DEPOSIT

D003 M SEP 04 1998

DATE

APPLICATION FOR GRANDFATHER CERTIFICATE

(Pursuant to Section 367.171, Florida Statutes)

981100-WS

To: Director, Division of Records and Reporting Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

The undersigned hereby makes application for original certificate(s) to operate a water $\underbrace{V}_{}$ and $\underbrace{}$ and $\underbrace{}$ wastewater $\underbrace{V}_{}$ utility in $\underbrace{Po_{FC}}_{}$ County, Florida, and submits the following information:

PART I APPLICANT INFORMATION

A) The full name (as it appears on the certificate), address and telephone number of the applicant:

Name of utility		
(941) 965-95-	19 (941, 294-9484
Phone No.		Fax No.
534 SOMERSET	T DRIVE	
Office street addre	ess	
AUBURHDALE	FLORIDA	33823
City	State	Zip Code
SAME		
Mailing address if	different	from street address
TUCKER 96 CON	ACENTRIC .	NET
Internet address if	f applicabl	e
B) The name, addre contact concern		ephone number of the person to pplication:
ROBERT W.	BRHOUD	SR. (941) 299-4444
Name		Phone No.
534 Somers	SET DUU	E
Street address		
ANBHRADALE.	FLORIDA	33823
City	State	Zip Code
IAW 14 (Rev. 8/95)		

DOCUMENT NUMBER - DATE

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The undersigned hereby makes application for original certificate(s) to operate a water $\underbrace{V}_{}$ and $\underbrace{Horizon}_{}$ wastewater $\underbrace{V}_{}$ utility in $\underbrace{Porio}_{}$ (County, Florida, and submits the following information:

PART I APPLICANT INFORMATION

A) The full name (as it appears on the certificate), address and telephone number of the applicant:

Name of utility		· · · · · · · · · · · · · · · · · · ·			
(941, 965-9549 (941, 294-9484					
Phone No.		Fax No.			
534 SOMERSE	T DRIVE				
Office street address					
AUBNICHDALE	FLORIDA	33823			
City	State	Zip Code			
SAME					
Mailing address if different from street address					
TUCKER 96 C CONCENTIZIC, NET					
Internet address if applicable					

B) The name, address and telephone number of the person to contact concerning this application:

	11 ADILDIN SP.	· <u>941) 2</u>	299-4444
		1707 No.	
R.W. ARNOLD, INC. 534 SOMERSET DR. 941-965-9549 AUBURNDALE, FL 33823	8-31 1098	1767 4 63-751/631 00237	
Pay to the Fixer OA FOBME Ster FOR HUNDELD DOLLANS		de	
First Union National Bank of Florida Winter Haven, Florida 24 Hour Information Service 1-800-735-1012		2	DOCUMENT NUMBER-DATE
Jor FAKE H GOLF ESTATUS	Johnta Church	<u>MP</u>	09667 SEP-4 8
<u></u>	• • • • • • • • • • • • • • • • • • •	Å	rang, tegananya PARTING

C) Indicate the organizational character of the applicant: (circle one)

Corporation Partnership Sole Proprietorship Other_ (Specify) If the applicant is a corporation, list names, titles D) and addresses of corporate officers and directors. (Use additional sheet if necessary). MA If the applicant is not a corporation, list names and E) addresses of all persons or entities owning an interest in the organization. (Use additional sheet if necessary.) ZOBERT W. ARHOUD SR. SOMERSET 33823 AUBUENDALE

PART II SYSTEM INFORMATION

A) WATER

- (1) Exhibit <u>A</u> A statement describing the proposed type(s) of water service to be provided (i.e. potable, non-potable or both).
- (2) Provide a description of the types of customers served (i.e., single family homes, mobile homes, duplexes, commercial, etc.).

