

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

Date: 2/19/2008

Docket No.: C80104-JU

1. Division Name/Staff Name: Economic Regulation

2. OPR: Shannon Hudson

3. OCR:

4. Suggested Docket Title: Application for staff-assisted rate case in Brevard County by Colony Park Utility, Inc.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

Colony Park Utility, Inc.

RECEIVED-FPSC  
08 FEB 19 PM 3:08  
COMMISSIONER  
CLERK

2. Interested persons and their representatives (if any):

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

DOCKET NUMBER-DATE

01297 FEB 19 08

FPSC-COMMISSION CLERK

February 7, 2008

State of Florida  
Public Service Commission  
Office of Commission Clerk  
2540 Shumard, FL 32399-0850

To Whom It May Concern:

I am an employee of Colony Park Utilities, Inc. and am currently taking care of their wastewater facility. I was asked by the owner, Michael Abramowitz, to fill out this application for a rate assisted increase.

As this is my first attempt, I hope I correctly filled out the application. If there should be any questions that arise, please feel free to contact me at 321-508-4714 or 321-639-1273.

Sincerely,

Jerry Padrick

2009 FEB 12 AM 9:56  
OFFICE OF THE CLERK  
PUBLIC SERVICE COMMISSION

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility Colony PARK Utility Inc.  
 B. Address 6786 Mangrove Drive Merritt Isl. FL 32953

1. Telephone Nos. (321) 453 1402  
 2. County BREVARD Nearest City COCCA  
 3. General area served Mobil Home Park

C. Authority:

1. Water Certificate No. \_\_\_\_\_ Date Received \_\_\_\_\_  
 2. Wastewater Certificate No. SU 288 Date Received 8-9-1974  
 3. Date utility started operations: Water \_\_\_\_\_ Wastewater 5/1/1974

D. How system was acquired

Stock purchase  
 If utility was purchased, give date 2009 Amount Paid 4.5 mil

1. Name of Seller Eileen G. Rogow and Arthur Rogow / Phillip Young Inc.  
 2. Was seller affiliated with present owners? no  
 3. Did you purchase: Stock Both or assets only Both

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

Colony PARK Utility Inc.

F. Ownership & Officers:

|    | Name                      | Title        | Percent Ownership |
|----|---------------------------|--------------|-------------------|
| 1. | <u>Michael Abramowitz</u> | <u>owner</u> | <u>50%</u>        |
| 2. | <u>Garrett Grabenick</u>  | <u>owner</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 \_\_\_\_\_
- 2. Firm \_\_\_\_\_
- 3. Address \_\_\_\_\_
- 4. Telephone ( ) \_\_\_\_\_

B. Individual to contact on accounting matters:

- 1. Name M. Ke Abramowitz
- 2. Telephone (954) 445-6822

C. Location of books and records 8329 Bayla Court Windermere FL 34786

D. Have you filed an Annual Report with the Commission? yes  
Date Last Filed 7-23-07 for 2006

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? \_\_\_\_\_

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

|                                |          |          |
|--------------------------------|----------|----------|
| 1. Water                       | 20__     | 20__     |
| Cost of Plant In Service:      | \$ _____ | \$ _____ |
| Less Accumulated Depreciation: | _____    | _____    |
| Less Contributed Plant:        | _____    | _____    |
| Net Owner's Investment:        | \$ _____ | \$ _____ |

|                                |                   |                   |
|--------------------------------|-------------------|-------------------|
| 2. Wastewater                  | 20 <sup>05</sup>  | 20 <sup>06</sup>  |
| Cost of Plant In Service:      | \$ <u>191,636</u> | \$ <u>195,636</u> |
| Less Accumulated Depreciation: | <u>132,923</u>    | <u>140,238</u>    |
| Less Contributed Plant:        | _____             | _____             |
| New Owner's Investment:        | \$ <u>58,713</u>  | \$ <u>55,398</u>  |

