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STATE OF FLORIDA



TIMOTHY DEVLIN, DIRECTOR
DIVISION OF ECONOMIC REGULATION
(850) 413-6900

Public Service Commission

February 26, 2009

Ms. Christi McCormick
Keen Sales, Rentals and Utilities, Inc
685 Dyson Road
Haines City, FL 33844

DEPOSIT
918 MAR 12 2009

w0771

CK# 4978
\$ 500.00

3/5/09

RT 3 7:07

Re: Staff Assisted Rate Case for Keen Sales, Rentals and Utilities, Inc. in Polk County, Docket No. 090072-WU

Dear Ms. McCormick:

We have determined eligibility for staff assistance filed by Keen Sales, Rentals and Utilities, Inc. We find that the Utility is eligible for the staff assisted rate case filing.

The staff engineer has determined the filing fee in this rate case is \$500. The fee is based on the capacity of the Utility systems as provided by Section 367.145(2) of the Florida Statutes. The filing fee must be received by March 27, 2009, which is the official filing date for this rate case.

Section 367.091(2), Florida Statutes, provides:

Upon filing an application for new rates, the Utility shall mail a copy of the application to the chief executive officer of the governing body of each county within the service areas included in the rate request. The governing body may petition the commission for leave to intervene in the rate change proceeding and the commission shall grant intervener status to any governing body that files a petition.

Please forward a copy of Keen Sales, Rentals and Utilities, Inc.'s application for a Staff Assisted Rate Case to the Chief Executive Officer of Polk County as required by law, and copy the Commission as proof that an application was forwarded to them.

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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:

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

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	2006	2007
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	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	20 <u>06</u>	20 <u>07</u>
Revenues (By Class):		
a. <u>RESIDENTIAL</u>	\$ <u>41,625.</u>	\$ <u>40,842.</u>
b. _____	<u>_____</u>	<u>_____</u>
c. _____	<u>_____</u>	<u>_____</u>
Total Operating Revenues:	\$ <u>41,625.</u>	\$ <u>40,842.</u>
Less Expenses:		
a. Salaries & Wages - Employees	<u>9,250.</u>	<u>17,319.</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>4,920.</u>	<u>-----</u>
c. Employee Pensions & Benefits	<u>168.</u>	<u>-----</u>
d. Purchased Water	<u>-----</u>	<u>-----</u>
e. Purchased Power	<u>1,535.</u>	<u>2,016.</u>
f. Fuel for Power Production	<u>37.</u>	<u>-----</u>
g. Chemicals	<u>634.</u>	<u>681.</u>
h. Materials & Supplies	<u>234.</u>	<u>257.</u>
i. Contractual Services	<u>6,986.</u>	<u>4,376.</u>
j. Rents	<u>3,240.</u>	<u>3,240.</u>
k. Transportation Expenses	<u>1,321.</u>	<u>896.</u>
l. Insurance Expense	<u>3,075.</u>	<u>3,313.</u>
m. Regulatory Commission Expense	<u>140.</u>	<u>-----</u>
n. Bad Debt Expense	<u>390.</u>	<u>486.</u>
o. Miscellaneous Expense	<u>3,486.</u>	<u>2,822.</u>
p. Depreciation Expense	<u>5,413.</u>	<u>5,072.</u>
q. Property Taxes	<u>-----</u>	<u>-----</u>
r. Other Taxes	<u>3,711.</u>	<u>3,734.</u>
s. Income Taxes	<u>-----</u>	<u>-----</u>
Operating Income (Loss)	\$ <u>(2,915)</u>	\$ <u>(3,370)</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:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	Keen Subchapter S Corp	4/6/2008	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 6" / 235' _____ / _____
 Motor horsepower 25 _____
 Pump capacity (gpm) ? ? _____
7. Reservoirs and/or hydropneumatic tanks:
 Description STEEL _____
 Capacity 4500 _____
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) 4" 6" _____
 Linear feet ? ? _____
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 METER IS CHANGED OUT.
14. 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 _____

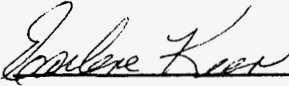
C. Number of Customers (Most recent two years):

- | | | |
|---------------------|-------------|-------------|
| 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

KEEN SALES, RENTALS, AND UTILITIES, INC.

March 4, 2009

MICHAEL HERR
COUNTY MANAGER
POLK COUNTY, FL
P O BOX 9005 DRAW CAO1
BARTOW, FL 33831

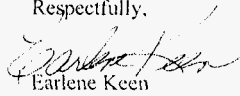
COPY

RECEIVED-FPSC
09 MAR 12 AM 9:22
COMMISSION
CLERK

Dear Mr. Herr:

We are going for a staff assistance rate increase for our water utility company through the Florida Public Service Commission. As per their request a copy of our application is attached for your review. If you have any questions please feel free to contact me at 863-421-6827.

Respectfully,



Earlene Keen

President

Enclosure: Application for Staff Assistance Rate Case.
Letter from Florida Public Service Commission.

ERK/cm

cc: Florida Public Service Commission

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City, State, ZIP+4
County Manager - Michael Herr
P.O. Box 9005 Draw CAB1
Bartow, FL 33831

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See Reverse for Instructions

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OR ON RETURN ADDRESS FIELD AT BOTTOM

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

County Manager
Michael Herr
P.O. Box 9005 Draw CAB1
Bartow, FL 33831

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7005 1820 0005 0022 5856