

FLORIDA UTILITY SERVICES 1, LLC
1902 BARTON PARK RD #201
AUBURNDALE, FL. 33823

10/20/2014

Commission Clerk
Florida Public Service Commission.
2540 Shumard Oak Blvd.
Tallahassee, FL. 32399

RECEIVED-FPSC
14 OCT 24 AM 9:13
COMMISSION
CLERK

RE: Copy of letter sent to Chief Executive Officer of Pasco County.

Dear Commission Clerk:

Enclosed please find a copy of the letter and application sent to the chief executive officer of Pasco County for Docket # 140177-W as required under Florida Statue Section 367.09 (2).

On behalf of the utility,



Mike Smallridge

HOLIDAY GARDENS UTILITY
4804 MILE STRETCH DRIVE
HOLIDAY, FL. 34690

10/20/2014

Michele Baker
Chief Executive Officer of Pasco County.
8731 Citizens Drive Suite 340
New Port Richey, Florida 34654

RE: Application for a staff assisted rate case for Holiday Gardens Utility in Pasco County.

Dear Ms. Baker:

Enclosed please find a copy of the application for a staff assisted rate case for Holiday Gardens Utility in Pasco County as required under Florida Statue Section 367.09 (2).

On behalf of the utility,



Mike Smallridge

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. GENERAL DATA

A. Name of Utility: *Holiday Gardens*

B. Address: *4804 mile stretch Dr. Holiday, FL 34690.*

1. Telephone Nos.: *(352) 302-7406.*

2. County: *PASCO*

Nearest City: *Tarpon Springs.*

3. General Area Served: *Holiday Gardens Subdivision.*

C. Authority:

1. Water Certificate No. *WU-109*

Date Received:

2. Wastewater Certificate No. *N/A.*

Date Received:

3. Date Utility Started Operations: Water: *1967*

Wastewater: *N/A.*

D. How System Was Acquired: *Purchase 2014*

If utility was purchased, give date

Amount Paid \$ *425,000*

1. Name of Seller: *Holiday Gardens utilities*

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 *LLC*

F. Ownership & Officers:

Name	Title	Percent Ownership
<i>1. Michael Smallridge</i>	<i>owner</i>	<i>100%</i>
<i>2.</i>		
<i>3.</i>		
<i>4.</i>		

G. List of Associated Companies and Addresses:

Pinecrest Utilities, LLC - Polk County
 West Lakeland Wastewater, Polk County

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):

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: Mike Smallridge
2. Telephone: 352-302-7406

C. Location of Books and Records: 4804 mile stretch DR. Holiday FL 34690

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

Date Last Filed: 2013

E. Has your latest Regulatory Assessment Fee Payment been made? YES

(January 30 or July 30 whichever is applicable) Jan 30 July 30

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

1. Water:

Cost of Plant In Service

Less Accumulated Depreciation

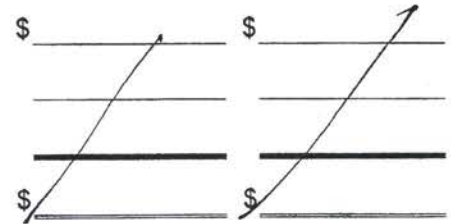
Less Contributed Plant

Net Owner's Investment

~~Wastewater:~~

	13 2012	12 2011
\$	258,089	309,007
	136,807	182,608
	\$ 528,284	\$ 520,403

Cost of Plant In Service
 Less Accumulated Depreciation
 Less Contributed Plant
 Net Owner's Investment



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

1. Water:

Revenues (By Class)

a. Residential

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)

20 12

20 13

\$ _____	\$ <u>69,756</u>
_____	_____
_____	_____
\$ _____	\$ _____
_____	<u>17,585</u>
_____	<u>3497</u>
_____	<u>3157</u>
_____	<u>2479</u>
_____	<u>10212</u>
_____	<u>3259</u>
_____	<u>806</u>
_____	<u>1287</u>
_____	<u>23787</u>
_____	_____
_____	_____
\$ _____	\$ <u>69180</u>

