

## FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

## I. GENERAL DATA

A. Name of Utility: **Keen Sales, Rentals and Utilities, Inc**B. Address: **685 Dyson Road Haines City, FL 33844**1. Telephone Nos.: **(863) 421-6827**2. County: **Polk**Nearest City: **Haines City**3. General Area Served: **Keen Subdivision (Ray Keen Road; Ellison Parkway; Earlene Road  
See attached description**

C. Authority:

1. Water Certificate No. **582-W**Date Received: **10/05/1998**2. Wastewater Certificate No. **N/A**Date Received: **N/A**3. Date Utility Started Operations: Water: **01/30/1990**Wastewater: **N/A**D. How System Was Acquired: **Built with Subdivisions**If utility was purchased, give date **N/A**Amount Paid \$ **N/A**1. Name of Seller: **N/A**2. Was seller affiliated with present owners?  Yes  No3. Did you purchase:  Stock  or assets only

E. Type of Legal Entity:

 Corporation Partnership Sole Proprietorship

F. Ownership &amp; Officers:

	Name	Title	Percent Ownership
1.	<u>Melinda Keen</u>	<u>President</u>	<u>0%</u>
2.	<u>Earlene Keen</u>	<u>Vice-President</u>	<u>100%</u>
3.	<u>Shelly Dukes</u>	<u>Treasurer</u>	<u>0%</u>
4.	<u>Blake Keen</u>	<u>Secretary</u>	<u>0%</u>

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G. List of Associated Companies and Addresses:

**Lake Region Paradise Island**  
**547 Paradise Island Drive**  
**Haines City, FL 33844**

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**

**N/A**

**II. ACCOUNTING DATA**

A. Outside Accountant

- 1. Name: **Steve Herman CPA**
- 2. Firm: **Hunter & Herman, Inc**
- 3. Address: **399 Sixth Street, SE, Winter Haven, FL 33880**
- 4. Telephone: **(863) 293- 3965**

B. Individual To Contact On Accounting Matters:

- 1. Name: **Melinda Keen**
- 2. Telephone: **(863) 421-6827**

C. Location of Books and Records: **685 Dyson Road Haines City, FL 33844**

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

Date Last Filed: **05/20/2021**

E. Has your latest Regulatory Assessment Fee Payment been made? Yes  
(January 30 or July 30 whichever is applicable)  Jan 30  July 30

F. Basic Rate Base Data: (Most recent two years)

1. Water:

	<b>2020</b>	<b>2021</b>
Cost of Plant In Service	\$ <b>221208</b>	\$ <b>221644</b>
Less Accumulated Depreciation	<b>177393</b>	<b>180686</b>
Less Contributed Plant	<b>0</b>	<b>0</b>
Net Owner's Investment	\$ <b>43815</b>	\$ <b>40958</b>

2. Wastewater:

**20**                      **20**

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:

	2020	2021
Revenues (By Class)		
a. <b>Residential</b>	\$ <b>63,340</b>	\$ <b>64,388</b>
b.	_____	_____
c.	_____	_____
Total Operating Revenues:	\$ <b>63340</b>	\$ <b>64388</b>
Less Expenses:		
a. Salaries & Wages - Employees	17523	18720
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	11880	11880
c. Employee Pensions & Benefits	4550	5492
d. Purchased Water	0	0
e. Purchased Power	2713	2606
f. Fuel for Power Production	0	0
g. Chemicals	1608	1336
h. Materials & Supplies	1416	613
i. Contractual Services	7876	10919
j. Rents	4860	4860
k. Transportation Expenses	726	210
l. Insurance Expense	2544	3143
m. Regulatory Commission Expense	_____	_____
n. Bad Debt Expense	1812	0
o. Miscellaneous Expense	4553	3706
p. Depreciation Expense	3431	3293
q. Property Taxes	_____	_____
r. Other Taxes	4211	4605
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ <b>-6,363</b>	\$ <b>-4,165</b>



III

ENGINEERING DATA

A. Outside Engineering Consultant:

- 1. Name: **NA**
- 2. Firm: **N/A**
- 3. Address: **N/A**
- 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: **NO**

