

KSRU

Keen Sales, Rentals and Utilities, Inc.

685 Dyson Road
Haines City, FL 33844
Business Phone 941-421-6827

ORIGINAL

000580-WJ

May 9, 2000

Division of Records & Reporting
Florida Public Service Commission
2540 Shumard Oaks Boulevard
Tallahassee, Florida 32399-0850

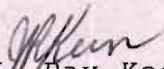
RE: Alturas Water Works application for Staff Assisted Rate Case

TO WHOM IT MAY CONCERN:

Enclosed please find our application for the above matter.

We look forward to hearing from you in the near future. If you have any questions, please feel free to contact us.

Sincerely,


J. Ray Keen
President

JRK/mmc
Enclosure

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FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

000580 - WU

I. General Data

KEEN SALES, RENTALS AND UTILITIES, INC.

A. Name of utility D/B/A ALTURAS WATER WORKS

B. Address 685 DYSON ROAD - HAINES CITY, FLORIDA 33844

1. Telephone Nos. (863) 421-6827

2. County POLK Nearest city BARTOW

3. General area served TOWN OF ALTURAS

C. Authority:

1. Water Certificate No. 582-W Date received 12/98 AMENDED

2. Sewer Certificate No. N/A Date received _____

3. Date utility started operations: Water _____ Sewer _____

D. How system was acquired DIRECT PURCHASE

If utility was purchased, give date 12/98 Amount Paid \$12,000.00

1. Name of Seller MICHAEL B. REGISTER - D/B/A ALTURAS WATER WORKS

2. Was seller affiliated with present owners? NO

3. Did you purchase: Stock _____ or assets only XXXX

E. Type of legal entity: Corporation, Partnership or Sole

Proprietorship SUB CHAPTER S CORPORATION

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	<u>J. RAY KEEN</u>	<u>PRESIDENT</u>	<u>50%</u>
2.	<u>EARLENE KEEN</u>	<u>VICE-PRESIDENT</u>	<u>50%</u>
3.	_____	_____	_____
4.	_____	_____	_____

2. Sewer N/A	19__	19__
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	19_98	19_99
Revenues (By Class):		
a. CLASS C	\$ _____ -0-	\$ 12,003.27
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ _____	\$ 12,003.27
Less Expenses:		
a. Salaries & Wages - Employees	\$ _____ -0-	\$ 4,768.38
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____ -0-	_____ -0-
c. Employee Pensions & Benefits	_____ -0-	_____ -0-
d. Purchased Water	_____ -0-	_____ -0-
e. Purchased Power	_____ 22.16	_____ 1,431.74
f. Fuel for Power Production	_____ -0-	_____ -0-
g. Chemicals	_____ -0-	_____ 1,324.10
h. Materials & Supplies	_____ 528.65	_____ 5,806.77
i. Contractual Services	_____ 20.00	_____ 1,570.17
j. Rents	_____ -0-	_____ -0-
k. Transportation Expenses	_____ 412.83	_____ 2,636.91
l. Insurance Expense	_____ 296.68	_____ 1,561.85
m. Regulatory Commission Expense	_____ 530.78	_____ 540.14
n. Bad Debt Expense	_____ -0-	_____ -0-
o. Miscellaneous Expense	_____ 12,830.69	_____ 2,928.48
p. Depreciation Expense	_____ -0-	_____ -0-
q. Property Taxes	_____ -0-	_____ 84.61
r. Other Taxes	_____ -0-	_____ 642.67
s. Income Taxes	_____ -0-	_____ -0-
Operating Income (Loss)	\$ (14,641.79)	\$ (11,292.55)

2. Sewer N/A 19__ 19__

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 Sewage 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: N/A

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

- _____ Form 1120 - Corporation
- XXXX _____ Form 1120S - Subchapter S Corporation
- _____ Form 1065 - Partnership
- _____ Form 1040 - Schedule C - Individual (Proprietorship)

III. Engineering Data:

A. Outside Engineering Consultant:

1. Name NONE
2. Firm _____
3. Address _____
4. Telephone (____) _____

B. Individual to contact on engineering matters:

1. Name J. RAY KEEN
2. Telephone (863) 421-6827

C. Is the utility under citation by the Department of Environmental Regulation (DER) or county health department? If yes, explain. NO

D. List any known service deficiencies and steps taken to remedy problems. NO

E. Name of plant operator(s) and DER operator certificate number(s) held. TRI-FLORIDA WATER CORPORATION

C8141 C7525

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 sewer 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 - Sewer \$ _____
10. Service availability fees - Sewer \$ _____
11. Note DER Treatment Plant Certificate Number and date of expiration: Number _____ Expiration Date _____
12. Total gallons treated during most recent twelve months _____
13. Sewage treatment purchased during most recent twelve months _____

H. Water

1. Gallons per day capacity of treatment facilities existing _____ under construction N/A proposed N/A
2. Type of treatment CLORINE
3. Approximate average daily flow of treated water 13,678
4. Source of water supply WELL
5. Types of chemicals used and their normal dosage rates CLORINE - 2 parts per million
6. Number of wells in service 1 Total capacity in gallons per minute (gpm) 350
 Diameter/Depth 6" / 550' _____ / _____
 Motor horsepower 15 _____
 Pump capacity (gpm) 350 _____
7. Reservoirs and/or hydropneumatic tanks:
 Description STEEL _____
 Capacity 3000 _____
8. High service pumping: N/A
 Motor horsepower _____
 Pump capacity (gpm) _____
9. How do you measure treatment plant production? FLO-METER
10. Approximate feet of water mains:
 Size (diameter) 3/4" 1" 2" 4"
 Linear feet UNKNOWN UNKNOWN UNKNOWN UNKNOWN

11. Note any fire flow requirements and imposing government agency
N/A
12. Number of fire hydrants in service NONE?/ FIRE STATION
13. Do you have a meter change out program? YES
14. Meter installation or tap in fees - Water \$ WAIVED
15. Service availability fees - Water \$ 35.00
16. Has the existing treatment facility been approved by DER?
YES
17. Total gallons pumped during most recent twelve months 7,518,386
18. Total gallons sold during most recent twelve months 5,357,570
19. Gallons unaccounted for during most recent twelve months 2,160,816
20. Gallons purchased during most recent twelve months -0-

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name J. RAY KEEN / AMANDA CHAMBERS
2. Telephone Number (863) 421-6827

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

1. Water:

- a. Residential Water \$13.50 (FIRST 3,000) \$1.00 PER ADDITIONAL
1 THOUSAND
- b. ~~GENERAL SERVICE~~ _____
- c. Special Contract _____
- d. Other _____

2. Sewer:

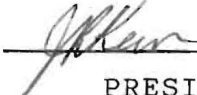
- a. Residential Sewer _____
- b. General Service _____
- c. Special Contract _____
- d. Other _____

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

	19 <u>98</u>	19 <u>99</u>
1. Water Metered	58	58
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
2. Water Unmetered N/A	19__	19__
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____
3. Sewer N/A	19__	19__
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - specify	_____	_____

V Affirmation

I, J. RAY 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.