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COMMISSION CLERK

Howard E. "Gene" Adams Attorney at Law

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June 9, 2010

Ms. Ann Cole Public Service Commission Clerk Florida Public Service Commission 2540 Shumard Oak Blvd. Easley Building, Room 110 Tallahassee, FL 32399-0850

> Application for Staff Assisted Rate Case -Re:

> > Commercial Utilities, Division of Grace & Co., Inc.

Dear Ms. Cole:

Please find attached an application for Staff Assisted Rate Case. Pursuant to Rule 25-30.455, Commercial Utilities, Division of Grace & Co., Inc. hereby applies for a staff assisted rate case. The original and four copies are enclosed for your use. Please let me know if I can be COM of further assistance in this matter.

APA

ECR.

GCL

RAD SSC

ADM

OPC

CLK Enclosure Sincerely,

Howard E. Adams

Attorney for Commercial Utilities

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A STAFF ASSISTED RATE CASE

۱.	GEI	NERAL DATA								
	A.	Name of Utility: Commercial Utilities,	Division of Grace & Comp	any, Inc.						
	B.	Address: 865 South Lane Avenue, Ja	acksonville, FL 32205-4420	1						
		Anne G. Lee, President: E-mail – in	cgrace@aol.com							
		1. Telephone Nos.: (904) 781-0970); Fax (904) 571-7216							
		2. County: Duval	,,, , , , , , , , , , , , , , , , , , ,	Nearest City:	Jacksonville					
		•	ville area	,						
	C.	Authority:								
	•	Water Certificate No. 219W		Date Received:	06/04/1975; cancelled 01/27/1997					
		Wastewater Certificate No. 1649	S	Date Received:	06/04/1975					
			Water: 06/04/1975	Wastewater:	06/04/1975					
	D.									
	.	If utility was purchased, give date Amount Paid \$								
		Name of Seller:		7 in ounce and ϕ	<u>;</u> 01					
		Was seller affiliated with present or	wners? ☐ Yes ☐ No		The same					
		3. Did you purchase: ☐ Stock [or assets only		Color of the second of the sec					
	_		_ o. dood.o o.m,		29					
	E.	Type of Legal Entity:	in Solo Proprietor	ahia	5 8					
		X Corporation Partnershi	p Sole Proprietor	snip	CCCMENT 20					
	F.	Ownership & Officers:		<u> </u>						
		, Nama	Title	r	Doroout Ouworahin					
		Name 1. Elroy C. Grace	Title Chairman	30%	Percent Ownership					
		2. Walter E. Grace	Co-owner & Service Director 20% Director 20%							
		3. Forbes D. Grace								
		4. Robert B. Grace	Director	30%						
				,-						

G.	List of Associated Companies and Addresses:									
	Grac	e & Compan	y, Inc., 865 South Lane Avenue, Jac	ksonville, FL 3220	5-4420					
Н.	If you have retained an attorney and/or a consultant to represent the utility for this application, furnish the									
		e(s) and addre	ess(es):	Address:						
	Name	<u>e:</u>		215 S. Monroe Str	eet. 2 nd Floor,					
		ard E. Adams	s re, Wilkinson, Bell & Dunbar, PA	Tallahassee, FL 3	2302					
	Cili	ington, moo	ro, remainson, son a sumsui, i ri							
ACC		TING DATA								
A.		de Accountar								
		Name:	Cobb Harbeson							
		Firm:	Harbeson, Beckerleg & Fletcher							
	3.	Address:	637 Park Street, Jacksonville, FL							
	4.	Telephone:	(904) 356-6023							
B.	Indivi	dual To Conta	act On Accounting Matters:							
	1.	Name:	Anne Lee							
	2.	Telephone:	(904) 781-0970							
C.	Locat	tion of Books	and Records: 865 South Lane Ave	enue, Jacksonville,	FL 32205-4420					
D.	Have	you filed an /	Annual Report with the Commission?	X Yes 🔲 No						
	Date Last Filed: 04/05/2010									
E.	Has your latest Regulatory Assessment Fee Payment been made?									
	(January 30 or July 30 whichever is applicable) 🔲 Jan 30 💢 July 30									
F.	Basic Rate Base Data: (Most recent two years)									
	1.	Water: N/A			20	20				
		Cost of Plant	t In Service		\$	\$				
		Less Accumi	ulated Depreciation							
		Less Contrib	·			***************************************				
		Net Owner's			¢	œ				
		MET OWING 2	HIVESUIEIIL		\$	\$				

