

FLORIDA UTILITY SERVICES 1, LLC

3336 GRAND BOULEVARD • SUITE 102 • HOLIDAY, FLORIDA 34690

352-302-7406 • MICHAELSMALLRIDGE@GMAIL.COM

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7/5/2016

Commission Clerk
FPSC
2540 Shumard Oak Blvd.
Tallahassee, FL. 32399

RE: Docket # 160143-WU. Application for a staff assisted rate case for Charlie Creek Utilities, LLC in Hardee County Florida.

Dear Commission Clerk:

Enclosed Please find a copy of the application mailed to the chief executive of Hardee County in accordance with FS 367.091(2) for the docket file.

On behalf of the utility,



Michael Smallridge

FLORIDA UTILITY SERVICES 1, LLC

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352-302-7406 • MICHAELSMALLRIDGE@GMAIL.COM

7/5/2016

Lex Albritton
County Manager
Hardee County BOCC
412 W. Orange St. Room 103
Wauchula, FL. 33873

RE: Application for a staff assisted rate case for Charlie Creek Utilities, LLC in Hardee County Florida.

Dear Mr. Albritton:

In accordance with Section 367.091(2), Florida Statutes, enclosed please find a copy of the application submitted to the Florida Public Service Commission for a Staff Assisted Rate Case in Hardee County by Charlie Creek Utilities, LLC.

Please refer to Docket # 160143-WU.

On behalf of the utility,



Michael Smallridge

FLORIDA PUBLIC SERVICE COMMISSION

**APPLICATION FOR A
STAFF ASSISTED RATE CASE**

I. GENERAL DATA

A. Name of Utility: **CHARLIE CREEK UTILITIES, LLC**

B. Address: **3336 GRAND BLVD #102 HOLIDAY FL. 34690**

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

2. County: **HARDEE**

Nearest City: **WAUCHULA**

3. General Area Served: **CHARLIE CREEK MOBILE ESTATES**

C. Authority:

1. Water Certificate No. **668-W**

Date Received: **1/25/16**

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

Date Received: **N/A**

3. Date Utility Started Operations: Water: **1994**

Wastewater: **N/A**

D. How System Was Acquired: **ASSET PURCHASE**

If utility was purchased, give date **11/11/14**

Amount Paid \$ **100**

1. Name of Seller: **HIGHVEST CORP.**

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
1.	MICHAEL SMALLRIDGE	MANAGING MEMBER	100
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

G. List of Associated Companies and Addresses:

**PINECREST UTILITIES, HOLIDAY GARDENS, CRESTRIDGE UTILITIES, WEST LAKELAND
WASTEWATER, ORANGE LAND UTILITIES, EAST MARION UTILITIES**

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: **NONE**
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: **UTILITY OFFICE**

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

Date Last Filed: **2015**

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

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

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

1. Water:

	2015	20
Cost of Plant In Service	\$ 15094	\$ 0
Less Accumulated Depreciation	179	0
Less Contributed Plant	0	0
Net Owner's Investment	\$ 14915	\$ 0

2. <u>Wastewater:</u>	20	20
Cost of Plant In Service	\$ 0	\$ 0
Less Accumulated Depreciation	0	0
Less Contributed Plant	0	0
Net Owner's Investment	\$ 0	\$ 0

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

1. <u>Water:</u>	2015	20
Revenues (By Class)		
a. RESIDENTIAL	\$ 63,582	\$ 0
b.		
c.		
Total Operating Revenues:	\$ 63582	\$ 0
Less Expenses:		
a. Salaries & Wages - Employees	12876	
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	5700	
c. Employee Pensions & Benefits	1838	
d. Purchased Water	0	
e. Purchased Power	3926	
f. Fuel for Power Production	0	
g. Chemicals	1994	
h. Materials & Supplies	45	
i. Contractual Services	24077	
j. Rents	1258	
k. Transportation Expenses	1691	
l. Insurance Expense	1936	
m. Regulatory Commission Expense	0	
n. Bad Debt Expense	350	
o. Miscellaneous Expense	4447	
p. Depreciation Expense	179	
q. Property Taxes	1714	
r. Other Taxes	889	
s. Income Taxes	0	
Operating Income (Loss)	\$ 63416	\$

2. Wastewater

	20	20
Revenues (By Class):	\$	\$
a.	<u>0</u>	<u>0</u>
b.	<u>0</u>	<u>0</u>
c.	<u>0</u>	<u>0</u>
Total Operating Revenues:	<u>\$ 0</u>	<u>\$ 0</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		
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)	<u>\$</u>	<u>\$</u>

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	<u>IBERIA BANK</u>	<u>5/14/15</u>	<u>\$12,000/\$8661</u>	<u>6.5</u>	<u>5/14/17</u>
2.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
3.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

I. Indicate Type of Tax Return Field:

- 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: **(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: **CONSTA- FLOW LAKELAND FLORIDA**

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: **684,000** b. Under Construction : **0** c. Proposed: **0**

2. Type of treatment: **CHLORINE**

3. Approximate average daily flow of treated water: **22,000**

4. Source of water supply: **2 WELLS**

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

CHLORINE

6. Number of wells in service: **2**

Total capacity in gallons per minute (gpm): **475**

Diameter/Depth:	4 / 190	4 / 405	
Motor horsepower:	5	5	
Pump capacity (gpm):	125	350	

7. Reservoirs and/or hydropneumatic tanks:

Description:	HYDRO	STORAGE	STORAGE
Capacity:	6,000	5000	6000

8. High service pumping:

Motor horsepower:	7.5	7.5		
Pump capacity (gpm):	140	140		

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

10. Approximate feet of water mains:

Size (diameter):	2	3	4	6
Linear feet:	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN

11. Note any fire flow requirements and imposing government agency: **NONE**

12. Number of fire hydrants in service: **0**

13. Do you have a meter change out program? No Yes
14. Meter installation or tap in fees - Water \$ 750
15. Service availability fees - Water \$ 125
16. Has the existing treatment facility been approved by DEP? No Yes
17. Total gallons pumped during most recent twelve months: 13,984,000
18. Total gallons sold during most recent twelve months: 8,056,000
19. Gallons unaccounted for during most recent twelve months: 5,695,000
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

TARIFF ATTACHED

2. Wastewater:

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

N/A

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

1. Water Metered

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

2015

20

124

0

1

0

0

0

0

0

2. Water Unmetered

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

2015

20

0

0

0

0

0

0

0

0

3. Wastewater

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

20

20

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 Amore

Title managing member

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.