



**TRANSMITTAL**

Date: September 22, 2004

To: Mr. Troy Rendell  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399

041145-WU  
L. TRIST  
009

From: Victoria Penick 

Re: Application for Staff Assisted Rate Case  
Holiday Utility Company, Inc.  
Water Certificate No: 224W  
Wastewater Certificate No: N/A

Mr. Rendell: Please find application for staff assisted rate case in regard to Holiday Utility Company, Inc. As you may be aware, this system is in process of approval of ownership transfer by your agency. However, due to current circumstances and conditions, a rate case review is imperative to the continued operation of the Utility.

Please advise if any additional documentation is required. We look forward to hearing from you.

4939 Cross Bayou Boulevard - New Port Richey, Florida 34652  
Ph: 727-848-8292 Fax: 727-848-7701

DOCUMENT NUMBER-DATE

10427 SEP 27 04

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility Holiday Utility Company, Inc.

B. Address P.O. Box 398  
New Port Richey, FL 34652

1. Telephone Nos. (727) 848-8292

2. County Pasco Nearest City Tarpon Springs

3. General area served In S.W. corner of Pasco Co. - <sup>①</sup> Westwood Area of  
Beacon Woods - <sup>②</sup> Anclote Area in General <sup>③</sup> General Area of  
Anclote - Baillios Bluff.

C. Authority:

1. Water Certificate No. 224W Date Received 7/17/75

2. Wastewater Certificate No. N/A Date Received N/A

3. Date utility started operations: Water 1969 Wastewater N/A

D. How system was acquired Purchased

If utility was purchased, give date 5/1/03 Amount Paid \$ 80,000-

1. Name of Seller Bast Mickler Estate

2. Was seller affiliated with present owners? No

3. Did you purchase: Stock  or assets only

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

F. Ownership & Officers:

<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
<u>1. Holiday Waternworks Corp.</u>	<u>Parent Co.</u>	<u>100%</u>
<u>2. Gary Deremer</u>	<u>Pres</u>	<u>100% via Holiday Waternworks Corp.</u>
<u>3. Victoria Penick</u>	<u>Sec/Treas</u>	<u>Ø</u>
<u>4.</u>		

G. List of Associated Companies and Addresses:

1. Holiday Waterworks Corporation - Parent - P.O. Box 828  
New Port Richey, FL 34602
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 Jack Baillie, CPA
2. Firm J. S. Baillie, CPA
3. Address 2153 Grant Blvd., Holiday, FL 34690
4. Telephone (727) 937-6650

B. Individual to contact on accounting matters:

1. Name Victoria Pearce
2. Telephone (727) 848-8292

C. Location of books and records U.S. Water Services Corporation  
4939 Cross Bayou Blvd, NPR, FL 34652

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

Date Last Filed AR-2003 / Filed 4/04

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)

1. Water	★ 20 <u>03</u>	20 <u>02</u>
Cost of Plant In Service:	\$ <u>268,457</u>	\$ <u>250,234</u>
Less Accumulated Depreciation:	<u>230,914</u>	<u>233,378</u>
Less Contributed Plant:	<u>12,489</u>	<u>Ø</u>
Net Owner's Investment:	\$ <u>25,054</u>	\$ <u>16,856</u>

★ As Adjusted by PSC Staff Doc. No. 030458 - LWR 6/30/03

2. Wastewater	20__	20__
Cost of Plant In Service:	\$ <u>N/A</u>	\$ <u>N/A</u>
Less Accumulated Depreciation:	<u>                    </u>	<u>                    </u>
Less Contributed Plant:	<u>                    </u>	<u>                    </u>
New Owner's Investment:	\$ <u>                    </u>	\$ <u>                    </u>

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

1. Water	20 <u>03</u>	20 <u>02</u> *
Revenues (By Class):		
a. <u>Residential</u>	\$ <u>46,065</u>	\$ <u>42,721</u>
b. <u>Commercial</u>	<u>6,574</u>	<u>5,933</u>
c. <u>Public Authority &amp; Fire Protection</u>	<u>4,135</u>	<u>2,133</u>
Total Operating Revenues:	\$ <u>56,774</u>	\$ <u>50,787</u>
Less Expenses:		
a. Salaries & Wages - Employees	<u>7,518</u>	<u>12,250</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>12,800</u>	<u>Ø</u>
c. Employee Pensions & Benefits	<u>Ø</u>	<u>Ø</u>
d. Purchased Water	<u>Ø</u>	<u>Ø</u>
e. Purchased Power	<u>(2,221)</u>	<u>7,396</u>
f. Fuel for Power Production	<u>Ø</u>	<u>Ø</u>
g. Chemicals	<u>Ø</u>	<u>Ø</u>
h. Materials & Supplies	<u>2,114</u>	<u>Ø</u>
i. Contractual Services	<u>41,897</u>	<u>27,107</u>
j. Rents	<u>12,176</u>	<u>Ø</u>
k. Transportation Expenses	<u>Ø</u>	<u>526</u>
l. Insurance Expense	<u>1,998</u>	<u>2,013</u>
m. Regulatory Commission Expense	<u>2,555</u>	<u>Ø</u>
n. Bad Debt Expense	<u>121</u>	<u>Ø</u>
o. Miscellaneous Expense	<u>9,771</u>	<u>2,262</u>
p. Depreciation Expense	<u>6,205</u>	<u>6,256</u>
q. Property Taxes	<u>321</u>	<u>Ø</u>
r. Other Taxes	<u>150</u>	<u>3,424</u>
s. Income Taxes	<u>Ø</u>	<u>Ø</u>
Operating Income (Loss)	\$ <u>101,847</u>	\$ <u>61,224</u>

\* P/Annual Report filed by previous owners.

