

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

**Date:** 2/9/2009      **Docket No.:** 090072-WL

**1. Division Name/Staff Name:** ECR / Rick Wright *WR*

**2. OPR:** ECR

**3. OCR:** RCP

**4. Suggested Docket Title:** Application for staff-assisted rate case in Polk County by Keen Sales, Rentals and Utilities, Inc.

COM    ECR    GCL    OPC    RCP    SSC    SGA    ADM    CLK  
|    |    |    |    |    |    |    |    |  
*ADM*

**5. Suggested Docket Mailing List (attach separate sheet if necessary)**

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

**1. Parties and their representatives (if any):**

Keen Sales, Rental and Utilities, Inc.	
Melinda (Mindy) Dunnahoe	
685 Dyson Road, Haines City, FL 33844	

**2. Interested persons and their representatives (if any):**


**6. Check one:**

- Documentation is attached.
- Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE  
00978 FEB-98

KSRU

Keen Sales, Rentals and Utilities, Inc.

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

January 15, 2009

Division of The Commission Clerk  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399

Ref: SARC

Letter of Intent

Keen Sales, Rentals and Utilities, Inc., water certificate number 582-W, is requesting an increase of rates for our "Keen Subdivisions" due to repairs and the fact that we have never had an increase in rates for this water system.

The system was developed around 1989/1990 and our company has never asked for an increase. Due to repairs over the past few years we find it necessary to request this raise.

Respectfully submitted,



Christie McCormick  
Manager



Mindy Dunnahoe  
Board Member

RECEIVED  
FLORIDA PUBLIC SERVICE  
COMMISSION  
09 JAN 29 AM 10:18  
DIVISION OF  
ECONOMIC REGULATION

Subs

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility KEEN SALES, RENTALS and UTILITIES, INC

B. Address 685 DYSON ROAD; HAINES CITY, FL. 33844

1. Telephone Nos. (863) 421-6827

2. County POLK Nearest City HAINES CITY

3. General area served KEEN SUBDIVISION (RAY KEEN ROAD; ELLISON PARKWAY; EARLENE ROAD) SEE ATTACHED DESCRIPTION

C. Authority:

1. Water Certificate No. 582-W Date Received 10/05/98

2. Wastewater Certificate No. ---- Date Received ----

3. Date utility started operations: Water 1/30/1990 Wastewater ----

D. How system was acquired BUILT WITH SUBDIVISIONS

If utility was purchased, give date ----- Amount Paid -----

1. Name of Seller -----

2. Was seller affiliated with present owners? -----

3. Did you purchase: Stock ----- or assets only -----

E. Type of legal entity: Corporation, Partnership or Sole Proprietorship  
SUB CHAPTER "S" CORPORATION

F. Ownership & Officers:

<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1. EARLENE KEEN	PRESIDENT/OWNER	100
2. BLAKE KIMBREL	VICE-PRESIDENT	0
3. MELINDA DUNNAHOE	TREASURER	0
4. SHELLY KIKER	SECRETARY	0

PSC/ECR 2 (Rev. 3/02)

DOCUMENT NUMBER-DATE

00978 FEB-98

FPSC-COMMISSION CLERK

G. List of Associated Companies and Addresses:

1. LAKE REGION PARADISE ISLAND 547 P/I DR., HAINES CITY, FL
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 STEVEN HERMAN CPA
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 MELINDA (MINDY) DUNNAHOE
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 2008

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>0</u> 6	20 <u>0</u> 7
Cost of Plant In Service:	\$ <u>90127</u>	\$ <u>90127</u>
Less Accumulated Depreciation:	<u>52410.</u>	<u>57482.</u>
Less Contributed Plant:	<u>0</u>	<u>0</u>
Net Owner's Investment:	\$ <u>37,717.</u>	\$ <u>32,645.</u>

2. Wastewater

Cost of Plant In Service:

Less Accumulated Depreciation:

Less Contributed Plant:

New Owner's Investment:

	20__	20__
\$	<del>_____</del>	<del>_____</del>
	<del>_____</del>	<del>_____</del>
	<del>_____</del>	<del>_____</del>
\$	<del>_____</del>	<del>_____</del>

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

1. Water

Revenues (By Class):

a. RESIDENTIAL

b. \_\_\_\_\_

c. \_\_\_\_\_

Total Operating Revenues:

	20 <u>06</u>	20 <u>07</u>
\$	<u>41625.</u>	<u>40842.</u>
	_____	_____
	_____	_____
\$	<u>41625.</u>	<u>40842.</u>

Less Expenses:

a. Salaries & Wages - Employees

b. Salaries & Wages - Officers,  
Directors, & Majority  
Stockholders

c. Employee Pensions & Benefits

d. Purchased Water

e. Purchased Power

f. Fuel for Power Production

g. Chemicals

h. Materials & Supplies

i. Contractual Services

j. Rents

k. Transportation Expenses

l. Insurance Expense

m. Regulatory Commission Expense

n. Bad Debt Expense

o. Miscellaneous Expense

p. Depreciation Expense

q. Property Taxes

r. Other Taxes

s. Income Taxes

Operating Income (Loss)