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

|                                                                          |          |          |
|--------------------------------------------------------------------------|----------|----------|
| 1. Water                                                                 | 20__     | 20__     |
| Revenues (By Class):                                                     |          |          |
| a. _____                                                                 | \$ _____ | \$ _____ |
| b. _____                                                                 | _____    | _____    |
| c. _____                                                                 | _____    | _____    |
| Total Operating Revenues:                                                | \$ _____ | \$ _____ |
| Less Expenses:                                                           |          |          |
| a. Salaries & Wages - Employees                                          | _____    | _____    |
| b. Salaries & Wages - Officers,<br>Directors, & Majority<br>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. | Wastewater                                                            | 20 <u>05</u>     | 20 <u>06</u>             |
|    | Revenues (By Class):                                                  |                  |                          |
| a. | _____                                                                 | <u>44,120</u>    | <u>40,400</u>            |
| b. | _____                                                                 | _____            | _____                    |
| c. | _____                                                                 | _____            | _____                    |
|    | Total Operating Revenues:                                             | \$ <u>44,120</u> | \$ <u>40,400</u>         |
|    | Less Expenses:                                                        |                  |                          |
| a. | Salaries & Wages - Employees                                          | \$ <u>30,013</u> | \$ <u>22,000</u>         |
| b. | Salaries & Wages - Officers,<br>Directors, & Majority<br>Stockholders | _____            | _____                    |
| c. | Employee Pensions & Benefits                                          | _____            | _____                    |
| d. | Purchased Wastewater Treatment                                        | _____            | _____                    |
| e. | Sludge Removal Expense                                                | _____            | _____                    |
| f. | Purchased Power                                                       | <u>6,722</u>     | <u>7,813</u>             |
| g. | Fuel for Power Production                                             | _____            | _____                    |
| h. | Chemicals                                                             | <u>1,718</u>     | <u>1,442</u>             |
| i. | Materials & Supplies                                                  | _____            | _____                    |
| j. | Contractual Services                                                  | _____            | <u>15,274</u>            |
| k. | Rents                                                                 | _____            | _____                    |
| l. | Transportation Expenses                                               | _____            | _____                    |
| m. | Insurance Expense                                                     | _____            | <u>1,250</u>             |
| n. | Regulatory Commission Expense                                         | <u>1,829</u>     | <u>1,218</u>             |
| o. | Bad Debt Expense                                                      | _____            | _____                    |
| p. | Miscellaneous Expense                                                 | <u>135</u>       | _____                    |
| q. | Depreciation Expense                                                  | _____            | <u>7,248</u>             |
| r. | Property Taxes                                                        | _____            | _____                    |
| s. | Other Taxes                                                           | <u>2,562</u>     | _____                    |
| t. | Income Taxes                                                          | _____            | _____                    |
|    | Operating Income (Loss)                                               | \$ <u>1,641</u>  | \$ <u>&lt;17,645&gt;</u> |

H. Outstanding Debt:

|    | <u>Creditor</u>       | <u>Date Borrowed</u> | <u>Balance Due</u> | <u>Interest Rate</u> | <u>Expiration Date</u> |
|----|-----------------------|----------------------|--------------------|----------------------|------------------------|
| 1. | <u>Peninsula Bank</u> | <u>6,30,05</u>       | <u>400,000</u>     | <u>7.5</u>           | <u>6,30,2005</u>       |
| 2. | _____                 | _____                | _____              | _____                | _____                  |
| 3. | _____                 | _____                | _____              | _____                | _____                  |
| 4. | _____                 | _____                | _____              | _____                | _____                  |

I. Indicate Type of Tax Return Filed:

- \_\_\_\_\_ Form 1120 - Corporation
- Y 1120S Form 1120S - Subchapter S Corporation
- \_\_\_\_\_ Form 1065 - Partnership
- \_\_\_\_\_ Form 1040 - Schedule C - Individual (Proprietorship)

