

Eric Fryson

120183-WU

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**From:** William Carey [tlpwaterinc@gmail.com]  
**Sent:** Monday, July 02, 2012 3:39 PM  
**To:** Filings@psc.state.fl.us  
**Subject:** Application for Staff Assisted Rate Case  
**Attachments:** Application For Staff Assisted Rate Case 2012.doc

DOCUMENT NO. DATE

04409-12 7/2/2012  
FPSC - COMMISSION CLERK

7/2/2012

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G. List of Associated Companies and Addresses:

N/A

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:

N/A

II. ACCOUNTING DATA

A. Outside Accountant

- 1. Name: **April Carey**
- 2. Firm: **Pressure Relief Services**
- 3. Address: **109 Walnut Creek Rd. Charleston, SC 29414**
- 4. Telephone: **(843) 460-5566**

B. Individual To Contact On Accounting Matters:

- 1. Name: **William Carey**
- 2. Telephone: **(352) 250 9176**

C. Location of Books and Records: **12315 U.S. Highway 441 Tavares, FL 32778**

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

Date Last Filed: **2012**

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. <u>Water:</u>	2010	2011
Cost of Plant In Service	\$ <u>100,022</u>	\$ <u>67,900</u>
Less Accumulated Depreciation	<u>32,122</u>	<u>28,919</u>
Less Contributed Plant	<u>0</u>	<u>0</u>
Net Owner's Investment	\$ <b>67,900</b>	\$ <b>38,981</b>
2. <u>Wastewater:</u>	<b>N/A</b>	<b>N/A</b>

Cost of Plant In Service	\$ _____	\$ _____
Less Accumulated Depreciation	_____	_____
Less Contributed Plant	_____	_____
Net Owner's Investment	\$ _____	\$ _____

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

1. Water:

	2010	2011
Revenues (By Class)		
a. <b>Residential</b>	\$ 29,145	\$ 33,844
b.	_____	_____
c.	_____	_____
Total Operating Revenues:	\$ 29,145	\$ 33,844
Less Expenses:		
a. Salaries & Wages - Employees	_____	_____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	580	863
f. Fuel for Power Production	_____	_____
g. Plant Operator & Testing	6,194	6,624
h. Plumbing Services	_____	349
i. Contractual Services	14,189	19,662
j. Rents	4,340	3,410
k. Transportation Expenses	_____	_____
l. Insurance Expense	766	757
m. Regulatory Commission Expense	_____	_____
n. Bad Debt Expense	_____	_____
o. Miscellaneous Expense	2,855	2,108
p. Depreciation Expense	3,203	2,340
q. Property Taxes	_____	_____
r. Other Taxes	_____	_____
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ 32,127	\$ 36,113

2. <u>Wastewater</u>	<u>N/A</u>	<b>20</b>	<b>20</b>
Revenues (By Class):		\$ _____	\$ _____
a.		_____	_____
b.		_____	_____
c.		_____	_____
Total Operating Revenues:		\$ <u>_____</u>	\$ <u>_____</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		_____	_____
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>_____</u>	\$ <u>_____</u>

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	<u>Attorney</u>	<u>2008</u>	<u>25,500</u>	<u>N/A</u>	<u>Unknown</u>
2.	<u>3 Lakes Park</u>	<u>2006</u>	<u>76,900</u>	<u>12%</u>	<u>Unknown</u>
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: 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: Yes

Notice of Violation, filed in 2008, by the DEP.  
Actively applying for loan/grant to remedy NOV.

D. List any known service deficiencies and steps taken to remedy problems: Age and materials used in supply piping, improper canal crossings. Applying for loan/grant program with USDA.

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

Eugene Cusick C7728  
Larry Scott C8567

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:
  - a. Existing:
  - b. Under Construction:
  - c. 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 lift stations:
- 7. How do you measure treatment plant effluent?

8. Is the treatment plant effluent chlorinated?  Yes  No  
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:  
a. Existing: **86,000**                      b. Under Construction :                      c. Proposed:
2. Type of treatment: **Chlorine - Metered Pump**
3. Approximate average daily flow of treated water: **13,700**
4. Source of water supply: **Well**
5. Types of chemicals used and their normal dosage rates: **Chlorine 12.5% solution**

6. Number of wells in service: **1**  
Total capacity in gallons per minute (gpm):

Diameter/Depth:	<b>4"</b> / <b>238'</b>	/	/
Motor horsepower:	<b>3</b>		
Pump capacity (gpm):	<b>80</b>		

7. Reservoirs and/or hydropneumatic tanks:

Description:	<b>1 Hydropneumatic</b>		
Capacity:	<b>2,000 gal.</b>		

8. High service pumping:

Motor horsepower:	<b>N/A</b>			
Pump capacity (gpm):				

9. How do you measure treatment plant production?

10. Approximate feet of water mains:

Size (diameter):	<b>2"</b>	<b>1"</b>		
Linear feet:	<b>2,300'</b>	<b>800'</b>		

11. Note any fire flow requirements and imposing government agency: **None**



- c. Special Contract
- d. Other - Specify

_____	_____
_____	_____
_____	_____

**V. AFFIRMATION**

I, William Carey 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 "s/" William Carey

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.