	<u>9250.</u>	<u>17319.</u>
	<u>4920</u>	<u>-----</u>
	<u>168.</u>	<u>-----</u>
	<u>-----</u>	<u>-----</u>
	<u>1535</u>	<u>2016</u>
	<u>37.</u>	<u>-----</u>
	<u>634.</u>	<u>681.</u>
	<u>234.</u>	<u>257.</u>
	<u>6986.</u>	<u>4376.</u>
	<u>3240.</u>	<u>3240</u>
	<u>1321.</u>	<u>896.</u>
	<u>3075.</u>	<u>3313.</u>
	<u>140.</u>	<u>-----</u>
	<u>390.</u>	<u>486</u>
	<u>3486.</u>	<u>2822.</u>
	<u>5413.</u>	<u>5072.</u>
	<u>-----</u>	<u>-----</u>
	<u>3711.</u>	<u>3734.</u>
	<u>-----</u>	<u>-----</u>
\$	<u>(2915)</u>	<u>(3370)</u>

2.	Wastewater	N/A	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.	KEEN Sales & Rentals, Inc	4/6, 298.45	46,298.45	7%	?
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)

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 N/A
2. Telephone (\_\_\_\_) \_\_\_\_\_

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.

\_\_\_\_\_

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

TRI-FLA. WATER TREATMENT, INC. 7881C & 8567 & 7247

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? \_\_\_\_\_ 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 33,000
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" / 235'</u>	_____	_____
Motor horsepower	<u>25</u>	_____	_____
Pump capacity (gpm)	<u>?</u>	<u>?</u>	_____
7. Reservoirs and/or hydropneumatic tanks:

Description	<u>STEEL</u>	_____	_____
Capacity	<u>4500</u>	_____	_____
8. High service pumping: N/A  

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

Size (diameter)	<u>4"</u>	<u>6"</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 6

13. Do you have a meter change out program? WHEN METER BECOMES DEFECTIVE THE
14. METER IS CHANGED OUT. Meter installation or tap in fees - Water \$ NONE
15. Service availability fees - Water \$ 50.00--DEPOSIT
16. Has the existing treatment facility been approved by DEP? YES
17. Total gallons pumped during most recent twelve months 11,202,729
18. Total gallons sold during most recent twelve months 10,405,689
19. Gallons unaccounted for during most recent twelve months 797040
20. Gallons purchased during most recent twelve months \_\_\_\_\_

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name CHRISTIE MCCORMICK // MINDY DUNNAHOE
2. Telephone Number (863) 421-6827

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

1. Water:

- a. Residential Water \$15.71 (1000) \$1.78 per additional 1000 GALLONS
- b. General Service \_\_\_\_\_
- c. Special Contract \_\_\_\_\_
- d. Other \_\_\_\_\_

2. Wastewater: N/A

- a. Residential Wastewater \_\_\_\_\_
- b. General Service \_\_\_\_\_
- c. Special Contract \_\_\_\_\_
- d. Other \_\_\_\_\_

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

- |                     |             |             |
|---------------------|-------------|-------------|
| 1. Water Metered    | <u>2006</u> | <u>2007</u> |
| a. Residential      | <u>118</u>  | <u>118</u>  |
| b. General Service  | _____       | _____       |
| c. Special Contract | _____       | _____       |
| d. Other - Specify  | _____       | _____       |
| 2. Water Unmetered  | <u>N/A</u>  | <u>20__</u> |
| a. Residential      | _____       | _____       |
| b. General Service  | _____       | _____       |
| c. Special Contract | _____       | _____       |
| d. Other - Specify  | _____       | _____       |

- |    |            |                  |       |       |
|----|------------|------------------|-------|-------|
| 3. | Wastewater | N/A              | 20__  | 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.

NAME OF COMPANY KEEN SALES, RENTALS AND UTILITIES, INC.

WATER TARIFF

(Continued from Sheet No. 3.0)

DESCRIPTION OF TERRITORY SERVED

The following described lands located in Section 25, Township 27 South, Range 27 East, Polk County, Florida:

The Earlene and Ray Keen Subdivisions:

Township 27 South, Range 27 East, Section 25, the East 1/2 of the Northeast 1/4 of the Northwest 1/4.

The Ellison Park Subdivision:

Commence at the Northwest corner of the Northwest 1/4 of the Northeast 1/4 of Section 25, Township 27 South, Range 27 East, Polk County, Florida, and run South 00° 25' 15" East along West boundary thereof, 45.80 feet to a point on the South right-of-way line of County Road #580; thence North 89° 42' 57" East along said South right-of-way line, 100.00 feet to the Point of Beginning; thence continue North 89° 42' 57" East along said South right-of-way line, 169.58 feet; thence South 00° 25' 15" East, 170.00 feet; thence North 89° 42' 57" East, 225.10 feet to a point on the East boundary of the West 3/4 of the West 1/2 of said Northwest 1/4 of the Northeast 1/4; thence South 00° 25' 31" East along said East boundary 1106.92 feet; thence South 89° 45' 03" West, 494.68 feet; thence North 00° 25' 15" West, 922.42 feet; thence North 89° 48' 25" East, 100.00 feet; thence North 00° 25' 15" West 354.36 feet to the Point of Beginning.

JAMES RAY KEEN  
ISSUING OFFICER

PRESIDENT  
TITLE