

ORIGINAL

State of Florida



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

RECEIVED-FPSC
MAR 26 AM 11:35

COMMISSION
CLERK

DATE: March 24, 2004
TO: Tampa District Office (Rohrbacher)
FROM: Denise N. Vandiver; Division of Auditing and Safety *DN*
RE: **Docket No.** 040254-WU; **Utility Name:** Keen Sales, Rentals and Utilities, Inc.;
Audit Request: Determine Eligibility for Staff Assistance;
Audit Control No. 04-084-2-1

Complete the attached form for determining eligibility for staff assistance (Audit Control No. 04-084-2-1) and mail under a transmittal letter to Marshall Willis, Division of Economic Regulation, with a copy to me no later than April 5, 2004.

By copy of this memorandum, I request that Joe Rohrbacher be added to the CASR distribution list.

Attachment

cc: Office of Public Counsel
Division of Commission Clerk and Administrative Services (Wang)
Division of Economic Regulation (Willis)
File

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC I
OTH _____

DOCUMENT NUMBER-DATE

03974 MAR 26 3

FPSC-COMMISSION CLERK

COMPANY NAME: Keen Sales, Rentals and Utilities, Inc.

DISTRICT: Tampa

AUDITOR: Joe Rohrbacher

DOCKET NO. 040254-WU

AUDIT CONTROL NO. 04-084-2-1

SHORT FORM RATE CASE (Applicable to WAW Only)

PRELIMINARY AUDIT SCOPE

	<u>YES</u>	<u>NO</u>
(1) Does the utility have annual revenues of \$150,000 or less for each service provided or \$300,000 or less where the services are combined?	_____	_____
(2) Were the applicant's books and records organized consistent with Rule 25-30.455, Florida Administrative Code, so as to allow Commission personnel to verify cost and other relevant factors within the 30-day time frame set out in the rule?	_____	_____
(3) Is the utility current in its filing of annual reports? Date last report filed: _____	_____	_____
(4) Is the utility current in its payment of applicable gross receipt tax or assessment fees? Date of last payment? _____ Amount? _____	_____	_____
(5) Is the utility a subsidiary to a larger corporation? If yes - Name immediate parent. _____	_____	_____
(6) Is the utility included in a consolidated Federal Income Tax return? If yes - name immediate parent. _____	_____	_____
(7) Comments or other financial and accounting matters which came to the attention of the auditor during the review.		

COMPANY IDENTIFICATION

Printed on 03/24/2004 at 09:12:06 by DLV

Complete Name: Keen Sales, Rentals and Utilities, Inc.

Mailing Name: Keen Sales, Rentals and Utilities, Inc.

Company Code: WU771 FEID Number: 59-3404769

RELATED DOCKETS

040254-WU	Open	Application for staff-assisted rate increase in Polk County by Keen Sales, Rentals and Utilities, Inc.
040160-WU	Open	Application for transfer of portion of Certificate No. 582-W by Keen Sales, Rentals and Utilities, Inc. to Alturas Utilities, LLC, in Polk County.
040159-WU	Open	Application for transfer of portion of Certificate No. 582-W by Keen Sales, Rentals and Utilities, Inc. to Sunrise Utilities, LLC, in Polk County.
020516-WU	Closed	Application for staff-assisted rate case in Polk County by Keen Sales, Rentals and Utilities, Inc.
001118-WU	Closed	Application for staff-assisted rate case in Polk County by Keen Sales, Rentals and Utilities, Inc. (Sunrise Water Company).
000580-WU	Closed	Application for staff-assisted rate case in Polk County by Keen Sales, Rentals and Utilities, Inc. (Alturas Water Works).
990731-WU	Closed	Application for transfer of water facilities from Sunrise Water Company, Inc., holder of Certificate No. 584-W, to Keen Sales, Rentals and Utilities, Inc., holder of Certificate No. 582-W, in Polk County, for cancellation of Certificate No. 584-W, and for amendment of Certificate No. 582-W to include additional territory.
980751-WU	Closed	Application for name change on Certificate No. 582-W in Polk County from Keen Sales & Rentals, Inc. to Keen Sales, Rentals and Utilities, Inc.
980536-WU	Closed	Application for transfer of water facilities from Alturas Water Works to Keen Sales, Rentals and Utilities, Inc. in Polk County, cancellation of Alturas' Certificate No. 591-W, and amendment of Keen's Certificate No. 582-W to include additional territory.
970201-WU	Closed	Application for transfer of facilities of Lake Region Paradise Island and amendment of Certificate No. 582-W held by Keen Sales, Rentals and Utilities, Inc. in Polk County.
961007-WU	Closed	Application for certificate under grandfather rights to provide water service by Keen Sales & Rentals, Inc. in Polk County.

