

FLORIDA PUBLIC SERVICE COMMISSION

ORIGINAL

APPLICATION FOR A
STAFF ASSISTED RATE CASE

000467-WLU

I. General Data

A. Name of utility Gem Estates Utilities, Inc

B. Address P.O. Box 206
Zephyrhills, FL 33539

1. Telephone Nos. (813) 788-5463

2. County Polk Nearest city Zephyrhills, FL

3. General area served Gem Estates

C. Authority:

1. Water Certificate No. 563-W Date received Order# = PSC-94-1472 FOF WLU
NOV. 30, 1999

2. Sewer Certificate No. NA Date received NA

3. Date utility started operations: Water _____ Sewer NA

D. How system was acquired Previously run by parents (deceased), Now run by Trustee of Cahill Trust

If utility was purchased, give date NA Amount Paid NA

1. Name of Seller NA

2. Was seller affiliated with present owners? NA

3. Did you purchase: Stock NA or assets only NA

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

F. Ownership & Officers:

	Name	Title	Percent Ownership
1.	<u>Marjorie Cahill Trust</u>	<u>owner</u>	<u>100</u>
2.	<u>Theris Maiberg</u>	<u>President</u>	
3.			
4.			

PSC/WAS 2 (Rev. 11/86)

G. List of Associated Companies and Addresses:

- NA
-
-

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):

DOCUMENT NUMBER-DATE

04840 APR 20 8

FPSC-RECORDS/REPORTING

NA.

II. Accounting Data

A. Outside Accountant

1. Name Magnus Flaws
2. Firm Magnus Flaws & Company, P.A.
3. Address P.O. Box 944 Tampa FL 33601
4. Telephone (813) 223-2711

B. Individual to contact on accounting matters:

1. Name Magnus Flaws
2. Telephone (813) 223-2711

C. Location of books and records 39655 Elgin Drive Zephyrhills

D. Have you filed an Annual Report with the Commission? yes
Date last filed March, 2000

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	1998	19__
Cost of Plant In Service:	\$ <u>27,998</u>	\$ <u>36089</u>
Less Accumulated Depreciation:	<u>13,421</u>	<u>14,143</u>
Less Contributed Plant:	<u>0</u>	<u>0</u>
Net Owner's Investment:	\$ <u><u>14,577</u></u>	\$ <u><u>21,946</u></u>

2. Sewer	19__	19__
Cost of Plant In Service:	\$ <u>NA</u>	\$ _____
Less Accumulated Depreciation:	<u>NA</u>	_____
Less Contributed Plant:	<u>NA</u>	_____
Net Owner's Investment:	\$ <u>NA.</u>	\$ _____

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

1. Water	1998	1999
Revenues (By Class):		
a. <u>Residential</u>	\$ <u>12,434</u>	\$ <u>9,897,62</u>
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ _____	\$ _____
Less Expenses:		
a. Salaries & Wages - Employees	\$ <u>-0-</u>	\$ <u>-0-</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>-0-</u>	<u>-0-</u>
c. Employee Pensions & Benefits	<u>NONE</u>	<u>NONE</u>
d. Purchased Water	<u>NONE</u>	<u>1,600.68</u> 2 hills
e. Purchased Power	<u>11,933.99</u>	<u>1366.41</u>
f. Fuel for Power Production	<u>-0-</u>	<u>-0-</u>
g. Chemicals	<u>Chlorine (180) + tests (480) = 660</u>	<u>660</u>
h. Materials & Supplies	<u>-0-</u>	<u>4340.00</u>
i. Contractual Services	<u>(4140.00) = 1740 + 2400.00</u>	<u>1740 + 2100.00</u>
j. Rents	<u>-</u>	<u>+500.00</u>
k. Transportation Expenses	<u>-0-</u>	<u>-va/us</u>
l. Insurance Expense	<u>-0-</u>	<u># 200.00</u>
m. Regulatory Commission Expense	<u>-0-</u>	<u>-0-</u>
n. Bad Debt Expense	_____	<u>2536.38</u>
o. Miscellaneous Expense	_____	<u>124.80</u>
p. Depreciation Expense	<u>638</u>	<u>722.00</u>
q. Property Taxes	<u>218.48</u>	<u>179.75</u>
r. Other Taxes	<u>559.53</u>	<u>445.39</u>
s. Income Taxes	<u>-0-</u>	<u>-0-</u>
Operating Income (Loss)	\$ <u>(4,404)</u>	\$ _____