193 MOBILE HOMES (REGIDENTIAL REC HALI (Countral

- (3) Exhibit ______ Provide a schedule showing the number of customers currently served by class and meter size, as well as the number of customers projected to be served when the requested service territory is fully occupied.
- (4) Indicate permit numbers and dates of approval of water treatment facilities by the Department of Environmental Protection (DEP) or the agency designated by DEP to issue permits:

PERMIT # 653 2585

- (5) Indicate when the water utility system was established. <u>SEPTEMBER 1979</u>
- (6) Exhibit <u>C</u> Evidence that the utility owns the land where the water treatment facilities are located. Or, if the utility does not own the land, a copy of the agreement which provides for the long term continuous use of the land, such as a 99-year lease. The Commission may consider a written easement or other cost-effective alternative.

B) WASTEWATER

 Provide a description of the types of customers served (i.e., single family homes, mobile homes, duplexes, commercial, etc.).

- (2) Exhibit ______ Provide a schedule showing the number of customers currently served by class and meter size, as well as the number of customers projected to be served when the requested service territory is fully occupied.
- (3) Indicate permit numbers and dates of approval of wastewater treatment facilities by the Department of Environmental Protection (DEP) or the agency designated by DEP to issue permits:

1550ED 07-26-91

- (4) Indicate when the wastewater utility system was established. <u>SEPTEMBER 1979</u>
- (5) Exhibit <u>C</u> Evidence that the utility owns the land where the wastewater treatment facilities are located. Or, if the utility does not own the land, a copy of the agreement which provides for the long term continuous use of the land, such as a 99-year lease. The Commission may consider a written easement or other cost-effective alternative.

PART III RATES AND TARIFFS

- A) Exhibit \underline{D} A statement specifying on what date and under what authority the current rates and charges were established.
- B) Exhibit $\underline{\underline{\mathcal{E}}}$ The original and two copies of water and/or wastewater tariff(s) containing all rates, classifications, charges, rules and regulations. Sample tariffs are enclosed with the application package.

PART IV <u>TERRITORY DESCRIPTION AND MAPS</u>

A) TERRITORY DESCRIPTION

Exhibit _______ - An accurate description, using township, range and section references as specified in Rule 25-30.030(2), Florida Administrative Code, of the territory the utility was serving or was authorized to serve on the day Chapter 367, Florida Statutes, became applicable. If the water and wastewater service territories are different, provide separate descriptions.

B) **TERRITORY MAPS**

Exhibit \underline{G} - One copy of an official county tax assessment map or other map showing township, range and section with a scale such as 1"=200' or 1"=400' on which the proposed territory plotted by use of metes and bounds or quarter sections and with a defined reference point of beginning. If the water and wastewater service territories are different, provide separate maps.

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C) SYSTEM MAPS

PART V <u>FILING FEE</u>

Indicate the filing fee enclosed with the application:

 $\underline{\$ 200.00}$ (for water) and/or $\underline{\$ 200.00}$ (for wastewater).

<u>Note</u>: Pursuant to Rule 25-30.020, Florida Administrative Code, the amount of the filing fee as follows:

- For applications in which the utility has the capacity to serve up to 100 ERC's, the filing fee shall be \$100.
- (2) For applications in which the utility has the capacity to serve from 101 to 200 ERC's the filing fee shall be \$200.
- (3) For applications in which the utility has the capacity to serve from 201 ERC's to 500 ERC's the filing fee shall be \$500.
- (4) For applications in which the utility has the capacity to serve 501 to 2,000 ERC's the filing fee shall be \$1,000.
- (5) For applications in which the utility has the capacity to serve from 2,001 to 4,000 ERC's the filing fee shall be \$1,750.
- (6) For applications in which the utility has the capacity to serve more than 4,000 ERC's the filing fee shall be \$2,250.

