

U.S. Water Services Corporation

Water and Wastewater Utility Operations, Maintenance, Engineering, Management

DISTRIBUTION CENTER
07 JUN 32 AM 8:03

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

ORIGINAL

June 28, 2007

Attn: Commission Clerk and Administrative Services

Re: Holiday Utility Company

RECEIVED-FPSC
07 JUL -2 AM 11:03
COMMISSION
CLERK

Dear Ms. Cole,

070394-WC

Please find enclosed the information for your consideration and review regarding Holiday Utility Company.

The company requests a Staff Assisted Rate Case (S.A.R.C.)

We appreciate your consideration of this information regarding Holiday Utilities and improvements to the water system.

Please contact me if you have any questions or need additional information.

Sincerely,



Joseph G. Gabay
Accounting Services Manager

Cc: Gary Deremer, President
Vickie Penick, Vice-President

DOCUMENT NUMBER-DATE
05292 JUL-26
FPSC-COMMISSION CLERK



4939 Cross Bayou Boulevard * New Port Richey, FL 34652
Phone: 727-848-8292 * Fax: 727-848-7701 * Toll Free: 866-753-8292

CUC1223914 * CGC003307 * QB26776

ORIGINAL

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
34656-0398

1. Telephone Nos. (727) 848-8292

2. County Pasco Nearest City Holiday

3. General area served Anciote and Westwood
Subdivisions Holiday, FL

C. Authority:

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

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

3. Date utility started operations: Water 7/28/69 Wastewater N/A

D. How system was acquired Purchase

If utility was purchased, give date May, 2003 Amount Paid \$80,000

1. Name of Seller 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
Corporation

F. Ownership & Officers:

<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
<u>1. Gary Dechner</u>	<u>President</u>	<u>100%</u>
<u>2. Victoria Penick</u>	<u>Admin. Services Dir.</u>	
<u>3.</u>		
<u>4.</u>		

G. List of Associated Companies and Addresses:

1. Holiday Waterworks Corporation (Parent Company)
(2010-2011)
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 Banne, Jr.
2. Firm J.S. Banne, Jr., Certified Public Accountant
3. Address 2153 Grand Blvd., Holiday, FL 34690
4. Telephone (727) 937-6650

B. Individual to contact on accounting matters:

1. Name Joe Gabay
2. Telephone (727) 848-8292 x 212

C. Location of books and records 4939 Cross Bayou Blvd, New Port Richey,

- D. Have you filed an Annual Report with the Commission? Yes
Date Last Filed 4/27/07

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	2005	2006
Cost of Plant In Service:	\$ <u>814,140</u>	\$ <u>861,230</u>
Less Accumulated Depreciation:	<u>243,903</u>	<u>265,598</u>
Less Contributed Plant:	<u>176,783</u>	<u>170,711</u>
Net Owner's Investment:	\$ <u>393,454</u>	\$ <u>424,921</u>

2. Wastewater	20 <u>05</u>	20 <u>06</u>
Cost of Plant In Service:	\$ _____	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
New Owner's Investment:	\$ <u>N/A</u>	\$ <u>N/A</u>

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

1. Water	20 <u>05</u>	20 <u>06</u>
Revenues (By Class):		
a. <u>Residential</u>	\$ <u>50,254</u>	\$ <u>86,209</u>
b. <u>Commercial</u>	<u>9,327</u>	<u>15,203</u>
c. <u>Other</u>	<u>8,370</u>	<u>9,259</u>
Total Operating Revenues:	\$ <u>69,951</u>	\$ <u>110,491</u>
Less Expenses:		
a. Salaries & Wages - Employees	_____	_____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>12,000</u>	<u>12,000</u>
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	<u>2,325</u>	<u>797</u>
e. Purchased Power	<u>5,007</u>	<u>7,098</u>
f. Fuel for Power Production	_____	_____
g. Chemicals	<u>810</u>	<u>2,092</u>
h. Materials & Supplies	<u>1,594</u>	<u>564</u>
i. Contractual Services	<u>60,243</u>	<u>92,748</u>
j. Rents	<u>1,667</u>	<u>1,710</u>
k. Transportation Expenses	_____	_____
l. Insurance Expense	<u>885</u>	<u>2,225</u>
m. Regulatory Commission Expense	<u>12,080</u>	<u>12,080</u>
n. Bad Debt Expense	_____	_____
o. Miscellaneous Expense	<u>1,078</u>	<u>3,373</u>
p. Depreciation Expense	_____	_____
q. Property Taxes	_____	_____
r. Other Taxes	_____	_____
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ <u>(27,738)</u>	\$ <u>(24,196)</u>

2.	Wastewater	20 <u>0</u> 5	20 <u>0</u> 6
	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)	\$ <u>N/A</u>	\$ <u>N/A</u>

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	Florida Capital Bank	5/23/06	311,941	7.5%	5/23/13
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 Mo Kader
2. Firm US Water Services Corp
3. Address 41939 Cross Bayou Blvd NPR, FL
4. Telephone (727) 848-8292

B. Individual to contact on engineering matters:

1. Name Mo Kader
2. Telephone (727) 848-8292 x 216

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.

