

FLORIDA PUBLIC SERVICE COMMISSION

RECEIVED-FFSC

APPLICATION FOR A STAFF ASSISTED RATE CASE

11 MAR 29 AM 9:40

DEPOSIT DATE

COMMISSION CLERK

I. GENERAL DATA

A. Name of Utility: Francis I Utility, LLC

242 MAR 29, 2001

110086-SU

B. Address: 29 Mimi Street Sebring, FL 33870

1. Telephone Nos.: (863) 385-0981

2. County: Highlands

Nearest City: Sebring

3. General Area Served: Francis I Mobile Estates, Francis 2 Mobile Home Parks

C. Authority:

1. Water Certificate No. N/A

Date Received:

2. Wastewater Certificate No. SU858

Date Received: 2003

3. Date Utility Started Operations: Water:

Wastewater:

D. How System Was Acquired: Purchase

If utility was purchased, give date 3/2/2001

Amount Paid \$ 325,000

1. Name of Seller: Creoloa, Inc.

2. Was seller affiliated with present owners? X Yes [ ] No

3. Did you purchase: [ ] Stock X or assets only

E. Type of Legal Entity:

X Corporation

[ ] Partnership

[ ] Sole Proprietorship

X LLC

F. Ownership & Officers:

- COM \_\_\_\_\_
- APA \_\_\_\_\_
- ECR T
- GCL \_\_\_\_\_
- RAD \_\_\_\_\_
- ISC \_\_\_\_\_
- ADM \_\_\_\_\_
- OPC \_\_\_\_\_
- CLK Nonnyl

	Name	Title	Percent Ownership
1.	Patricia Keller	President	
2.	Sue Elifritz	Vice President	
3.	Susan Roberts	Treasurer	
4.	Marge Grant-Hart	Secretary	

DOCUMENT NUMBER-DATE

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FFSC-COMMISSION CLERK

G. List of Associated Companies and Addresses:

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):

Name:

Address:

II. **ACCOUNTING DATA**

A. Outside Accountant

1. Name: **Susan Hanks**
2. Firm: **Peacock, Robinson & Hanks**
3. Address: **133 S. Harbor Drive, Venice, FL 34285**
4. Telephone: **(941) 488 7794**

B. Individual To Contact On Accounting Matters:

1. Name: **Kasi Cummings**
2. Telephone: **(863) 385-0981**

C. Location of Books and Records: **601 Sebring Drive, Sebring, FL 33870**

D. Have you filed an Annual Report with the Commission?  Yes  No

Date Last Filed: **7/2010 for FY 2009**

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:

Cost of Plant In Service	\$ <u>    N/A    </u>	\$ <u>    N/A    </u>
Less Accumulated Depreciation	<u>                    </u>	<u>                    </u>
Less Contributed Plant	<u>                    </u>	<u>                    </u>
Net Owner's Investment	\$ <u>    N/A    </u>	\$ <u>    N/A    </u>

2. Wastewater:

**2008** **2009**

Cost of Plant In Service	\$ 480,979	\$ 482,648
Less Accumulated Depreciation	455,790	447,403
Less Contributed Plant	8,302	
Net Owner's Investment	\$ 16,887	\$ 35,245

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

1. Water:

Revenues (By Class)

a. Residential	\$ N/A	\$ N/A
b. Commercial		
c. Other		

Total Operating Revenues:	\$ N/A	\$ N/A
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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)	\$ N/A	\$ N/A
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2. Wastewater

	2008	2009
Revenues (By Class):	\$ _____	\$ _____
a. <b>Residential</b>	<u>102,299</u>	<u>100,892</u>
b. <b>Commercial</b>	<u>10,053</u>	<u>10,345</u>
c. <b>Other</b>		<u>50</u>
Total Operating Revenues:	<u>\$ 112,352</u>	<u>\$ 111,287</u>
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	<u>11,244</u>	<u>16,468</u>
f. Purchased Power	<u>15,431</u>	<u>17,503</u>
g. Fuel for Power Production		
h. Chemicals	<u>6,164</u>	<u>4,390</u>
i. Materials & Supplies	<u>10,891</u>	<u>11,206</u>
j. Contractual Services	<u>31,397</u>	<u>37,012</u>
k. Rents		
l. Transportation Expenses	<u>1,484</u>	<u>1,200</u>
m. Insurance Expense	<u>6,083</u>	<u>5,532</u>
n. Regulatory Commission Expense		
o. Bad Debt Expense		
p. Miscellaneous Expense	<u>12,461</u>	<u>7,981</u>
q. Depreciation Expense	<u>14,798</u>	<u>(14,517)</u>
r. Property Taxes	<u>1,473</u>	<u>1,455</u>
s. Other Taxes	<u>5,290</u>	<u>5,062</u>
t. Income Taxes		
Operating Income (Loss)	<u>\$ (4,362)</u>	<u>\$ 17,995</u>

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	<b>BB&amp;T Bank</b>	_____	<b>\$211,425</b>	<b>6.95%</b>	_____
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: **William M. Cummings, MSCE, PE**
- 2. Firm: **Cummings Associates, Inc.**
- 3. Address: **12864 Squirrel Tree Ct, Jacksonville, FL 32246**
- 4. Telephone: **(904) 220-7012**