ROBERT W, ARNOLD I (applicant) do solemnly swear or affirm that the facts stated in the foregoing application and all exhibits attached thereto are true and correct and that said statements of fact thereto constitutes a complete statement of the matter to which it relates. auto. (BY: Applicant's Signature ROBERT W. ARNOLD Applicant's Name (Typed) Applicant's Title * 19th Subscribed and sworn to before me this August of _ 19_ hugel cr OFFICIAL NOTARY SEAL 00 SHERDELL C REEVES Sherdell C. Reeves NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC433116 Notary Public MY COMMISSION EXP. JAN. 27,1999

* If applicant is a corporation, the affidavit must be made by the president or other officer authorized by the by-laws of the corporation to act for it. If applicant is a partnership or association, a member of the organization authorized to make such affidavit shall execute same.

Robert W. Arnold Sr. Owner 534 Somerset Drive Auburndale, Fl. 33823 (941) 965-9549

Exhibit "A"

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The utility serves potable water only.

Robert W. Arnold Sr. Owner 534 Somerset Drive Auburndale, Fl. 33823 (941) 965-9549

Exhibit "8"

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Currently served192 residential connections¾" meter1commercial connection¾" meter

×1.

maximum connections 193 residential 1 commercial

Robert W. Arnold Sr. Owner 534 Somerset Drive Auburndale, Fl. 33823 (941) 965-9549

Exhibit "c"

See attached warranty deed.

