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FLORIDA PUBLIC SERVICE COMMISSION

COMMISSION
CLERK

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility Camachee Cove Yacht Harbor Utility

B. Address 3070 Harbor Drive; St. Augustine, Florida 32084

1. Telephone Nos. (904) 810-5865

2. County St. Johns Nearest City St. Augustine, FL

3. General area served Camachee Island Villas, Harbor Pointe, Harbor
Lots, Lands End and Camachee Cove Yacht Harbor as well as the

C. Authority: shops, clubs and retail operations of the marina complex

1. Water Certificate No. _____ Date Received _____

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

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

D. How system was acquired _____

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
1120 Corporation

F. Ownership & Officers:

<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1. <u>Camachee Island Company, Inc.</u>		<u>100%</u>
2. _____		
3. _____		
4. _____		

G. List of Associated Companies and Addresses:

1. Camachee Cove Yacht Harbor, Inc. (3070 Harbor Dr, St. Augustine)
2. Camachee Yacht Yard, Inc. (3070 Harbor Dr, St. Augustine)
3. Camachee Cove Yacht Harbor Utility (3070 Harbor Dr, St. Augustine)

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):

Frank D. Upchurch III (Attorney)
780 N Ponce De Leon Blvd
St. Augustine, Florida 32084

II. Accounting Data

A. Outside Accountant

1. Name Margaret Ann Edmiston
2. Firm Edmiston & Edmiston, P.A.
3. Address 17 Cordova Street; St. Augustine, FL 32084
4. Telephone (904) 824-9192

B. Individual to contact on accounting matters:

1. Name Margaret Ann Edmiston
2. Telephone (904) 824-9192

C. Location of books and records 3070 Harbor Drive, St. Augustine, FL 32084

D. Have you filed an Annual Report with the Commission? Yes
Date Last Filed 06/30/08

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	2008	2007
Cost of Plant In Service:	\$ <u>411,207</u>	\$ <u>208,188</u>
Less Accumulated Depreciation:	<u>141,320</u>	<u>132,078</u>
Less Contributed Plant:	<u>0</u>	<u>0</u>
Net Owner's Investment:	\$ <u>269,887</u>	\$ <u>76,110</u>

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

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

1. Water	2008	2007
Revenues (By Class):		
a. Residential	\$ <u>17,319</u>	\$ <u>18,522</u>
b. Commercial	<u>19,692</u>	<u>26,870</u>
c. Multi-Family Dwellings/Other	<u>6,213</u>	<u>6,162</u>
Total Operating Revenues:	\$ <u>43,224</u>	\$ <u>51,554</u>
Less Expenses:		
a. Salaries & Wages - Employees	<u> </u>	<u> </u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u> </u>	<u> </u>
c. Employee Pensions & Benefits	<u> </u>	<u> </u>
d. Purchased Water	<u> </u>	<u> </u>
e. Purchased Power	<u>4,800</u>	<u>4,800</u>
f. Fuel for Power Production	<u>299</u>	<u> </u>
g. Chemicals	<u>1,221</u>	<u>2,883</u>
h. Materials & Supplies	<u>1,444</u>	<u>973</u>
i. Contractual Services	<u>26,360</u>	<u>56,656</u>
j. Rents	<u> </u>	<u> </u>
k. Transportation Expenses	<u> </u>	<u> </u>
l. Insurance Expense	<u>911</u>	<u>773</u>
m. Regulatory Commission Expense	<u> </u>	<u> </u>
n. Bad Debt Expense	<u> </u>	<u>66</u>
o. Miscellaneous Expense	<u>35,565</u>	<u>427</u>
p. Depreciation Expense	<u> </u>	<u> </u>
q. Property Taxes	<u> </u>	<u> </u>
r. Other Taxes	<u> </u>	<u> </u>
s. Income Taxes	<u> </u>	<u> </u>
Operating Income (Loss)	\$ <u>70,600</u>	\$ <u>66,578</u>

2.	Wastewater	20 <u>08</u>	20 <u>07</u>
	Revenues (By Class):		
	a. _____	<u>N/A</u>	<u>N/A</u>
	b. _____	_____	_____
	c. _____	_____	_____
	Total Operating Revenues:	\$ <u>N/A</u>	\$ <u>N/A</u>
	Less Expenses:		
	a. Salaries & Wages - Employees	\$ <u>N/A</u>	\$ <u>N/A</u>
	b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>N/A</u>	<u>N/A</u>
	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.	<u>Advances from Parent Company</u>	_____	<u>404,014</u>	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