II.

	2.	Wast	ewater:		2008		2009
		Cost	of Plant In Service	\$	524,655	\$	524,655
		Less	Accumulated Depreciation	_	327,047		346,472
			Contributed Plant		0		0
			Owner's Investment	\$	197,608	\$	178 ,183
<u></u>	Doois		ne Statement: (Most recent two years)	` •			
G.					20		20
	1.		<u>r: - N/A</u>		20		20
			nues (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 Water				
		e.	Purchased Power				
		f.	Fuel for Power Production				
		g.	Chemicals				***************************************
		h.	Materials & Supplies				
		i.	Contractual Services				
		j.	Rents				
		k.	Transportation Expenses				
		4.	Insurance Expense				
		m.	Regulatory Commission Expense	-			
		n.	Bad Debt Expense				
		0.	Miscellaneous Expense				
		p.	Depreciation Expense				
		q.	Property Taxes				
		r.	Other Taxes				
		S.	Income Taxes				
		Opera	ating Income (Loss)	\$		\$	

2.	Wastewater					2009		2008
	Revenues (By Class):			\$_		_ \$ _	
	a. Com	mercial rev	/enues		_	246,308		236,860
	b.							
	C.				_			
	Total Opera	iting Reven	ues:		\$ _	246,308	= ^{\$} =	236,860
	Less Expen	ses:			_			-
	a. Salar	ies & Wage	es - Employees			18,703		18,703
	b. Salai	ries & Wag	es - Officers, Direct	ors, & Majority Stockholders	_	28,366		28,366
	c. Empl	oyee Pensi	ons & Benefits		_			
	d. Purch	nased Was	tewater Treatment			103,558		107,873
	e. Sludg	ge Remova	l Expense		_	1,800		3,750
	f. Purci	nased Powe	er		_			
	g. Fuel	for Power F	Production					
	h. Chen	nicals						
	i. Mate	rials & Sup _l	plies			2,415		13,405
	j. Conti	ractual Serv	vices			2,987		3,900
	k. Rents	3				14,400		14,400
	I. Trans	sportation E	Expenses					
	m. Insur	ance Exper	nse					
	n. Regu	latory Com	mission Expense			11,555		11,705
	o. Bad l	Debt Expen	se					
	p. Misce	ellaneous E	xpense		-	108,732		44,198
	q. Depr	eciation Ex	pense			19,425		19,424
	r. Prope	erty Taxes						· · · · · · · · · · · · · · · · · · ·
	s. Other	r Taxes						
	t. Incon	ne Taxes						
	Operating I	ncome (Los	ss)		\$ =	(65,633)	= \$ =	(28,864)
H. Outs	tanding Debt							
	0 19		Date	Balance		erest		Expiration
	Credito		Borrowed	Due		tate		Date
1.	Grace and	<u>Co.</u> _		500,000		6%		
2.								
3.				**************************************				
	te Type of Ta							
	Form 1120 -							
		•	er S Corporation					
	Form 1065 -	•	•					
		-	r C - Individual (Propr	ietorship)				
_			. (21	1 /				

ENGINEERING DATA

A.Outside Engineering Consultant:

1.Name: Ron Bongiovanni

2.Firm: Anchor Engineering of Florida, Inc.