III. Engineering Data

A. Outside Engineering Consultant:

1. Name \_\_\_\_\_  
2. Firm A \_\_\_\_\_  
3. Address A \_\_\_\_\_  
4. Telephone ( ) \_\_\_\_\_

B. Individual to contact on engineering matters:

1. Name JERRY PADRICK \_\_\_\_\_  
2. Telephone (321) 508-4714 \_\_\_\_\_

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. Jerry Padrick

C 0007051  
\_\_\_\_\_

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 .070  
under construction \_\_\_\_\_ proposed \_\_\_\_\_

2. Type and make of present treatment facilities Extended Aeration  
\_\_\_\_\_

3. Approximate average daily flow of treatment plant effluent .027  
\_\_\_\_\_

4. Approximate length of wastewater mains:

Size (diameter) 6" \_\_\_\_\_  
Linear feet 7,500 \_\_\_\_\_

5. Number of manholes 25

6. Number of liftstations 2

7. How do you measure treatment plant effluent? Steven's V notch Meter

- 8. Is the treatment plant effluent chlorinated? yes If yes, what is the normal dosage rate? 3.25 GAL/day
- 9. Tap in fees - Wastewater \$ \$15.00
- 10. Service availability fees - Wastewater \$ \$1.50 / 1,000 GAL
- 11. Note DEP Treatment Plant Certificate Number and date of expiration: Number FLA 010317  
Expiration Date 8/12
- 12. Total gallons treated during most recent twelve months 321,000
- 13. Wastewater treatment purchased during most recent twelve months no

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) \_\_\_\_\_ A \_\_\_\_\_
- 7. Reservoirs and/or hydropneumatic tanks:  
 Description \_\_\_\_\_  
 Capacity \_\_\_\_\_ A \_\_\_\_\_
- 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 \_\_\_\_\_



COLONY PARK UTILITIES, INC.

WASTEWATER TARIFF

MULTI-RESIDENTIAL SERVICE

RATE SCHEDULE MS

- AVAILABILITY - Available throughout the area served by the Company.
- APPLICABILITY - For wastewater service Colony Park Mobile Home Park.
- LIMITATIONS - Subject to all of the Rules and Regulations of this tariff and General Rules and Regulations of the Commission.
- BILLING PERIOD - MONTHLY
- RATE - Colony Park Mobile Home Park
  - Base Facility Charge \$921.22
  - Gallonge Charge
  - Per 1,000 Gallons \$1.80
  - (1,500,000 Gallons maximum)
- MINIMUM CHARGE - The appropriate 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 wastewater service, service may then be discontinued.

EFFECTIVE DATE - August 14, 2007

TYPE OF FILING - Transfer of Majority Organizational Control

Michael Abramowitz  
President

ORIGINAL SHEET NO. 13.0

COLONY PARK UTILITIES, INC.  
 WASTEWATER TARIFF

RESIDENTIAL SERVICE

RATE SCHEDULE RS

- AVAILABILITY - Available throughout the area served by the Company.
- APPLICABILITY - For wastewater service for all purposes 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

|               |                          |                             |
|---------------|--------------------------|-----------------------------|
| <u>RATE</u> - | <u>Meter Size</u>        | <u>Base Facility Charge</u> |
|               | 5/8" x 3/4"              | \$6.14                      |
|               | 1"                       | \$15.36                     |
|               | 1 1/2"                   | \$30.71                     |
|               | 2"                       | \$49.14                     |
|               | 3"                       | \$98.26                     |
|               | 4"                       | \$154.53                    |
|               | 6"                       | \$309.07                    |
|               | <u>Gallonge Charge</u>   |                             |
|               | Per 1,000 Gallons        | \$1.80                      |
|               | (10,000 Gallons maximum) |                             |

- MINIMUM CHARGE - The appropriate 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 wastewater service, service may then be discontinued.
- EFFECTIVE DATE - August 14, 2007
- TYPE OF FILING - Transfer of Majority Organizational Control

Michael Abramowitz  
 President

ORIGINAL SHEET NO. 12.0

COLONY PARK UTILITIES, INC.

