

DEPOSIT DATE

9 42 JUN 25 2009

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A STAFF ASSISTED RATE CASE

090346-WU

DISTRIBUTION CENTER

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CHK# 2198 \$ 200.00 611809 RT

I. General Data

- A. Name of utility BRENDENWOOD WATER SYSTEM, INC
- B. Address 13711 DEVENSHIRE CT, GRAND ISLAND, FL 32735 (STREET ADDRESS)
3153 PENNA CT, LONGWOOD, FL 32779 (MAILING ADDRESS)
- 1. Telephone Nos. (407) 333-0182, (407) 435-5773, (407) 323-3424
- 2. County LAKE Nearest City FUSTIS
- 3. General area served BRENDENWOOD, JEREMY'S, POST OFFICE
IN GRAND ISLAND, FL

C. Authority:

- 1. Water Certificate No. WU020/339W Date Received 8/5/81
- Wastewater Certificate No. - Date Received -
- Date utility started operations: Water 8/17/81 Wastewater -

D. How system was acquired

- If utility was purchased, give date 3/2004 Amount Paid TRANSFER *CONSTRUCTION OF BRENDENWOOD SUBDIVISION*
- 1. Name of Seller PAUL DAY - TRANSFER
- 2. Was seller affiliated with present owners? YES. FATHER OF DEBORAH DAY BRACELAND
- 3. Did you purchase: Stock 100 SHARES + LEASE of assets only -

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

SUB CHAPTER S-CORPORATION

F. Ownership & Officers:

Name	Title	Percent Ownership
1. <u>DEBORAH DAY BRACELAND</u>	<u>PRESIDENT</u>	<u>100%</u>
2.		
3.		
4.		

PSC/ECR 2 (Rev. 3/02)

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COMMISSION CLERK

G. List of Associated Companies and Addresses:

1. _____
2. _____
3. _____

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):

II. Accounting Data

A. Outside Accountant

1. Name _____
2. Firm _____
3. Address _____
4. Telephone () _____

B. Individual to contact on accounting matters:

1. Name KRISTEE MOLLERUP
2. Telephone 407, 435-5773

C. Location of books and records 3153 PENNA CT, LONGWOOD, FL 32779

D. Have you filed an Annual Report with the Commission? YES

Date Last Filed 2008

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>13,036</u>	\$ <u>10,026</u>
CIAC	- <u>1,577</u>	- <u>1,577</u>
Less Accumulated Depreciation:	- <u>1,913</u>	- <u>1,348</u>
CIAC Asset	+ <u>1,285</u>	+ <u>1,190</u>
Less Contributed Plant:	- <u> </u>	- <u> </u>
Net Owner's Investment:	\$ <u>10,831</u>	\$ <u>8,291</u>

2. Wastewater	20__	20__
Cost of Plant In Service:	\$ _____	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
New Owner's Investment:	\$ _____	\$ _____

N/A

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

1. Water	2008	2007
Revenues (By Class):		
a. <u>C</u>	\$ 29,388	\$ 30,008
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	2149	2421
f. Fuel for Power Production	_____	_____
g. Chemicals	210	107
h. Materials & Supplies	777	372
i. Contractual Services	16982	19,680
j. Rents	_____	_____
k. Transportation Expenses	1,830	1,705
l. Insurance Expense	806	2,870
m. Regulatory Commission Expense	1370	1,299
n. Bad Debt Expense	_____	_____
o. Miscellaneous Expense	132	132
p. Depreciation Expense	565	622
q. Property Taxes	899	88
r. Other Taxes LICENSES/PERMITS	200	150
s. Income Taxes	_____	_____
t. Amortization	-95	-95
Operating Income (Loss)	EXPENSES \$ 25,825	\$ 29,351
	INCOME 3,563	657

2.	Wastewater	N/A	20__	20__
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 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)			\$ _____	\$ _____

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	* DEBORAH DAY BRACELANO	2008	2,800	7	N/A
2.	_____	_____	_____	_____	_____
3.	* HAVE NOT BEEN ABLE TO PAY OWNER HGR MANAGEMENT FEE IN TOTAL.				
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 NONE
- 2. Firm _____
- 3. Address _____
- 4. Telephone () _____

B. Individual to contact on engineering matters:

- 1. Name DEBORAH DAY BRACELAND
- 2. Telephone (407) 435-4758

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.

THOMAS FELTON # 0002241

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 wastewater 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 - 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 existing 108,000 under construction _____ proposed _____
2. Type of treatment FREE CHLORINE
3. Approximate average daily flow of treated water 41,000
4. Source of water supply WELL
5. Types of chemicals used and their normal dosage rates CHLORINE
CHECKED DAILY .4 - .8 mg/L
6. Number of wells in service 1 Total capacity in gallons per minute (gpm) 160 gpm
Diameter/Depth 6" DIAMETER 121 FT CASING 141 FT TOTAL DEPTH
Motor horsepower 15 HP SUBMERSIBLE
Pump capacity (gpm) 160 gpm
7. Reservoirs and/or hydropneumatic tanks:
Description PRESSURE TANK
Capacity 3000 GALL.
8. High service pumping:
Motor horsepower N/A
Pump capacity (gpm) _____
9. How do you measure treatment plant production? MAIN FLOW METER
10. Approximate feet of water mains:
Size (diameter) 4" 2"
Linear feet 3000 FT 1000 FT
11. Note any fire flow requirements and imposing government agency
NONE
12. Number of fire hydrants in service NONE

13. Do you have a meter change out program? CHECK MONTHLY. CHANGE OUT AS NEEDED
14. Meter installation or tap in fees - Water \$ NONE
15. Service availability fees - Water \$ NONE
16. Has the existing treatment facility been approved by DEP? YES
17. Total gallons pumped during most recent twelve months 11,232,000
18. Total gallons sold during most recent twelve months 9,636,000
19. Gallons unaccounted for during most recent twelve months 1,596,000
20. Gallons purchased during most recent twelve months 0

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name KRISTEE MOLLERUP
2. Telephone Number (407) 435-5773

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

1. Water:

- a. Residential Water BASE \$ 13⁰⁸ / 1000 GALL, \$ 1⁸⁶ 0-10,000, 2⁶⁴ > 10,000 GALL
- b. General Service BASE \$ 13⁰⁸ / 1000 GALL \$ 2¹⁸ GALLONAGE CHG
- c. Special Contract —
- d. Other —

2. Wastewater:

- a. Residential Wastewater N/A
- b. General Service —
- c. Special Contract —
- d. Other —

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

- | | 2008 | 2007 |
|---------------------|-------------|-------------|
| 1. Water Metered | | |
| a. Residential | <u>57</u> | <u>57</u> |
| b. General Service | <u>1</u> | <u>1</u> |
| c. Special Contract | <u>—</u> | <u>—</u> |
| d. Other - Specify | <u>—</u> | <u>—</u> |
| 2. Water Unmetered | 20 <u>—</u> | 20 <u>—</u> |
| a. Residential | <u>N/A</u> | <u>—</u> |
| b. General Service | <u>—</u> | <u>—</u> |
| c. Special Contract | <u>—</u> | <u>—</u> |
| d. Other - Specify | <u>—</u> | <u>—</u> |

3. Wastewater

20__

20__

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

N/A

V. Affirmation

I, DEBBRAH DAY BRACELAND 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 *Deborah Day BraceLand*
 Title PRESIDENT / OWNER

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.