COMPANY IDENTIFICATION

Printed on 03/24/2004 at 09:12:01 by DLV

Complete Name: Keen Sales, Rentals and Utilities, Inc.

Mailing Name: Keen Sales, Rentals and Utilities, Inc.

Company Code: WU771 FEID Number: 59-3404769

MAILING INFORMATION

Attention:

Address Line 1: 685 Dyson Road

Address Line 2:

City: Haines City State: FL Zip Code: 33844-8587

E-mail Address:

Web Address:

Liaison 1: Earlene Keen

Liaison 2:

Title: President

Title:

Phone: (941) 421-6827

Phone:

E-mail:

E-mail:

Fax 1:

Fax 2:

County: 53 - Polk

KSRU

040254-WU

Keen Sales, Rentals and Utilities, Inc.

685 Dyson Road
Haines City, FL 33844
Business Phone 863-421-6827

ORIGINAL

FLORIDA PUBLIC SERVICE
04 MAR 22 AM 11:05
ECONOMIC REGULATION
DEPARTMENT OF

March 19, 2004

Ms. Troy Rendall
Florida Public Service Commission
Division of Water and Wastewater
2540 Shumard Oaks Boulevard
Tallahassee, FL 32399-0850

EPSC
04 MAR 23 AM 7:51
COMMISSION
CLERK

RE: Application for Staff Assisted Rate Case for Lake Region
Paradise Island Subdivision


Dear Troy:

Enclosed please find our application for a Staff Assisted Rate
Case for the above mentioned portion of our utility.

I am also enclosing a copy of the Annual Report for the above
utility. However, I will be filing it in conjunction with the
other three utilities by the due date.

As always, please feel free to contact me if you have any
questions.

Sincerely,



Amanda Chambers
Water Manager

AMC/me
Enclosures

DOCUMENT NUMBER-DATE

03814 MAR 23 3

EPSC-COMMISSION CLERK

G. List of Associated Companies and Addresses:

1. KEEN MOBILE HOME SUBDIVISIONS
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):

 _____ N/A _____

II. Accounting Data

A. Outside Accountant

1. Name G. STEPHEN HERMAN
2. Firm HUNTER & HERMAN, INC.
3. Address 399 SIXTH STREET, SE - WINTER HAVEN, FL 33880
4. Telephone 863, 293-3965

B. Individual to contact on accounting matters:

1. Name EARLENE KEEN
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 3/2004

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? WE FILE ANNUALLY - YES IT HAS BEEN PAID

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

1. Water	20_03	20__2002
Cost of Plant In Service:	\$ <u>33,177</u>	\$ <u>33,177</u>
Less Accumulated Depreciation:	<u>12,480</u>	<u>10,417</u>
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>20,757</u>	\$ <u>22,901</u>

2.	Wastewater	N/A	20__	20__
	Revenues (By Class):			
	a.	_____	_____	_____
	b.	_____	_____	_____
	c.	_____	_____	_____
	Total Operating Revenues:		\$ _____	\$ _____
	Less Expenses: N/A			
	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: N/A

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

- 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 unknown under construction -0- proposed -0-
- 2. Type of treatment LIQUID CHLORINE
- 3. Approximate average daily flow of treated water 34,702
- 4. Source of water supply WELL
- 5. Types of chemicals used and their normal dosage rates CHLORINE - AS
MONITORED BY OPERATOR
- 6. Number of wells in service 1 Total capacity in gallons per minute (gpm) UNKNOWN

Diameter/Depth	<u>6" / 265</u>	_____	_____
Motor horsepower	<u>25</u>	_____	_____
Pump capacity (gpm)	<u>?</u>	_____	_____
- 7. Reservoirs and/or hydropneumatic tanks:

Description	<u>STEEL</u>	_____	_____
Capacity	<u>7,500</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:

Size (diameter)	<u>6"</u>	<u>4"</u>	_____	_____
Linear feet	<u>?</u>	<u>?</u>	_____	_____
- 11. Note any fire flow requirements and imposing government agency
NONE
- 12. Number of fire hydrants in service 4

3.	Wastewater	20__	N/A	20__
	a. Residential	_____		_____
	b. General Service	_____		_____
	c. Special Contract	_____		_____
	d. Other - Specify	_____		_____

V. Affirmation

I, EARLENE 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.