

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 # 140175-W as required under Florida Statue Section 367.09 (2).

On behalf of the utility,



Mike Smalridge

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 Crestridge Utilities in Pasco County.

Dear Ms. Baker:

Enclosed please find a copy of the application for a staff assisted rate case for Crestridge Utilities 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: *Crestridge Utilities.*

B. Address: *4804 mile stretch Rd
Holiday FL 34690*

1. Telephone Nos.: *352 302 7406*

2. County: *Pasco*

Nearest City: *Tarpon Springs.*

3. General Area Served: *Crestridge Gardens Subdivision*

C. Authority:

1. Water Certificate No. *WU049*

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 Asset*

If utility was purchased, give date *2014*

Amount Paid \$ *425000*

1. Name of Seller: *Holiday Gulf Homes*

2. Was seller affiliated with present owners? Yes No

3. Did you purchase: Stock Assets only

E. Type of Legal Entity: *LLC*

Corporation

Partnership

Sole Proprietorship

F. Ownership & Officers:

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

G. List of Associated Companies and Addresses:

Pinecrest Utilities, LLC } Polk County
 West Lakeland Wastewater }

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: *Michael Smallridge*
2. Telephone: () *352-302-7406*

C. Location of Books and Records: *4804 mile stretch rd 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

	2013	2012
	\$ <u>151032</u>	\$ <u>247066</u>
	<u>88138</u>	<u>190730</u>
	_____	_____
	\$ 20	\$ 20

2. Wastewater:

~~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)

	2013	20
\$	<u>88001</u>	\$
\$	<u>93421</u>	\$
	<u>22191</u>	
	<u>4413</u>	
	<u>3715</u>	
	<u>1831</u>	
	<u>16352</u>	
	<u>4262</u>	
	<u>876</u>	
	<u>1648</u>	
	<u>33769</u>	
\$	<u>93568</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
\$	_____	\$ _____
	_____	_____
	_____	_____
	_____	_____
\$	=====	\$ =====
	_____	_____
	_____	_____
	_____	_____
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	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
\$	=====	\$ =====

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	Holiday Gulf Home	4/25/00	_____	7.5%	12 years
2.	_____	_____	_____	_____	Mortgage.
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 Smalridge*
- 2. Telephone: () *352-302-7406*

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:

- 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:
3. Approximate average daily flow of treated water:
4. Source of water supply:
5. Types of chemicals used and their normal dosage rates:

Chlorine

6. Number of wells in service: 3

Total capacity in gallons per minute (gpm): #4 900 #2 #3

Diameter/Depth:	12 170	12 135	12 109
Motor horsepower:	15	20	20
Pump capacity (gpm):	300	300	300

7. Reservoirs and/or hydropneumatic tanks:

Description:	Steel	Steel	Out of Service
Capacity:	5000	5000	

8. High service pumping:

Motor horsepower:				
Pump capacity (gpm):				

9. How do you measure treatment plant production? meter

10. Approximate feet of water mains:

Size (diameter):				
Linear feet:				

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

12. Number of fire hydrants in service: 9.

- 13. Do you have a meter change out program? No Yes - Requested.
- 14. Meter installation or tap in fees - Water \$ 0
- 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: 26,205,000
- 18. Total gallons sold during most recent twelve months: 22,980,000
- 19. Gallons unaccounted for during most recent twelve months: 3,225,000
- 20. Gallons purchased during most recent twelve months: 0

IV. RATE DATA

A. Individual to contact on tariff matters:

- 1. Name: *Michael Smallridge*
- 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)

	2012	2013
1. Water Metered		
a. Residential	615	615
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered	20	20
a. Residential	0	0
b. General Service	↓	↓
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
3. Wastewater	20	20
a. Residential	↓	↓
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 Sauge
Title 9-6-14

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.