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Heturn to: (e 'Name:	nclos didressed stamped envelope)	WARRANTY DEED (FROM CORPORATION)		RAMCO FORM A-3		
	ANDREW R. REILLY, Esquire $R^{(\epsilon)}$ P.O. Box 2039	1861		DEPT 115 5.00		
Address: *	Haines City, FL 33845-2039	별		DEPT 291 1.0 DEPT 251 0.7		
		Printing Co.,		506 #		
This Instru	ment Prepared by:	Printi	0.4 4 0 407	CHECKS 6.70		
	ANDREW R. REILLY, Esquire P.O. Box 2039	국 	06/18/93	9905ARIM		
	Haines City, FL 33845-2039	4 99	20			
		Documentary Tax	Pd. \$			
	Appraisers Percel Identification (Folio) Number(s): -521020 - 001130 &	Intangible lax i'd.		_		
Grantee(s	(15.5, #(s)): 012826-521020-00130	E.D. "Bud" Dixen, By:	Deputy Cle	rk		
	SPACE ABOVE THIS LINE FOR PROCESSING DATA		SPACE ABOVE THIS LINE FOR			
	This morenty Appl actions		dev of a			
11	WRH ENTERPRISES, INC.	ecuted the 11th	day of June	, A.D. 19 93, by		
93 JUN 18 AH II: 17	a corporation existing under the laws of	the state of Fl	oridaand having i	its principal place of		
	business at 417 Gleneagles Court, hereinafter called the grantor, to	Winter Haven,				
ω	RÓBERT W. AŘNOLD, Sr., a m.		3249	075		
	whose post office address is 534 Summer	set Drive , FL 33823	POLK OFF. REC.	PAGE		
	hereinafter called the grantee:	, 11 33023		TAUL		
ð	(Wherever used herein the terms "grantor" and "gra individuals, and the successors and assigns of a			signs of		
	Witnesseth, That the grantor, for and	in consideration of the	sum of \$ 10.00	and other		
	valuable considerations, receipt whereof is here	eby acknowledged, by the	se presents does grant	-		
	remise, release, convey and confirm unto the County, State of Florida , viz:	grantee, all that certai	in lana situate in	Polk		
	That portion of Tract B in LAKE					
σ	in Plat Book 69, Page 44 of the described as: Commence at the	e public record Northeast corn	s of Polk Cour er of Lot 31.	thence run		
σ	N 0 ⁰ 02'18"E 40.0 feet, thence r	un N 89 ⁰ 57'42''	W 304,0 feet t	to the Point of		
2 t	Beginning thence continue N 89 [°] to the North Boundary of LAKE					
01	said boundary 52.0 feet, thence	$run S 0^{\circ}02'18$	" W to the poi	int of beginnin		
0	and	Joweth of Distan	- - -			
	A 25 foot strip of land lying N ESTATES as per plat thereof rec public records of Polk County,					
	Ungether , with all the tenements, her	riorida, being editaments and appur	tenances thereto below	nging or in anywise		
	appertaining.					
	To Have and to Hold, the same	in fee simple forever.				
.1°	And the grantor hereby covenants with		•••	•		
• 1	simple; that it has good, right and lawful author title to said land and will defend the same again					
	is free of all encumbrances.		•	,		
≈ш ~	(CORPORATE In Witness V	Thereof , the said con	poration has caused	these presents to be		
EXAMINATION TTLE INSURANCE OR GIVEN.	SEAL) executed in its na	me, and its corporate	seal to be hereunto a	ffixed, by its proper		
LAT N.		duly authorized, the de	ay ana year jirst aco	ve written.		
AMINA E INSUF GIVEN	ATTEST:Secret		<u>RPRISES, INC.</u>			
EXA ITLE I OR G	Signed, sealed and delivered in the presence of	•				
DIT	new Renor	By: WILB	UR R. HAUEISEN	N, President		
NO TITLE MADE NOR TI REQUESTED (Witness Signature	OWN	(President (Signature)			
TIT DE NC	MARY ANN BURROW	$- / - / \sqrt{2}$	Printed Name	Less-		
NONA	Willow Signature	el/				
	SUZANNE M. WOODLAND					
E	Printed Name STATE OF Florida)	I hereby certify the	t on this day, before me, a	n officer duly authorized		
or	COUNTY OF Polk	to administer oaths	and take acknowledgme			
Descript Grantor			. <u>HAUEISE</u> N President ang	<u>*</u>		
d D oy G	respectively of <u>WRH_ENTERPRISES</u> , INC	ho no ho		poration in whose name		
an ed t	STATE OF_Florida I hereby certify that on this day, before me, an officer duly auto administer oaths and take acknowledgments, personally acto administer oaths and take acknowledgments, personally acto administer oaths and take acknowledgments, personally acto administer oaths and take acknowledgments, personally actors and take acknowledged executing the same for such corporation in whether and voluntarily, under authority duly vested in them by said corporation, and that the actors affixed thereto is the true of a said corporation, that I relied upon the following form of identification of the above-named personally known NOTARY BUBBER STAMP SEAL Witness my hand and official seal in the County and State last actors and take acknowledgments, personally acknowledged executing the same for such corporation in whether and take acknowledged executing the actors and that an oath (was)(was not actors and take acknowledged executing the above-named personally known					
Data Inpoli						
en su	NOTARY RUBBER STAMP SEAL	Witness my hand and o	fficial seal in the County			
Fre	SUZANNE M. WOODLAND	h	ay of June	, A.D. 19 <u>93</u> .		
	April 19, 1996	Sugant	matode			
10	BONDED THRU TROY FAIN INSURANCE, INC.		OODLAND	FILED, RECORDED, AND RECORD VERIFIED		
500 "	l	Printed Notary Signature		D. "Bud" DIXON, Clk. Cir. Ct.		
100	PCZ. A d		87	POLK COUNTY, FLA.		

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Robert W. Arnold Sr. Owner 534 Somerset Drive Auburndale, Fl. 33823 (941) 965-9549

Exhibit "D"

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Current rates and charges have not been approved. Polk County Utilities allowed the rate without ever officially approving it.

Robert W. Arnold Sr. Owner 534 Somerset Drive Auburndale, Fl. 33823 (941) 965-9549

Exhibit "E"

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See attached tarriffs.

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Robert W. Arnold Sr. Owner 534 Somerset Drive Auburndale, Fl. 33823 (941) 965-9549

Exhibit "F"

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See attached legal descriptions.