None

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

Ken Martin, cert # 13237 (Class B)

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 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? N/A If yes, what is the normal dosage rate? _____
9. Tap in fees - Wastewater \$ N/A
10. Service availability fees - Wastewater \$ N/A
11. Note DEP Treatment Plant Certificate Number and date of expiration: Number _____
Expiration Date NA
12. Total gallons treated during most recent twelve months N/A
13. Wastewater treatment purchased during most recent twelve months N/A

H. Water

1. Gallons per day capacity of treatment facilities existing 98,000 under construction N/A proposed N/A
2. Type of treatment Chlorine - Westwood
Chloramine - Anclote
3. Approximate average daily flow of treated water 92,753 gpd
4. Source of water supply Ground / Ground / Purchased
5. Types of chemicals used and their normal dosage rates Sodium Hypochlorite
2.0 ppm; Chloramine - NHCL 3.0 ppm
6. Number of wells in service 4 Total capacity in gallons per minute (gpm)
82.64

Diameter/Depth	<u>8" / 65'</u>	<u>6" / 100'</u>	<u>6" / 45'</u>	<u>6" / 50'</u>
Motor horsepower	<u>15</u>	<u>5</u>	<u>5</u>	<u>5</u>
Pump capacity (gpm)	<u>210</u>	<u>40</u>	<u>45</u>	<u>50</u>

7. Reservoirs and/or hydropneumatic tanks:

Description	<u>Steel</u>	<u>Steel</u>	_____
Capacity	<u>15,000 gal</u>	<u>3,000 gal</u>	_____
8. High service pumping:

Motor horsepower	<u>N/A</u>	_____	_____	_____
Pump capacity (gpm)	_____	_____	_____	_____
9. How do you measure treatment plant production? By water meter
10. Approximate feet of water mains:

Size (diameter)	<u>Unknown - Complete Engineering Survey</u>
Linear feet	<u>and Study in Progress</u>
11. Note any fire flow requirements and imposing government agency
500 gallons / minute for 2 hours - Pasco County
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 \$ N/A
- 15. Service availability fees - Water \$ N/A
- 16. Has the existing treatment facility been approved by DEP? Yes
- 17. Total gallons pumped during most recent twelve months 33,855,128
- 18. Total gallons sold during most recent twelve months 26,966,000
- 19. Gallons unaccounted for during most recent twelve months 6,600,237
- 20. Gallons purchased during most recent twelve months 109,000

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name Joe Gabay
- 2. Telephone Number (727) 848-8297 x212

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

- 1. Water:
 - a. Residential Water See attached tariff.
 - b. General Service _____
 - c. Special Contract _____
 - d. Other _____
- 2. Wastewater:
 - a. Residential Wastewater N/A
 - b. General Service _____
 - c. Special Contract _____
 - d. Other _____

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

1. Water Metered	<u>2005</u>	<u>2006</u>
a. Residential	<u>336</u>	<u>336</u>
b. General Service	<u>2</u>	<u>2</u>
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered	<u>2005</u>	<u>2006</u>
a. Residential	<u>N/A</u>	<u>N/A</u>
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____

3. Wastewater	<u>2005</u>	<u>2006</u>
a. Residential	N/A	N/A
b. General Service	_____	_____
c. Special Contract	_____	_____
d. 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 _____
 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.

NAME OF COMPANY: HOLIDAY UTILITY COMPANY, INC.

WATER TARIFF

GENERAL SERVICE

RATE SCHEDULE GS

AVAILABILITY - Available throughout the area served by the Company.
APPLICABILITY - For water service to all Customers for which no other schedule applies.
LIMITATIONS - Subject to all of the Rules and Regulations of this tariff and General Rules and Regulations of the Commission.

BILLING PERIOD Monthly

RATE	<u>Meter Size</u>	<u>Base Facility Charge</u>
	5/8" x 3/4"	\$ 10.70
	3/4"	\$ 16.05
	1"	\$ 26.75
	1 1/2"	\$ 53.50
	2"	\$ 85.60
	3"	\$ 171.20
	4"	\$ 267.50
	6"	\$ 535.00
	<u>General Service Gallonage Charge</u>	
	Per 1,000 Gallons	\$ 3.08

MINIMUM CHARGE - Base Facility Charge

TERMS OF PAYMENT - Bills are due and payable when rendered and become delinquent if not paid within twenty (20) days. On the fifth day after mailing delinquent notice, and in accordance with Rule 25-30.320, Florida Administrative Code, if a Customer is delinquent in paying the bill for water service, service may then be discontinued.

EFFECTIVE DATE - June 1, 2006

TYPE OF FILING - Staff Assisted Rate Case

GARY DEREMER
ISSUING OFFICER

PRESIDENT
TITLE

NAME OF COMPANY: HOLIDAY UTILITY COMPANY, INC.

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