3.Address: 4000 St. Johns Ave., Jacksonville, FL 32201

4. Telephone: 904) 388-1259; e-mail: anchorengfl@aol.com

B.Individual to contact on engineering matters:

1.Name: Ron Bongiovanni

2. Telephone: (904) 388-1259

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: None

F.Is the utility serving customers outside of its certificated area? **No**If yes, explain:

G.Wastewater:

- 1. Gallons per day capacity of treatment facilities:
 - a. Existing: None
- b. Under Construction: None
- c. Proposed: None
- 2. Type and make of present treatment facilities: None
- 3. Approximate average daily flow of treatment plant effluent: None
- 4. Approximate length of wastewater mains:

Size (diameter):	4"	10"		
Linear feet:	16,896H	1,060H		

5. Number of manholes: 42

6. Number of lift stations: 3

JEA water reading report is furnished to us monthly. Commercial Utilities bills its customers based on water consumption figs. (see attached report)

7. How do you measure treatment plant effluent?

If yes, what is the normal	_	Determ			s neede	d			
9.Tap in fees – Wastewater	: \$	for new	custon	ners					
10.Service availability fees -	Wastev	vater:	\$ N/A						
11.Note DEP Treatment Plan	t Certifi	cate Nur	nber and	d date of	expiratio	n: N/A			
Number Expiration Date:	N/A								
12. Total gallons treated during	ig most	recent tv	velve mo	onths: I	N/A	40 202	cof for	nariad	12/7/2008
13.Wastewater treatment pur	chased	during n	nost rece	ent twelve	e months			periou	12///2000
ater:									
1.Gallons per day capacity	of treatr	nent facil	ities:						
a. Existing:		b. Under	r Constru	uction :		c. Propos	sed:		
2. Type of treatment:									
3.Approximate average dail	y flow o	f treated	water:						
4. Source of water supply:									
5. Types of chemicals used a 6. Number of wells in service		ir normal	dosage	rates:					
6.Number of wells in service Total capacity in gallons p Diameter/Depth:) :			rates:					
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower:) :			rates:					
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm):	e: er minu	te (gpm)		rates:					1
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm): 7. Reservoirs and/or hydropr	e: er minu	te (gpm)		rates:	1				
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm): 7. Reservoirs and/or hydropr Description:	e: er minu	te (gpm)		rates:	1				
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm): 7. Reservoirs and/or hydropr Description: Capacity:	e: er minu	te (gpm)		rates:					
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm): 7. Reservoirs and/or hydropr Description: Capacity: 8. High service pumping:	e: er minu	te (gpm)		rates:					
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm): 7. Reservoirs and/or hydropr Description: Capacity: 8. High service pumping: Motor horsepower:	e: er minu	te (gpm)		rates:					-
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm): 7. Reservoirs and/or hydropr Description: Capacity: 8. High service pumping: Motor horsepower: Pump capacity (gpm):	er minu	te (gpm) / c tanks:		rates:					
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm): 7. Reservoirs and/or hydropr Description: Capacity: 8. High service pumping: Motor horsepower:	er minu	te (gpm) / c tanks:		rates:					-
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm): 7. Reservoirs and/or hydropr Description: Capacity: 8. High service pumping: Motor horsepower: Pump capacity (gpm):	er minu neumati tment p	te (gpm) / c tanks:		rates:					-
6. Number of wells in service Total capacity in gallons p Diameter/Depth: Motor horsepower: Pump capacity (gpm): 7. Reservoirs and/or hydropr Description: Capacity: 8. High service pumping: Motor horsepower: Pump capacity (gpm): 9. How do you measure trea	er minu neumati tment p	te (gpm) / c tanks:		rates:					

N/A

8.Is the treatment plant effluent chlorinated?

		W1
c.Special Contract	NA	N/A
d.Other - Specify	N/A	N/A

V. AFFIRMATION

I, Anne G. Lee, 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 Anne G. Lee, 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.