WASTEWATER TARIFF

GENERAL SERVICE

RATE SCHEDULE GS

- AVAILABILITY - Available throughout the area served by the Company.
- APPLICABILITY - For wastewater service to all Customers for which no other schedule applies.
- LIMITATIONS - Subject to all of the Rules and Regulations of this tariff and General Rules and Regulations of the Commission.

BILLING PERIOD - MONTHLY

|               |                          |                             |
|---------------|--------------------------|-----------------------------|
| <u>RATE</u> - | <u>Meter Size</u>        | <u>Base Facility Charge</u> |
|               | 5/8" x 3/4"              | \$6.14                      |
|               | 1"                       | \$15.36                     |
|               | 1 1/2"                   | \$30.71                     |
|               | 2"                       | \$49.14                     |
|               | 3"                       | \$98.26                     |
|               | 4"                       | \$154.53                    |
|               | 6"                       | \$309.07                    |
|               | <u>Gallonge Charge</u>   |                             |
|               | Per 1,000 Gallons        | \$2.16                      |
|               | (10,000 Gallons maximum) |                             |

- MINIMUM CHARGE - The appropriate 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 wastewater service, service may then be discontinued.
- EFFECTIVE DATE - August 14, 2007
- TYPE OF FILING - Transfer of Majority Organizational Control

Michael Abramowitz  
President

ORIGINAL SHEET NO. 16.0

COLONY PARK UTILITIES, INC.

WASTEWATER TARIFF

MISCELLANEOUS SERVICE CHARGES

The Company may charge the following miscellaneous service charges in accordance with the terms state herein. If both water and wastewater services are provided, only a single charge is appropriate unless circumstances beyond the control of the Company require multiple actions.

INITIAL CONNECTION - This charge may be levied for service initiation at a location where service did not exist previously.

NORMAL RECONNECTION - This charge may be levied for transfer of service to a new Customer account at a previously served location or reconnection of service subsequent to a Customer requested disconnection.

VIOLATION RECONNECTION - This charge may be levied prior to reconnection of an existing Customer after disconnection of service for cause according to Rule 25-30.320(2), Florida Administrative Code, including a delinquency in bill payment.

PREMISES VISIT CHARGE (IN LIEU OF DISCONNECTION) - This charge may be levied when a service representative visits a premises for the purpose of discontinuing service for nonpayment of a due and collectible bill and does not discontinue service because the Customer pays the service representative or otherwise makes satisfactory arrangements to pay the bill.

Schedule of Miscellaneous Service Charges

|                                                  |                    |
|--------------------------------------------------|--------------------|
| Initial Connection Fee                           | \$ 15.00 _____     |
| Normal Reconnection Fee                          | \$ 15.00 _____     |
| Violation Reconnection Fee                       | \$ Actual Cost (1) |
| Premises Visit Fee<br>(in lieu of disconnection) | \$ 10.00 _____     |

(1) Actual Cost is equal to the total cost incurred for services.