- X 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 _____
2. Firm _____
3. Address _____
4. Telephone (____) _____

B. Individual to contact on engineering matters:

1. Name _____
2. Telephone (____) _____

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

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. _____

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

If yes, explain _____

G. Wastewater:

1. Gallons per day capacity of treatment facilities existing N/A
under construction _____ proposed _____

2. Type and make of present treatment facilities N/A

3. Approximate average daily flow of treatment plant effluent N/A

4. Approximate length of wastewater mains:

Size (diameter) N/A _____
Linear feet N/A _____

5. Number of manholes N/A

6. Number of liftstations N/A

7. How do you measure treatment plant effluent? N/A

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 N/A
Expiration Date _____
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 .072 MGD under construction N/A proposed N/A
2. Type of treatment Reverse Osmosis, aeration, blending, and chlorine for disinfection
3. Approximate average daily flow of treated water 27,924 gpd
4. Source of water supply groundwater
5. Types of chemicals used and their normal dosage rates _____
6. Number of wells in service 2 Total capacity in gallons per minute (gpm) 585
- | | | | |
|---------------------|------------------|-------------------|----------------------|
| Diameter/Depth | <u>4" / 360'</u> | <u>10" / 200'</u> | <u> / </u> |
| Motor horsepower | <u>3</u> | <u>10</u> | <u> </u> |
| Pump capacity (gpm) | <u>90</u> | <u>495</u> | <u> </u> |
7. Reservoirs and/or hydropneumatic tanks:
- | | | | |
|-------------|-----------------------|---------------|---------------|
| Description | <u>Steel/Elevated</u> | <u> </u> | <u> </u> |
| Capacity | <u>30,000</u> | <u> </u> | <u> </u> |
8. High service pumping:
- | | | | | |
|---------------------|------------|------------|------------|---------------|
| Motor horsepower | <u>7.5</u> | <u>7.5</u> | <u>10</u> | <u> </u> |
| Pump capacity (gpm) | <u>90</u> | <u>90</u> | <u>250</u> | <u> </u> |
9. How do you measure treatment plant production? _____
10. Approximate feet of water mains:
- | | | | | |
|-----------------|-------------|------------|-------------|-------------|
| Size (diameter) | <u>6"</u> | <u>4"</u> | <u>2"</u> | <u>8"</u> |
| Linear feet | <u>2700</u> | <u>800</u> | <u>1650</u> | <u>3150</u> |
11. Note any fire flow requirements and imposing government agency
500 gpm @ 20 psi
12. Number of fire hydrants in service _____

13. Do you have a meter change out program? _____
14. Meter installation or tap in fees - Water \$ _____
15. Service availability fees - Water \$ _____
16. Has the existing treatment facility been approved by DEP? Yes _____
17. Total gallons pumped during most recent twelve months 10,220 _____
18. Total gallons sold during most recent twelve months 9,142 _____
19. Gallons unaccounted for during most recent twelve months 1,000 _____
20. Gallons purchased during most recent twelve months 0 _____

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Sean McKenna _____
2. Telephone Number (904) 829-5676 _____

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

1. Water:

- | | |
|----------------------|---|
| a. Residential Water | <u>\$15.41 for first 3,000; \$3.98/M over 3,000</u> |
| b. General Service | <u>\$15.41 for first 3,000; \$3.98/M over 3,000</u> |
| c. Special Contract | _____ |
| d. Other | _____ |

2. Wastewater:

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

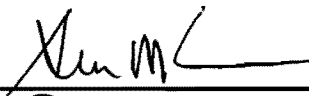
C. Number of Customers (Most recent two years):

1. Water Metered	<u>2008</u>	<u>2007</u>
a. Residential	<u>62</u>	<u>69</u>
b. General Service	<u>28</u>	<u>21</u>
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered	<u>2008</u>	<u>2007</u>
a. Residential	_____	_____
b. General Service	<u>2</u>	<u>3</u>
c. Special Contract	_____	_____
d. Other - Specify	_____	_____

	20_08	20_07
3. Wastewater		
a. Residential	N/A	N/A
b. General Service	N/A	N/A
c. Special Contract	N/A	N/A
d. Other - Specify	N/A	N/A

V. Affirmation

I, SEAN MCKENNA 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.