

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

Date:	12/22/2010	Docket No.:	100471- AF B9 ALM
1. From Division / Staff:	Division Of Economic Regulation/Hudson		
2. OPR:	ECR		
3. OCR:	RCP		
4. Suggested Docket Title:	Application for staff-assisted rate case in Marion County by S & L Utilities, Inc.		
5. Program/Module/Submodule Assignment:	A/1/B		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
SU327	S & L Utilities, Inc.		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
	Office of Public Counsel		
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments:			

RECEIVED-TSC
 10 DEC 22 PM 5:00
 COMMISSION
 CLERK

DOCUMENT NUMBER DATE
 10108 DEC 22 2010
 FPSC-COMMISSION CLERK



Planning & Engineering Resources, Inc.

1515 E. Silver Springs Blvd. Suite 122
Ocala, Florida 34470
(352) 629-0211

E-Mail: PEROCALA@AOL.COM

P.O. Box 2019
Ocala, Florida 34478-2019
Fax (352) 629-9740

December 8, 2010

Mr. Jared Deason
Division of Economic Regulation
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

RE: Sleepy Hollow Wastewater Treatment Plant, Marion County, Florida

Dear Mr. Deason,

Enclosed herewith is our application for a Staff Assisted rate increase for your review. We have included as much of the information as is available. We will be happy to meet with you and see what other information is needed for your complete review.

If you need additional information kindly let me know.

Our e-mail address is : perocala@aol.com

Sincerely yours,

Sheikh M. Hasan
SMH/slk

DOCUMENT NUMBER-DATE

10108 DEC 22 0

FPSC-COMMISSION CLERK

CONSUMER REGULATION

10 DEC 13 AM 10:04

FLORIDA PUBLIC SERVICE

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. GENERAL DATA

A. Name of Utility: **S & L UTILITIES INC.**

B. Address: **P.O. BOX 4186**
OCALA, FLA. 34478

1. Telephone Nos.: (353)671-1028

2. County: **MARION**

Nearest City: **OCALA**

3. General Area Served: **SLEEPY HOLLOW SUBDIVISION**

C. Authority:

1. Water Certificate No.

Date Received:

2. Wastewater Certificate No. **SU327-09-AR**

Date Received:

3. Date Utility Started Operations: Water:

Wastewater: **3/19/87**

D. How System Was Acquired:

If utility was purchased, give date **3/9/87**

Amount Paid \$ **\$1.00**

1. Name of Seller: **ROBERT ALABECK**

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:

Name	Title	Percent Ownership
1. <u>TERESA FLETCHER</u>	<u>OWNER/PRESIDENT</u>	<u>100%</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

G. List of Associated Companies and Addresses: NONE

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): NONE

Name:

Address:

II. ACCOUNTING DATA

A. Outside Accountant

- 1. Name:
- 2. Firm:
- 3. Address:
- 4. Telephone: ()

B. Individual To Contact On Accounting Matters:

- 1. Name: **Douglas Louden**
- 2. Telephone: (352)732-3000 Ext. 3

C. Location of Books and Records: **834 N. Magnolia Avenue, Ocala, Fla. 34475**

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

Date Last Filed: **March 2010**

E. Has your latest Regulatory Assessment Fee Payment been made? yes
(January 30 or July 30 whichever is applicable) X Jan 30 July 30 PAID MARCH 2009

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

1. <u>Water:</u>	<i>N/A</i>	20	20
Cost of Plant In Service		\$ _____	\$ _____
Less Accumulated Depreciation		_____	_____
Less Contributed Plant		_____	_____
Net Owner's Investment		\$ _____	\$ _____

2. Wastewater:

	20	20
Cost of Plant In Service	\$ 152329.00	\$ _____
Less Accumulated Depreciation	<u>146965.00</u>	_____
Less Contributed Plant	_____	_____
Net Owner's Investment	\$ _____	\$ _____

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

1. Water:

N/A

	20	20
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. <u>Wastewater</u>	2008	2009
Revenues (By Class):	\$ _____	\$ _____
a.	<u>37,145</u>	<u>37,708</u>
b.	_____	_____
c.	_____	_____
Total Operating Revenues:	<u>\$ 37,145</u>	<u>\$ 37,708</u>
Less Expenses:	_____	_____
a. Salaries & Wages - Employees	_____	_____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Wastewater Treatment	_____	_____
e. Sludge Removal Expense	<u>1484</u>	<u>1128</u>
f. Purchased Power	<u>7645</u>	<u>6867</u>
g. Fuel for Power Production	_____	_____
h. Chemicals	<u>835</u>	<u>942</u>
i. Materials & Supplies	<u>8462</u>	<u>5464</u>
j. Contractual Services	<u>6749</u>	<u>12315</u>
k. Rents	_____	_____
l. Transportation Expenses	<u>1410</u>	_____
m. Insurance Expense	<u>833</u>	_____
n. Regulatory Commission Expense	<u>1669</u>	<u>1672</u>
o. Bad Debt Expense	_____	_____
p. Miscellaneous Expense	<u>3376</u>	<u>2919</u>
q. Depreciation Expense	<u>1363</u>	<u>1195</u>
r. Property Taxes	<u>918</u>	<u>244</u>
s. Other Taxes	_____	_____
t. Income Taxes	_____	_____
Operating Income (Loss)	<u>\$ 2401</u>	<u>\$ 4962</u>