SCHEDULE "A"

PARCEL 1:

Tract A and the potable water well and treatment facility located thereon; Tract B and the wastewater treatment facility located thereon; all platted 10 foot wide easements including the potable water distribution system and wastewater collection system located therein; and the 25 foot wide platted Buffer Zone lying West and South and South of Tract A of LAKE 'N GOLF ESTATES ADDITION as per plat recorded in Plat Book 80, Plat 16 of the public records of Polk County, Florida, and all platted 10 foot wide easements including the potable water distribution system and wastewater collection system located therein lying in LAKE 'N GOLF ESTATES as per plat recorded in Plat Book 69, Page 44, of the public records of Polk County, Florida.

PARCEL 2:

That portion of Tract B in LAKE 'N GOLF ESTATES as per plat thereof recorded in Plat Book 69, Page 44 of the public records of Polk County, Florida, described as: Commence at the Northeast corner of Lot 31, thence run N 0°02'18"E 40.0 feet, thence run N 89°57'42" W 104.0 feet to the Point of beginning thence continue N 89°57'42" W 200.0 feet, thence run N 0°02'18" E to the North Boundary of LAKE 'N GOLF ESTATES, thence run S 89°46' E along said boundary 200.0 feet, thence run S 0°02'18" W to the point of beginning.

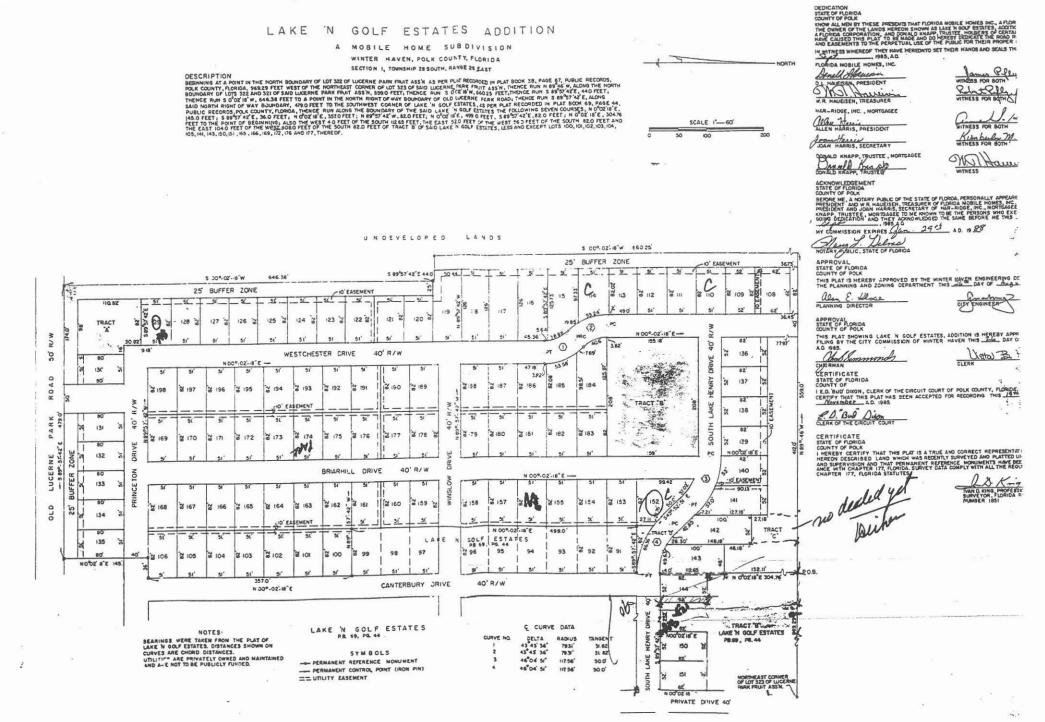
Robert W. Arnold Sr. Owner 534 Somerset Drive Auburndale, Fl. 33823 (941) 965-9549