2. Sewer 19__ 19__

Revenues (By Class):
 a. NA \$ NA \$ _____
 b. _____ \$ _____ \$ _____
 c. _____ \$ _____ \$ _____
 Total Operating Revenues: \$ NA \$ _____

Less Expenses:
 a. Salaries & Wages - Employees \$ NA \$ _____
 b. Salaries & Wages - Officers, Directors, & Majority Stockholders _____
 c. Employee Pensions & Benefits NA _____
 d. Purchased Sewage Treatment NA _____
 e. Sludge Removal Expense NA _____
 f. Purchased Power NA _____
 g. Fuel for Power Production NA _____
 h. Chemicals NA _____
 i. Materials & Supplies NA _____
 j. Contractual Services NA _____
 k. Rents NA _____
 l. Transportation Expenses NA _____
 m. Insurance Expense NA _____
 n. Regulatory Commission Expense NA _____
 o. Bad Debt Expense NA _____
 p. Miscellaneous Expense NA _____
 q. Depreciation Expense NA _____
 r. Property Taxes NA _____
 s. Other Taxes NA _____
 t. Income Taxes NA _____
 Operating Income (Loss) \$ NA \$ _____

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	<u>NONE</u>	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

- X 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 NA
- 2. Firm NA
- 3. Address NA
- 4. Telephone (____) NA

B. Individual to contact on engineering matters:

- 1. Name NA
- 2. Telephone (____) NA

C. Is the utility under citation by the Department of Environmental Regulation (DER) or county health department? If yes, explain. NONE

D. List any known service deficiencies and steps taken to remedy problems. NONE

E. Name of plant operator(s) and DER operator certificate number(s) held. _____

F. Is the utility serving customers outside of its certificated area? NO If yes, explain. _____

G. Wastewater: - whole section - NA

- 1. Gallons per day capacity of treatment facilities existing NA
_____ under construction NA proposed _____
- 2. Type and make of present treatment facilities NA
- 3. Approximate average daily flow of treatment plant effluent _____
NA
- 4. Approximate length of sewer mains:
Size (diameter) NA _____
Linear feet NA _____
- 5. Number of manholes NA
- 6. Number of liftstations NA
- 7. How do you measure treatment plant effluent? NA
- 8. Is the treatment plant effluent chlorinated? NA If yes, what
is the normal dosage rate? NA

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

H. Water

1. Gallons per day capacity of treatment facilities existing 6" = 252,000
4" = 64,800
 under construction _____ proposed _____

2. Type of treatment Chlorination

3. Approximate average daily flow of treated water 40,000 - 75,000

4. Source of water supply Floridan Aquifer

5. Types of chemicals used and their normal dosage rates chlorine
3 parts per 1,000,000

6. Number of wells in service 2 Total capacity in gallons per minute (gpm) 6" - 175 4" - 45

Diameter/Depth	6" / 300"	4" / 160"		
Motor horsepower	<u>10</u>	<u>3-subm.</u>		
Pump capacity (gpm)	<u>175</u>	<u>45</u>		

7. Reservoirs and/or hydropneumatic tanks:

Description hydropneumatic
 Capacity 3,600

8. High service pumping:

Motor horsepower N/A
 Pump capacity (gpm) _____

9. How do you measure treatment plant production? 45,000 gpd

10. Approximate feet of water mains:

Size (diameter)	4"	3"	2 1/2"	2"	1 1/4"	3/4"
Linear feet	<u>1600</u>	<u>1350</u>	<u>2400</u>	<u>6270</u>	<u>180</u>	<u>2,240</u>

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

12. Number of fire hydrants in service NA

13. Do you have a meter change out program? NO.

14. Meter installation or tap in fees - Water \$ NA

15. Service availability fees - Water \$ NA

16. Has the existing treatment facility been approved by DER?
yes. also DEP.

17. Total gallons pumped during most recent twelve months 16,425,000

18. Total gallons sold during most recent twelve months NA

19. Gallons unaccounted for during most recent twelve months NA

20. Gallons purchased during most recent twelve months NA.

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Hollis Malberg

2. Telephone Number (813) 788-5463

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

1. Water:

a. Residential Water \$56.52
b. General Service _____
c. Special Contract _____
d. Other _____

2. Sewer:

a. Residential Sewer NA
b. General Service "
c. Special Contract "
d. Other "

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

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

V Affirmation

I, Hollis Mallberg 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 Hollis Mallberg
 Title President - Gem Estates Utilities

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.