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	<u>Shamrock Sec</u>	<u>various</u>	<u>19830</u>	_____	<u>open</u>
	<u>Teresa</u>				
2.	<u>Fletcher</u>	<u>various</u>	<u>1869</u>	_____	<u>open</u>
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Field:

- XX
- 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: **SHEIKH M. HASAN**
- 2. Firm: **PLANNING AND ENGINEERING RESOURCES INC**
- 3. Address: **P.O. BOX 2019, OCALA, FLA. 34478**
- 4. Telephone: **(352) 629-0211**

B. Individual to contact on engineering matters:

- 1. Name: **SHEIKH M. HASAN**
- 2. Telephone: **(352) 629-0211**

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: **SEE ATTACHED LIST**

E. Name of plant operator(s) and DEP operator certificate number(s) held: **MARKS ENVIRONMENTAL SERVICES/ MARK HAVENS CLASS C # 13589**

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: **30,000**
 - b. Under Construction: **NONE**
 - c. Proposed: 30,000
- 2. Type and make of present treatment facilities: **EXTENDED AIR PLANT**
- 3. Approximate average daily flow of treatment plant effluent: **28,000**

4. Approximate length of wastewater mains:

Size (diameter):					
Linear feet:					

- 5. Number of manholes:
- 6. Number of lift stations: **1**
- 7. How do you measure treatment plant effluent?

ELAPSED TIME METER AT THE PUMP STATION

8. Is the treatment plant effluent chlorinated? Yes

No

If yes, what is the normal dosage rate? **0.5 mg/l IN THE EFFLUENT**

- 9. Tap in fees – Wastewater: \$ **N/A**
- 10. Service availability fees – Wastewater: \$ **N/A**
- 11. Note DEP Treatment Plant Certificate Number and date of expiration: **FLA010788-003**
Number Expiration Date: **FEB 8, 2015**
- 12. Total gallons treated during most recent twelve months: **2,815,000**
- 13. Wastewater treatment purchased during most recent twelve months: **N/A**

H. Water:

- 1. Gallons per day capacity of treatment facilities:
 - a. Existing:
 - b. Under Construction :
 - c. 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? No Yes
14. Meter installation or tap in fees - Water \$ _____
15. Service availability fees - Water \$ _____
16. Has the existing treatment facility been approved by DEP? No Yes
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: MR. CLARK YANDLE
2. Telephone Number: (352) 732-3000 EXT. 3

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

1. Water:

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

2. Wastewater:

- a. Residential Wastewater **\$44.16 PER MONTH** _____
- b. General Service **N/A** _____
- c. Special Contract **N/A** _____
- d. Other - Specify **N/A** _____

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

1. Water Metered	20	20
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered	20	20
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
3. Wastewater	20	20
a. Residential	76	_____
b. General Service	N/A	_____
c. Special Contract	N/A	_____

d. Other - Specify

V. AFFIRMATION

I, _____ 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 Dorisa Fletcher

Title Owner / 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.

12/8/2010

Sleepy Hollow Wastewater Treatment Plant
Marion County, Florida

Estimated cost of Repair and Replacement

Lift Station # 1

Replace 2 pump assemblies	@	\$ 1,600.00	\$ 3,200.00
Replace pump control panel			2,000.00
Replace electric panel box assembly			1,200.00
Misc. plumbing repairs			<u>1,500.00</u>
			\$ 7,900.00

Lift Station # 2 at WWTP

Replace 2 pump assemblies	@	\$ 1,600.00	\$ 3,200.00
Replace pump control panel			2,000.00
Replace Electric Utility Service Main			3,500.00
Misc. plumbing repairs			<u>1,500.00</u>
			\$10,200.00

Sewerage Plant

Replace 2 Airblowers	@	\$ 7,500.00	\$15,000.00
Misc. electrical repairs			2,000.00
Misc. plumbing repairs			<u>5,000.00</u>
			\$ 22,000.00

Perc Pond

Clean and Maintain Pond			\$ 5,000.00
Divide into 2 ponds			<u>50,000.00</u>
			\$55,000.00

Additional Service Needed

DEP Certified Operation			\$42,500.00
Ground Facility			<u>8,000.00</u>
			\$50,500.00

Repair & Replacement of the Sewage Collection System			\$150,000.00
Repair and Replacement of the Septic Treatment Plant			<u>100,000.00</u>
			\$250,000.00