2. Wastewater

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 Wastewater Treatment
 e. Sludge Removal Expense
 f. Purchased Power
 g. Fuel for Power Production
 h. Chemicals
 i. Materials & Supplies
 j. Contractual Services
 k. Rents
 l. Transportation Expenses
 m. Insurance Expense
 n. Regulatory Commission Expense
 o. Bad Debt Expense
 p. Miscellaneous Expense
 q. Depreciation Expense
 r. Property Taxes
 s. Other Taxes
 t. Income Taxes

Operating Income (Loss)

	20	20
\$	_____	\$ _____

\$	_____	\$ _____

\$	_____	\$ _____

H. Outstanding Debt:

Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1. <u>Holiday Gulf Homes</u>	<u>2014</u>	<u>425,000</u>	<u>7.5</u>	<u>12 years mortgage.</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

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

B. Individual to contact on engineering matters:

- 1. Name: *Michael Smallridge*
- 2. Telephone: *1352-362-7406*

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:

Eric Karl.

F. Is the utility serving customers outside of its certificated area? *no*

If yes, explain:

G. Wastewater: *N/A*

- 1. Gallons per day capacity of treatment facilities:
 - a. Existing:
 - b. Under Construction:
 - c. Proposed:

2. Type and make of present treatment facilities:

3. Approximate average daily flow of treatment plant effluent.

4. Approximate length of wastewater mains:

Size (diameter):					
Linear feet:					

5. Number of manholes:

6. Number of lift stations:

7. How do you measure treatment plant effluent?

8. Is the treatment plant effluent chlorinated? Yes No

If yes, what is the normal dosage rate?

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

H. Water:

- 1. Gallons per day capacity of treatment facilities:
 - a. Existing:
 - b. Under Construction :
 - c. Proposed:

2. Type of treatment:

chlorine, Aquamag

3. Approximate average daily flow of treated water:

4. Source of water supply: *Well x 2*

5. Types of chemicals used and their normal dosage rates:

chlorine, Aquamag.

6. Number of wells in service: *2*

Total capacity in gallons per minute (gpm): ①

Diameter/Depth:	<i>8' , 85'</i>	<i>8' , 180'</i>	
Motor horsepower:	<i>10</i>	<i>10</i>	
Pump capacity (gpm):	<i>200</i>	<i>250</i>	

7. Reservoirs and/or hydropneumatic tanks:

Description:	<i>Steel</i>	<i>Steel</i>	<i>New tanks.</i>
Capacity:	<i>3500 gal</i>	<i>3500</i>	

8. High service pumping: *NONE.*

Motor horsepower:			
Pump capacity (gpm):			

9. How do you measure treatment plant production? *meters*

10. Approximate feet of water mains:

Size (diameter):	<i>2 1/2 - 4"</i>		
Linear feet:			

11. Note any fire flow requirements and imposing government agency: *YES.*

12. Number of fire hydrants in service: *5*

13. Do you have a meter change out program? No Yes - Requested
14. Meter installation or tap in fees - Water \$ Built out
15. Service availability fees - Water \$ 0
16. Has the existing treatment facility been approved by DEP? No Yes
17. Total gallons pumped during most recent twelve months: 27415
18. Total gallons sold during most recent twelve months: 21677
19. Gallons unaccounted for during most recent twelve months: 5558
20. Gallons purchased during most recent twelve months: 0

IV. RATE DATA

A. Individual to contact on tariff matters:

1. Name: Michael Smallidge
2. Telephone Number: () 352-302-7406

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 _____~~
- ~~b. General Service _____~~
- ~~c. Special Contract _____~~
- ~~d. Other - Specify _____~~

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

	20	2013
1. Water Metered		449
a. Residential		7
b. General Service		0
c. Special Contract		
d. Other - Specify		
2. Water Unmetered	20	20
a. Residential		0
b. General Service		0
c. Special Contract		0
d. Other - Specify		0
3. Wastewater	20	20
a. Residential		n/A
b. General Service		↓
c. Special Contract		↓
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 Michael Smozer
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.