____

6. Number of wells in service 2 Total capacity in gallons per minute (gpm) 75

| | | | |
|---------------------|------------------|------------------|---------------|
| Diameter/Depth | <u>4" / 200'</u> | <u>6" / 310'</u> | _____ / _____ |
| Motor horsepower | <u>8</u> | <u>20</u> | _____ |
| Pump capacity (gpm) | <u>30</u> | <u>45</u> | _____ |

7. Reservoirs and/or hydropneumatic tanks:

| | | | |
|-------------|--------------|--------------|-------|
| Description | <u>Steel</u> | <u>Steel</u> | _____ |
| Capacity | <u>3,500</u> | <u>3,500</u> | _____ |

8. High service pumping:

| | | | | |
|---------------------|------------|------------|-------|-------|
| Motor horsepower | <u>8</u> | <u>20</u> | _____ | _____ |
| Pump capacity (gpm) | <u>200</u> | <u>200</u> | _____ | _____ |

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 10

- 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 DEP? _____
- 17. Total gallons pumped during most recent twelve months _____
- 18. Total gallons sold during most recent twelve months 15,866
- 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 Rise Reno
- 2. Telephone Number (303) 741-3707

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

- 1. Water:
 - a. Residential Water \$7.00 occupied site/\$3.00 unoccupied site
 - b. General Service _____
 - c. Special Contract _____
 - d. Other - Specify _____
- 2. Wastewater
 - a. Residential Wastewater _____
 - b. General Service _____
 - c. Special Contract _____
 - d. Other - Specify _____

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

| | | |
|---------------------|-------------|-------------|
| 1. Water Metered | <u>2001</u> | <u>2000</u> |
| a. Residential | <u>149</u> | <u>149</u> |
| b. General Service | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |
| 2. Water Unmetered | <u>2001</u> | <u>2000</u> |
| a. Residential | <u>143</u> | <u>143</u> |
| b. General Service | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify | _____ | _____ |

| | | |
|----------------------------|-------|-------|
| 3. Wastewater | 20__ | 20__ |
| a. Residential - Metered | _____ | _____ |
| b. Residential - Unmetered | _____ | _____ |
| c. General Service | _____ | _____ |
| d. Special Contract | _____ | _____ |
| e. Other - Specify | _____ | _____ |

V. Affirmation

I, _____ 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 Judy Lumberg
 Title Regional Manager

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.