

Commissioners:
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DIVISION OF WATER &
WASTEWATER
CHARLES HILL
DIRECTOR
(904) 413-6900

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FILE COPY

Public Service Commission

April 2, 1996

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NOV 06 1996

Mr. Kirby D. Morgan
Kirby D. Morgan, Inc.
P.O. Drawer 2939
Lake City, Florida 32056

Florida Public Service Commission
Division of Water and Wastewater

961332 - SU

Dear Mr. Morgan:

This is to follow up your request for a Staff Assisted Rate Case (SARC) application. I am attaching the application along with a copy of Rule 25-30.455, Florida Administrative Code, which provides the information needed to complete and submit the application.

If you have any questions or need further assistance with your SARC application, please feel free to contact me.

Sincerely,

Robert J. Casey
Regulatory Analyst

- ACK _____
- AFA /RJC
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC _____
- WAS _____
- OTH _____

cc: Division of Water and Wastewater (Hill, Bethea, Brady)

Mr. Casey Please find our Application enclosed call if you have any questions, (904) 752-8267

FLORIDA PUBLIC SERVICE COMMISSION

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APPLICATION FOR A
STAFF ASSISTED RATE CASE

Florida Public Service Commission
Division of Water and Wastewater

I. General Data

A. Name of utility Kirby D. Morgan INC.

B. Address P.O. Drawer 2939
Lake City, FL 32056

1. Telephone Nos. (904) 752-8267

2. County Columbia Nearest city Lake City

3. General area served Eastside Village Subdivision

C. Authority:

1. Water Certificate No. _____ Date received _____

2. Sewer Certificate No. 501-S Date received 5/96

3. Date utility started operations: Water _____ Sewer 3/2/93

D. How system was acquired purchased

If utility was purchased, give date 6/1/95 Amount Paid \$60,000.00

1. Name of Seller Greene-Horne Corp.

2. Was seller affiliated with present owners? no, purchaser was an employee

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

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

Proprietorship S CORPORATION

F. Ownership & Officers:

<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1. <u>Kirby D. Morgan</u>	<u>President</u>	<u>50</u>
2. <u>Dorothy J. Morgan</u>	<u>vice president</u>	<u>50</u>
3. _____	_____	_____
4. _____	_____	_____

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 G. David Brewer
2. Firm Odom, Moses & Company
3. Address 1420 S. 1st Street Lake City, FL 32025
4. Telephone (904) 752-4621

B. Individual to contact on accounting matters:

1. Name Kirby Morgan
2. Telephone (904) 752-8267

C. Location of books and records Lake City, FL

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

Date last filed July 1, 1996

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	n/a	19__	19__
Cost of Plant In Service:		\$ _____	\$ _____
Less Accumulated Depreciation:		_____	_____
Less Contributed Plant:		_____	_____
Net Owner's Investment:		\$ _____	\$ _____

2. Sewer	19 ⁹⁵	19 <u>n/a</u>
Cost of Plant In Service:	\$ <u>61,396</u>	\$ _____
Less Accumulated Depreciation:	<u>1,593</u>	_____
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>59,803</u>	\$ _____

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

1. Water	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 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)		\$ _____	\$ _____

2. Sewer

19__

19__

Revenues (By Class):

a. <u>residential service</u>	\$ 11,310	\$ _____
b. <u>misc income</u>	25	_____
c. _____	_____	_____
Total Operating Revenues:	\$ 11,335	\$ _____

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	2473	_____
g. Fuel for Power Production	_____	_____
h. Chemicals	256	_____
i. Materials & Supplies	1375	_____
j. Contractual Services	2862	_____
k. Rents	_____	_____
l. Transportation Expenses	_____	_____
m. Insurance Expense	_____	_____
n. Regulatory Commission Expense	_____	_____
o. Bad Debt Expense	_____	_____
p. Miscellaneous Expense	2481	_____
legal & professional 2113		
misc 368		
q. Depreciation Expense	1593	_____
r. Property Taxes	_____	_____
s. Other Taxes	_____	_____
t. Income Taxes	_____	_____
Operating Income (Loss)	\$ 295	\$ _____

H. Outstanding Debt:

	<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
<u>X</u>	Form 1120S - Subchapter S Corporation
_____	Form 1065 - Partnership
_____	Form 1040 - Schedule C - Individual (Proprietorship)

III. Engineering Data

A. Outside Engineering Consultant:

1. Name CURTIS KEEN
2. Firm CURTIS KEEN
3. Address 9263 CR 417 LIVE OAK, FL 32060
4. Telephone (904) 362-4787

B. Individual to contact on engineering matters:

1. Name CURTIS KEEN
2. Telephone (904) 362-4787

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. HIGH NITRATES, INCREASE SLUDGE HAULS

E. Name of plant operator(s) and DER operator certificate number(s) held. THREE RIVERS UTILITIES #006611

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 existing 25000
_____ under construction _____ proposed _____

2. Type and make of present treatment facilities DE FIANCE
CONCRETE

3. Approximate average daily flow of treatment plant effluent 7000

4. Approximate length of sewer mains:

Size (diameter) 8"
Linear feet 11500

5. Number of manholes 34

6. Number of liftstations 3

7. How do you measure treatment plant effluent? Influent Flowmeter

8. Is the treatment plant effluent chlorinated? yes If yes, what is the normal dosage rate? 20 gallons of 15% solution

9. Tap in fees - Sewer \$ 0
10. Service availability fees - Sewer \$ 0
11. Note DER Treatment Plant Certificate Number and date of expiration: Number 276328 Expiration Date 3/2/98
ID# 3112P00467
12. Total gallons treated during most recent twelve months 90,000
13. Sewage treatment purchased during most recent twelve months _____

H. Water

1. Gallons per day capacity of treatment facilities existing _____
_____ under construction _____ 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? _____
14. Meter installation or tap in fees - Water \$ _____
15. Service availability fees - Water \$ _____
16. Has the existing treatment facility been approved by DER? _____
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 KIRBY D. MORGAN
2. Telephone Number (904) 752-8267

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

1. Water: N/A
 - a. Residential Water _____
 - b. General Service _____
 - c. Special Contract _____
 - d. Other _____
2. Sewer:
 - a. Residential Sewer \$13.00 _____
 - b. General Service _____
 - c. Special Contract _____
 - d. Other _____

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

1. Water Metered	N/A	19__	19__
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		19 ⁹⁵	19__
a. Residential		160	_____
b. General Service		_____	_____
c. Special Contract		_____	_____
d. Other - specify		_____	_____

V Affirmation

I, Kirby D. Morgan 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 *Kirby D. Morgan*
 Title 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.