EFFECTIVE DATE - August 14, 2007

TYPE OF FILING - Transfer of Majority Organizational Control

Michael Abramowitz  
President

ORIGINAL SHEET NO. 17.0

COLONY PARK UTILITIES, INC.  
WASTEWATER TARIFF

SERVICE AVAILABILITY FEES AND CHARGES

| <u>DESCRIPTION</u>                                         | <u>REFER TO SERVICE AVAILABILITY POLICY</u> |
|------------------------------------------------------------|---------------------------------------------|
|                                                            | <u>AMOUNT</u> <u>SHEET NO./RULE NO.</u>     |
| <u>Customer Connection (Tap-in) Charge</u>                 |                                             |
| 5/8" x 3/4" metered service .....                          | \$                                          |
| 1" metered service .....                                   | \$                                          |
| 1 1/2" metered service .....                               | \$                                          |
| 2" metered service .....                                   | \$                                          |
| Over 2" metered service .....                              | \$ <sup>1</sup>                             |
| <u>Guaranteed Revenue Charge</u>                           |                                             |
| <u>With Prepayment of Service Availability Charges:</u>    |                                             |
| Residential-per ERC/month (__)GPD .....                    | \$                                          |
| All others-per gallon/month .....                          | \$                                          |
| <u>Without Prepayment of Service Availability Charges:</u> |                                             |
| Residential-per ERC/month (__)GPD .....                    | \$                                          |
| All others-per gallon/month .....                          | \$                                          |
| <u>Inspection Fee</u> .....                                | \$ <sup>1</sup>                             |
| <u>Main Extension Charge</u>                               |                                             |
| Residential-per ERC (__)GPD .....                          | \$                                          |
| All others-per gallon .....                                | \$                                          |
| or                                                         |                                             |
| Residential-per lot (__)foot frontage) .....               | \$                                          |
| All others-per front foot .....                            | \$                                          |
| <u>Plan Review Charge</u> .....                            | \$ <sup>1</sup>                             |
| <u>Plant Capacity Charge</u>                               |                                             |
| Residential-per ERC (__)GPD .....                          | \$                                          |
| All others-per gallon .....                                | \$                                          |
| <u>System Capacity Charge</u>                              |                                             |
| Residential-per ERC (__)GPD .....                          | \$                                          |
| All others-per gallon .....                                | \$                                          |

<sup>1</sup>Actual Cost is equal to the total cost incurred for services rendered.

EFFECTIVE DATE - August 14, 2007

TYPE OF FILING - Transfer of Majority Organizational Control

Michael Abramowitz  
President

- 13. Do you have a meter change out program? \_\_\_\_\_
- 14. Meter installation or tap in fees - Water \$ \_\_\_\_\_
- 15. Service availability fees - Water \$ .1 \_\_\_\_\_
- 16. Has the existing treatment facility been approved by DEP? \_\_\_\_\_
- 17. Total gallons pumped during most recent twelve months \_\_\_\_\_
- 18. Total gallons sold during most recent twelve months A \_\_\_\_\_
- 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 Michael Abramowitz / GARRETT CRABERDICK
- 2. Telephone Number 408 876-0080

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

1. Water:

- a. Residential Water N \_\_\_\_\_
- b. General Service \_\_\_\_\_
- c. Special Contract \_\_\_\_\_
- d. Other A \_\_\_\_\_

2. Wastewater:

- a. Residential Wastewater Residential Waste Water \_\_\_\_\_
- b. General Service General Service \_\_\_\_\_
- c. Special Contract # \_\_\_\_\_
- d. Other Multi Residential \_\_\_\_\_

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

- |                     |                |       |
|---------------------|----------------|-------|
| 1. Water Metered    | 20__           | 20__  |
| a. Residential      | _____          | _____ |
| b. General Service  | _____          | _____ |
| c. Special Contract | <u>A</u> _____ | _____ |
| d. Other - Specify  | _____          | _____ |
| 2. Water Unmetered  | 20__           | 20__  |
| a. Residential      | <u>A</u> _____ | _____ |
| b. General Service  | _____          | _____ |
| c. Special Contract | _____          | _____ |
| d. Other - Specify  | _____          | _____ |

3. Wastewater

05  
20 ~~06/07~~

06  
20 ~~06/07~~

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

unknown  
unknown

unknown  
unknown

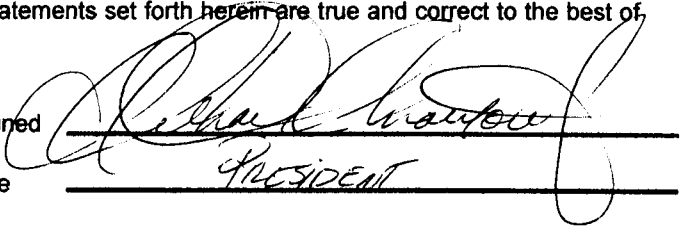
Multi Residential unknown

V. Affirmation

I, Michael Abramowitz 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.