D. List any known service deficiencies and steps taken to remedy problems: **N/A**

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

Tri Florida Treatment, Inc 7881C; 8567; 7247

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:
- 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:    b. Under Construction :    c. Proposed:
2. Type of treatment: **Liquid Chlorine**
3. Approximate average daily flow of treated water:
4. Source of water supply: **Well**
5. Types of chemicals used and their normal dosage rates: **Chlorine – as monitored by operator**
6. Number of wells in service: **1**  
Total capacity in gallons per minute (gpm):

Diameter/Depth:	<b>6"</b> / <b>235'</b>	_____ / _____	_____ / _____
Motor horsepower:	<b>25</b>	_____	_____
Pump capacity (gpm):	_____	_____	_____

7. Reservoirs and/or hydropneumatic tanks:

Description:	<b>steel</b>	_____	_____
Capacity:	<b>9000</b>	_____	_____

8. High service pumping:

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

9. How do you measure treatment plant production? **Flow Meter**

10. Approximate feet of water mains:

Size (diameter):	<b>2"</b>	<b>4"</b>	<b>6"</b>	_____
Linear feet:	<b>225</b>	<b>1525</b>	<b>4396</b>	_____

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

12. Number of fire hydrants in service: **6**

13. Do you have a meter change out program?  No  Yes (we change as needed)
14. Meter installation or tap in fees - Water \$ 100
15. Service availability fees - Water \$ 400
16. Has the existing treatment facility been approved by DEP?  No  Yes
17. Total gallons pumped during most recent twelve months: 8453267
18. Total gallons sold during most recent twelve months: 7872872
19. Gallons unaccounted for during most recent twelve months: 580395
20. Gallons purchased during most recent twelve months: 0

**IV. RATE DATA**

A. Individual to contact on tariff matters:

1. Name: Christie Harris/Melinda Keen
2. Telephone Number: (863) 421-6827

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

1. Water:

- a. Residential Water See Second revised sheet NO 13.0 Attached
- b. General Service \_\_\_\_\_
- c. Special Contract \_\_\_\_\_
- d. Other - Specify \_\_\_\_\_

2. Wastewater:

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

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

	<b>2020</b>	<b>2021</b>
1. Water Metered	<b>120</b>	<b>120</b>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered	<b>20</b>	<b>20</b>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
3. Wastewater	<b>20</b>	<b>20</b>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____

**V. AFFIRMATION**

I, Mindy 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.



NAME OF COMPANY KEEN SALES, RENTALS AND UTILITIES, INC.

WATER TARIFF

(Continued from Sheet No. 3.0)

DESCRIPTION OF TERRITORY SERVED

The following described lands located in Section 25, Township 27 South, Range 27 East, Polk County, Florida:

The Earlene and Ray Keen Subdivisions:

Township 27 South, Range 27 East, Section 25, the East 1/2 of the Northeast 1/4 of the Northwest 1/4.

The Ellison Park Subdivision:

Commence at the Northwest corner of the Northwest 1/4 of the Northeast 1/4 of Section 25, Township 27 South, Range 27 East, Polk County, Florida, and run South 00° 25' 15" East along West boundary thereof, 45.80 feet to a point on the South right-of-way line of County Road #580; thence North 89° 42' 57" East along said South right-of-way line, 100.00 feet to the Point of Beginning; thence continue North 89° 42' 57" East along said South right-of-way line, 169.58 feet; thence South 00° 25' 15" East, 170.00 feet; thence North 89° 42' 57" East, 225.10 feet to a point on the East boundary of the West 3/4 of the West 1/2 of said Northwest 1/4 of the Northeast 1/4; thence South 00° 25' 31" East along said East boundary 1106.92 feet; thence South 89° 45' 03" West, 494.68 feet; thence North 00° 25' 15" West, 922.42 feet; thence North 89° 48' 25" East, 100.00 feet; thence North 00° 25' 15" West 354.36 feet to the Point of Beginning.