B. Individual to contact on engineering matters:

- 1. Name: **William Cummings**
- 2. Telephone: **(904) 220-7012**

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: **No known deficiencies.**

E. Name of plant operator(s) and DEP operator certificate number(s) held: **Pugh Utilities, 760 Henscratch Road, Lake Placid, FL 33852. 863-465-6911**

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: **87,000**
  - b. Under Construction:
  - c. Proposed:

2. Type and make of present treatment facilities:

**Marloft & Defiance/Extended Airation**

3. Approximate average daily flow of treatment plant effluent: **26,145**

4. Approximate length of wastewater mains:

Size (diameter):					
Linear feet:					

5. Number of manholes:

6. Number of lift stations:

7. How do you measure treatment plant effluent?

**Elapsed time meters at main lift station**

8. Is the treatment plant effluent chlorinated?  Yes  No

If yes, what is the normal dosage rate? **10-15-GPD**

9. Tap in fees – Wastewater: \$

10. Service availability fees – Wastewater: \$ **500.00 per ERC**

11. Note DEP Treatment Plant Certificate Number and date of expiration: **FLA014385**

Number Expiration Date: **11/4/2015**

12. Total gallons treated during most recent twelve months: **7,400,000 gallons**

13. Wastewater treatment purchased during most recent twelve months:

**H. Water:**

1. Gallons per day capacity of treatment facilities: **N/A**

a. Existing:

b. Under Construction :

c. Proposed:

2. Type of treatment:

3. Approximate average daily flow of treated water:

4. Source of water supply:

5. Types of chemicals used and their normal dosage rates:

6. Number of wells in service:

Total capacity in gallons per minute (gpm):

Diameter/Depth:	_____ / _____	_____ / _____	_____ / _____
Motor horsepower:	_____	_____	_____
Pump capacity (gpm):	_____	_____	_____

7. Reservoirs and/or hydropneumatic tanks:

Description:	_____	_____	_____
Capacity:	_____	_____	_____

8. High service pumping:

Motor horsepower:	_____	_____	_____	_____
Pump capacity (gpm):	_____	_____	_____	_____

9. How do you measure treatment plant production?

10. Approximate feet of water mains:

Size (diameter):	_____	_____	_____	_____
Linear feet:	_____	_____	_____	_____

11. Note any fire flow requirements and imposing government agency:

12. Number of fire hydrants in service:

13. Do you have a meter change out program?  No  Yes
14. Meter installation or tap in fees - Water \$ \_\_\_\_\_
15. Service availability fees - Water \$ \_\_\_\_\_
16. Has the existing treatment facility been approved by DEP?  No  Yes
17. Total gallons pumped during most recent twelve months:
18. Total gallons sold during most recent twelve months:
19. Gallons unaccounted for during most recent twelve months:
20. Gallons purchased during most recent twelve months:

**IV. RATE DATA**

A. Individual to contact on tariff matters:

1. Name: **Kasi Cummings**
2. Telephone Number: **(863) 385-0981**

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

1. Water:

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

2. Wastewater:

- |                           |                                         |
|---------------------------|-----------------------------------------|
| a. Residential Wastewater | <u>13.80 / mo Flat Rate</u>             |
| b. General Service:       | <u>5/8" x3/4" \$ 7.58 monthly</u>       |
|                           | <u>3/4" \$11.37 monthly</u>             |
|                           | <u>1" \$18.93 monthly</u>               |
|                           | <u>1 1/2" \$37.87 monthly</u>           |
|                           | <u>2" \$60.59 monthly</u>               |
|                           | <u>3" \$121.18 monthly</u>              |
|                           | <u>4" \$189.33 monthly</u>              |
|                           | <u>6" \$378.68 monthly</u>              |
|                           | <u>Charge per 1,000 gallons: \$3.79</u> |
|                           | _____                                   |
|                           | _____                                   |
| c. Special Contract       | _____                                   |
| d. Other - Specify        | _____                                   |

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

1. Water Metered

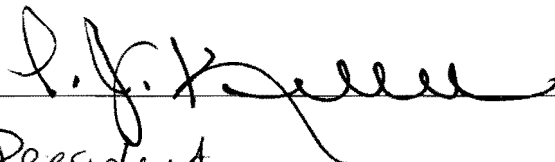
- |                     |            |            |
|---------------------|------------|------------|
| a. Residential      | <u>N/A</u> | <u>N/A</u> |
| b. General Service  | <u>N/A</u> | <u>N/A</u> |
| c. Special Contract | _____      | _____      |
| d. Other - Specify  | _____      | _____      |

- 2. Water Unmetered
  - a. Residential
  - b. General Service
  - c. Special Contract
  - d. Other - Specify
- 3. Wastewater
  - a. Residential
  - b. General Service
  - c. Special Contract
  - d. Other - Specify

	N/A	N/A
	N/A	N/A
	<b>2008</b>	<b>2009</b>
	<b>615</b>	<b>612</b>
	<b>6</b>	<b>6</b>

**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.

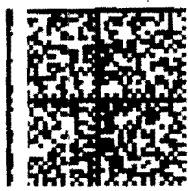




**CERTIFIED MAIL**



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