2.	Wastewater	20__	20__
	Revenues (By Class):		
	a. _____	N/A	N/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:

Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1. <u>Holiday Waterworks</u>	<u>Vendor 2003</u>	<u>15,168</u>	<u>Ø</u>	<u>Rental Due - wheel Property</u>
2. <u>Newman, CPA</u>	<u>" 2002</u>	<u>1,750</u>	<u>Ø</u>	<u>Accounting Fees</u>
3. <u>U.S. Water Service</u>	<u>" 2003</u>	<u>19,424</u>	<u>Ø</u>	<u>Operating - Maint - Billing/Collection</u>
4. <u>Misc Payables</u>	<u>2003</u>	<u>4,992</u>	<u>Ø</u>	<u>Misc Vendors</u>

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 Mo Kader, P.E.
2. Firm U.S. Water Services Corporation
3. Address 4939 Cross Bayon Boulevard, NPR, FL 34652
4. Telephone (727) 848-8292

B. Individual to contact on engineering matters:

1. Name Mo Kader, P.E.
2. Telephone (727) 848-8292

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

NO

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

- ① Meters / Replacement      ② Unaccounted For water      ③ Well Rehabilitation  
50+ Meters Replaced to date      Line + well Repairs      Rehabed well heads

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

U.S. Water Services Corporation + Assigned licensed operators.

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

If yes, explain Amended certificate in process.

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 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 145,000 gpd under construction \_\_\_\_\_ proposed 1.23 mgd
2. Type of treatment Chlorine.
3. Approximate average daily flow of treated water 102,950
4. Source of water supply 5 ground water wells
5. Types of chemicals used and their normal dosage rates Chlorine @ 4 mg P/Ltr
6. Number of wells in service 4 Total capacity in gallons per minute (gpm) 400-460 gpm

	①	②	③	④	⑤
Diameter/Depth	8" x 65'	6" x 100'	6" x 45'	4" x 39'	6" x Unknown
Motor horsepower	15 hp	2" Sub pump	2" s.p.	2" s.p.	0
Pump capacity (gpm)	250	50-40	50-70	50-70	Stability Only
7. Reservoirs and/or hydropneumatic tanks:

Description	Steel/Ground	Steel/Ground	_____
Capacity	15,000	15,000	_____
8. High service pumping:

none

Motor horsepower	_____	_____	_____	_____
Pump capacity (gpm)	_____	_____	_____	_____
9. How do you measure treatment plant production? Wells are metered.
10. Approximate feet of water mains:

Size (diameter)	2"	2 1/2"	3"	6"
Linear feet	Unknown	Unknown	Unknown	Unknown
11. Note any fire flow requirements and imposing government agency Partial Fire Protection provided by Public Utility - @ 500 gpm - residential
12. Number of fire hydrants in service 4

13. Do you have a meter change out program? Yes
14. Meter installation or tap in fees - Water \$ 5/8" @ \$200 → up to 6" @ \$10,000
15. Service availability fees - Water \$ 5/8" @ \$5.37 up to 6" @ \$269<sup>14</sup> Base Fee
16. Has the existing treatment facility been approved by DEP? Yes
17. Total gallons pumped during most recent twelve months 37,577,000 2003
18. Total gallons sold during most recent twelve months 25,063,000 2003
19. Gallons unaccounted for during most recent twelve months 12,514,000 2003
20. Gallons purchased during most recent twelve months 0

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Victoria Penick - U.S. Water Service Corporation
2. Telephone Number (227) 848-8192

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

1. Water:

a. Residential Water	<u>\$ 1.36</u>	<u>per 1,000 Gallons</u>
b. General Service	<u>"</u>	<u>"</u>
c. Special Contract	<u>"</u>	<u>"</u>
d. Other	<u>"</u>	<u>"</u>

2. Wastewater:

a. Residential Wastewater	<u>N/A</u>
b. General Service	<u>_____</u>
c. Special Contract	<u>_____</u>
d. Other	<u>_____</u>

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


	20 <u>03</u>	20 <u>02</u>
1. Water Metered		
a. Residential	<u>222</u>	<u>233</u>
b. General Service	<u>_____</u>	<u>_____</u>
c. Special Contract	<u>_____</u>	<u>_____</u>
d. Other - Specify	<u>_____</u>	<u>_____</u>
2. Water Unmetered		
a. Residential	<u>0</u>	<u>0</u>
b. General Service	<u>"</u>	<u>"</u>
c. Special Contract	<u>"</u>	<u>"</u>
d. Other - Specify	<u>"</u>	<u>"</u>



3. Wastewater	20__	20__
a. Residential	<u>n/a</u>	<u>n/a</u>
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____

V. Affirmation

I, Gay Deener 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.