JAMES RAY KEEN  
ISSUING OFFICER

PRESIDENT  
TITLE

RESIDENTIAL SERVICE

RATE SCHEDULE (RS1)

- AVAILABILITY - Available throughout the area served by the Company.
- APPLICABILITY - For water service for all customers of the Earlene and Keen Subdivision & Ellison Park Subdivision in private residences and individually metered apartment units.
- LIMITATIONS - Subject to all of the Rules and Regulations of this Tariff and General Rules and Regulations of the Commission.
- BILLING PERIOD - Monthly

RATE -

<u>Meter Sizes</u>	<u>Base Facility Charge</u>
5/8" x 3/4"	\$ 16.28
3/4"	\$ 24.42
1"	\$ 40.70
1-1/2"	\$ 81.40
2"	\$ 130.24
3"	\$ 260.48
4"	\$ 407.00
6"	\$ 814.00
Charge per 1,000 gallons	
0 - 6,000 gallons	\$ 4.59
6,001 - 12,000 gallons	\$ 6.88
Over 12,000 gallons	\$ 9.19

- MINIMUM CHARGE - Base Facility Charge
- TERMS OF PAYMENT - Bills are due and payable when rendered. In accordance with Rule 25-30.320, Florida Administrative Code, if a Customer is delinquent in paying the bill for water service, service may then be discontinued.

EFFECTIVE DATE - September 12, 2021

TYPE OF FILING - 2021 Price Index

WS-2021-0081

MELINDA DUNNAHOE  
ISSUING OFFICER

PRESIDENT  
TITLE

**FLORIDA PUBLIC SERVICE COMMISSION**

**APPLICATION FOR A  
STAFF ASSISTED RATE CASE**

**I. GENERAL DATA**

A. Name of Utility: **Keen Sales, Rentals and Utilities, Inc**

B. Address: **685 Dyson Road Haines City, FL 33844**

1. Telephone Nos.: **(863) 421-6827**

2. County: **Polk**

Nearest City: **Haines City**

3. General Area Served: **Lake Region Paradise Island**

**See attached description**

C. Authority:

1. Water Certificate No. **582-W**

Date Received: **10/05/1998**

2. Wastewater Certificate No. **N/A**

Date Received: **N/A**

3. Date Utility Started Operations: Water: **N/A**

Wastewater: **N/A**

D. How System Was Acquired: **Direct Purchase**

If utility was purchased, give date **Jan 1997**

Amount Paid \$ **25,000**

1. Name of Seller: **S & S Utilities, Inc.**

2. Was seller affiliated with present owners?  Yes  No

3. Did you purchase:  Stock  or assets only

E. Type of Legal Entity:

Corporation  Partnership  Sole Proprietorship

F. Ownership & Officers:

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**COMMISSION**  
**CLERK**

	Name	Title	Percent Ownership
1.	<u>Melinda Keen</u>	<u>President</u>	<u>0%</u>
2.	<u>Earlene Keen</u>	<u>Vice-President</u>	<u>100%</u>
3.	<u>Shelly Dukes</u>	<u>Treasurer</u>	<u>0%</u>
4.	<u>Blake Keen</u>	<u>Secretary</u>	<u>0%</u>

G. List of Associated Companies and Addresses:

**Keen Mobile Home Subdivisions  
Haines City, FL 33844**

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**

**N/A**

**II. ACCOUNTING DATA**

A. Outside Accountant

- 1. Name: **Steve Herman CPA**
- 2. Firm: **Hunter & Herman, Inc**
- 3. Address: **399 Sixth Street, SE, Winter Haven, FL 33880**
- 4. Telephone: **(863) 293- 3965**

B. Individual To Contact On Accounting Matters:

- 1. Name: **Melinda Keen**
- 2. Telephone: **(863) 421-6827**

C. Location of Books and Records: **685 Dyson Road Haines City, FL 33844**

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

Date Last Filed: **05/20/2021**

E. Has your latest Regulatory Assessment Fee Payment been made? Yes  
(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>	2020	2021
Cost of Plant In Service	\$ <u>94616</u>	\$ <u>94993</u>
Less Accumulated Depreciation	<u>63181</u>	<u>65961</u>
Less Contributed Plant	<u>0</u>	<u>0</u>
Net Owner's Investment	\$ <b>31435</b>	\$ <b>29032</b>
2. <u>Wastewater:</u>	<b>20</b>	<b>20</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:

	2020	2021
Revenues (By Class)		
a. <b>Residential</b>	\$ <b>44715</b>	\$ <b>44041</b>
b.	_____	_____
c.	_____	_____
Total Operating Revenues:	\$ _____	\$ _____
Less Expenses:		
a. Salaries & Wages - Employees	<b>21417</b>	<b>22880</b>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<b>14520</b>	<b>14520</b>
c. Employee Pensions & Benefits	<b>5561</b>	<b>6712</b>
d. Purchased Water	<b>0</b>	<b>0</b>
e. Purchased Power	<b>1552</b>	<b>1547</b>
f. Fuel for Power Production	<b>0</b>	<b>0</b>
g. Chemicals	<b>1447</b>	<b>1149</b>
h. Materials & Supplies	<b>827</b>	<b>1071</b>
i. Contractual Services	<b>5988</b>	<b>10859</b>
j. Rents	<b>5940</b>	<b>5940</b>
k. Transportation Expenses	<b>848</b>	<b>204</b>
l. Insurance Expense	<b>2760</b>	<b>3444</b>
m. Regulatory Commission Expense	_____	_____
n. Bad Debt Expense	<b>21</b>	<b>0</b>
o. Miscellaneous Expense	<b>5330</b>	<b>4590</b>
p. Depreciation Expense	<b>2767</b>	<b>2780</b>
q. Property Taxes	_____	_____
r. Other Taxes	<b>4253</b>	<b>3398</b>
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ <b>-28626</b>	\$ <b>-35193</b>



III

ENGINEERING DATA

A. Outside Engineering Consultant:

- 1. Name: **NA**
- 2. Firm: **N/A**
- 3. Address: **N/A**
- 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: **NO**

D. List any known service deficiencies and steps taken to remedy problems: N/A

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

Tri Florida Treatment, Inc 7881C; 8567; 7247

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:
  - 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





13. Do you have a meter change out program?  No  Yes (we change as needed)
14. Meter installation or tap in fees - Water \$ 100
15. Service availability fees - Water \$ 400
16. Has the existing treatment facility been approved by DEP?  No  Yes
17. Total gallons pumped during most recent twelve months: 7489289
18. Total gallons sold during most recent twelve months: 6986570
19. Gallons unaccounted for during most recent twelve months: 502719
20. Gallons purchased during most recent twelve months: 0

**IV. RATE DATA**

A. Individual to contact on tariff matters:

1. Name: Christie Harris/Melinda Keen
2. Telephone Number: (863) 421-6827

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

1. Water:

- a. Residential Water See Second revised sheet NO 13.1 Attached
- b. General Service \_\_\_\_\_
- c. Special Contract \_\_\_\_\_
- d. Other - Specify \_\_\_\_\_

2. Wastewater:

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

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

	<b>2020</b>	<b>2021</b>
1. Water Metered	<b>98</b>	<b>97</b>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered	<b>20</b>	<b>20</b>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
3. Wastewater	<b>20</b>	<b>20</b>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____

**V. AFFIRMATION**

I, Mindy 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.

RESIDENTIAL SERVICE

RATE SCHEDULE (RS2)

- AVAILABILITY – Available throughout the area served by the Company.
- APPLICABILITY – For water service for all customers of the Lake Region Paradise Island in private residences and individually metered apartment units.
- LIMITATIONS – Subject to all of the Rules and Regulations of this Tariff and General Rules and Regulations of the Commission.
- BILLING PERIOD – Monthly

RATE –

<u>Meter Sizes</u>	<u>Base Facility Charge</u>
5/8" x 3/4"	\$ 11.61
3/4"	\$ 17.42
1"	\$ 29.03
1-1/2"	\$ 58.05
2"	\$ 92.88
3"	\$ 185.76
4"	\$ 290.25
6"	\$ 580.50
Charge per 1,000 gallons	
0 – 5,000 gallons	\$ 3.89
5,001 – 10,000 gallons	\$ 4.85
Over 10,000 gallons	\$ 5.84

- MINIMUM CHARGE – Base Facility Charge
- TERMS OF PAYMENT – Bills are due and payable when rendered. In accordance with Rule 25-30.320, Florida Administrative Code, if a Customer is delinquent in paying the bill for water service, service may then be discontinued.

EFFECTIVE DATE – September 12, 2021

TYPE OF FILING – 2021 Price Index

WS-2021-0081

MELINDA DUNNAHOE  
ISSUING OFFICER

PRESIDENT  
TITLE