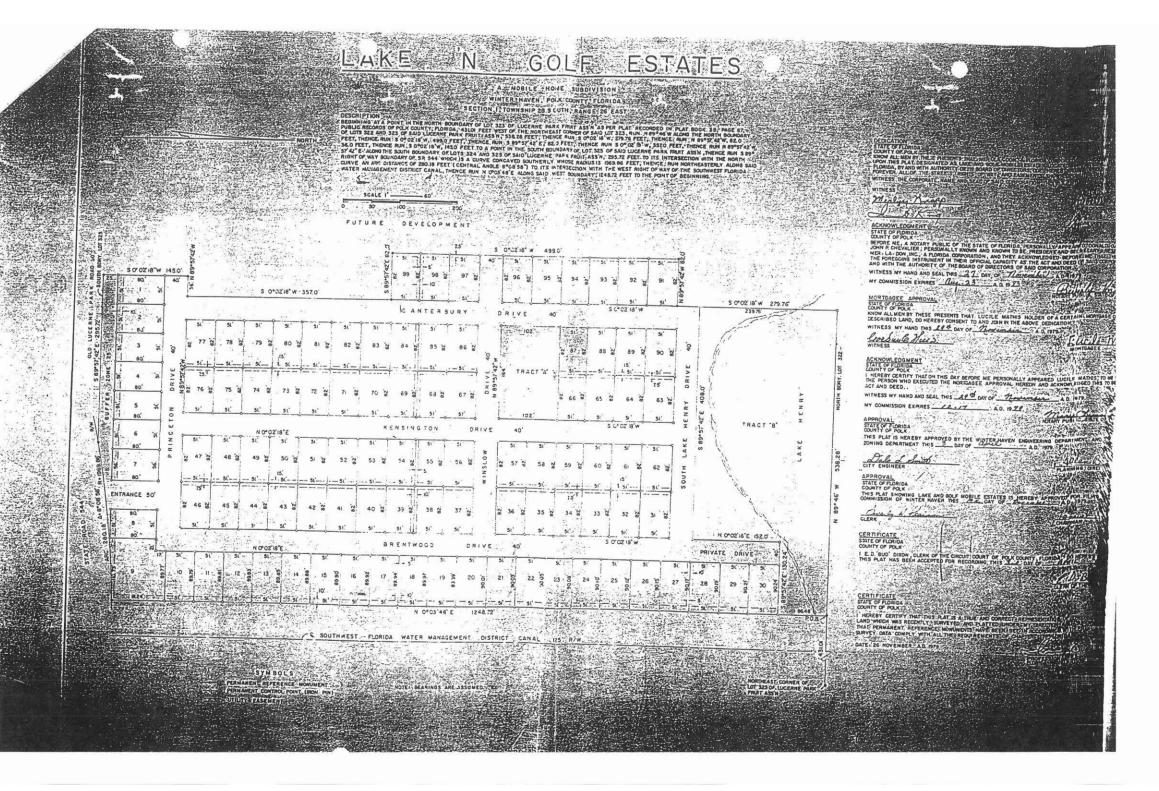
Exhibit "G"

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See attached Map.





Robert W. Arnold Sr. Owner 534 Somerset Drive Auburndale, Fl. 33823 (941) 965-9549

Exhibit "H"

See attached Engineers Drawing.



OFFICE OF COMMISSION CLERK ANN COLE COMMISSION CLERK

Hublic Service Commission

MAPS/DÍAGRAMS

DOCKET NO.: 981100-WS

DOCUMENT NO.: 09667-98Exhibit No. H

DOCUMENT DESCRIPTION: (Example: page 5 of pdf file.) Lake and Golf Mobile Estates Winter Haven, Florida - one copy of detailed map showing existing lines and facilities and the territory proposed to be served. PDF page 19 [CLK Note: Map forwarded to Staff-ECR.]

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850 An Affirmative Action / Equal Opportunity Employer

PSC Website: http://www.floridapsc.com

Internet E-mail: contact@psc.state.fl.us