16 AMII:

#### APPLICATION FOR ORIGINAL CERTIFICATE FOLLOWING RESCISSION OF JURISDICTION BY A COUNTY (GRANDFATHER CERTIFICATE)

(Pursuant to Section 367.171, Florida Statutes, and Rule 25-30.035, Florida Administrative Code)

To: Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

PART I

The undersigned hereby makes application for original certificate(s) to operate a water and/or wastewater utility in <u>Counds, A</u> County, Florida, and submits the following information:

#### APPLICANT INFORMATION

A) <u>Contact Information for Utility</u>. The utility's name, address, telephone number, Federal Employer Identification Number, and if applicable, fax number, e-mail address, and website address. The utility's name should reflect the business and/or fictitious name(s) registered with the Department of State's Division of Corporations:

QUAIL HEIGHTS UTILITIES LLC Utility Name <u>161 S.W. QUAIL HEIGHTS TERM.</u> Office Street Address <u>3202</u> Zip Code LAKE C.J Mailing Address (if different from Street Address) City State Zip Code 386 752-3339 Phone Number Fax Number <u>86-2334245</u> Federal Employer Identification Number CCARJERQUAILHEIGHJSCC, COM E-Mail Address

Check received with filing and forwarded to Fiscal for deposit. Fiecel to forward deposit information to Records.

Initials of person who forwarded check:

1

Website Address

B) The contact information of the authorized representative to contact concerning this application:

<u>CITET CANTER</u> Name 161 S.W. QUAIL HEIGHTS TERM.Mailing AddressLAKE C.H. FlCityStateZip Code 
 386
 365-7097
 () 

 Phone Number
 Fax Number
 CLARTER @QUAIL HEIGHTSCC.Com

E-Mail Address

C) Indicate the nature of the utility's business organization (check one). Provide documentation from the Florida Department of State, Division of Corporations, showing the utility's business name and registration/document number for the business, unless operating as a sole proprietor.

Corporation		
Limited Liability Company	Number	
Partnership	Number	
Limited Partnership	Number	
Limited Liability Partnership	Number	
Sole Proprietorship	Number	
Association Other (Specify)		

If the utility is doing business under a fictitious name, provide documentation from the Florida Department of State, Division of Corporations showing the utility's fictitious name and registration number for the fictitious name.

Fictitious Name (d/b/a)

Registration Number

D) The name(s), address(es), and percentage of ownership of each entity or person which owns or will own more than 5 percent interest in the utility (use an additional sheet if necessary).

BUAIL HEIGHIS UTILIDIES LLC 100 40

# PART II GRANDFATHER CERTIFICATE

## A) <u>DESCRIPTION OF SERVICE</u>

1) Exhibit \_\_\_\_\_ - Provide a statement indicating whether the application is for water, wastewater, or both. If the applicant is applying only for water or wastewater, the statement shall include how the other service is provided.

UATER - WASTEWATER COMBINATI OF SEPTIC TANKS 3 C.LY SEVEN WASTEWATER COMBINATION

2) Exhibit \_\_\_\_\_ - Provide the date the utility was established.

No RECONOS FOUND

3) Exhibit \_\_\_\_\_\_ - Provide a description of the types of customers served, i.e., single family homes, mobile homes, duplexes, golf course clubhouse, or commercial.

GOLF COURSE CLUBHOUSE, RENTAL ROOMS, SINGLE family Humas, Oupley's, AND MULTI FAMILY Home.

- 4) Exhibit \_\_\_\_\_\_ Provide a schedule showing the number of customers currently served, by class and meter size, as well as the number of customers projected to be served when the requested service territory is fully developed.
- B) <u>TERRITORY DESCRIPTION, MAPS, AND FACILITIES</u>

- 1) Exhibit <u>2</u> Provide a legal description of the proposed service area in the format prescribed in Rule 25-30.029, F.A.C. The utility must provide documentation of the territory the utility was serving, or was authorized to serve, from the county which had jurisdiction over the utility on the day Chapter 367, Florida Statutes, became applicable to the utility.
- 2) Exhibit <u>d</u> Provide documentation of the utility's right to continued long-term use of the land upon which the utility treatment facilities are located. This documentation shall be in the form of a recorded warranty deed, recorded quit claim deed accompanied by title insurance, recorded long-term lease, such as a 99-year lease, or recorded easement. The applicant may submit an unrecorded copy of the instrument granting the utility's right to access and continued use of the land upon which the utility treatment facilities are or will be located, provided the applicant files a recorded copy within the time prescribed in the order granting the certificate.
- 3) Exhibit \_\_\_\_\_\_ Provide a detailed system map showing existing and proposed lines and treatment facilities with the territory proposed to be served plotted thereon, consistent with the legal description provided in B-1 above. Any territory not served at the time of the application shall be specifically identified on the system map. The map shall be of sufficient scale and detail to enable correlation with the description of the territory proposed to be served.
- 4) Exhibit \_\_\_\_\_\_- Provide an official county tax assessment map or other map showing township, range, and section with a scale such as 1"=200' or 1"=400', with the proposed territory plotted thereon, consistent with the legal description provided in B-1 above.
- 5) Exhibit <u>4</u> Provide a copy of all current permits from the Department of Environmental Protection (DEP) and the water management district.

#### C) PROPOSED TARIFF AND RATE INFORMATION

1) Exhibit \_\_\_\_\_\_ - Provide a tariff containing all rates, classifications, charges, rules, and regulations, which shall be consistent with Chapter 25-9, F.A.C. See Rule 25-30.035, F.A.C., for information about water and wastewater tariffs that are available and may be completed by the applicant and included in the application.

2) Exhibit \_\_\_\_\_ - Provide documentation, or, if no documentation exists, a statement, specifying on what date and under what authority the current rates and charges were established.

No Documento TION FOUND

### PART III

#### **SIGNATURE**

Please sign and date the utility's completed application.

APPLICATION SUBMITTED BY:

Applicant's Signature CANTEN Applicant's Name (Printed) <u>GM / OWNER OPENATON / AUDAVAIZED MEMBER</u> Applicant's Title

2024

8/9

Exhibit #1

Golf Course Clubhouse and 15 rental rooms

"

41 single family homes

2 duplexes'

1 multi family home

Exhibit #2 service address's

161 S W Quail Heights Terr

200	"	"	"	
222				
244				
266				
371				
395				
421				
445				
469				
493				
517				
541				
571				
570				
540				

516 S W Quail Heights Terr
492""""
468
450
410
388
199 S W Leisure Ln
290 " " "
106 S W Wren Ct
118"""
132
146
160 <sub>,</sub>
174
190
208
261
247
229
211
191
175

161 S W Wren Ct

147 " " "

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133

117

Exhibit #5 Rates are \$15 per month to each service connection. Currently there are no meters.



Florida Department of Environmental Protection

Bureau of Finance & Accounting PO Box 3070 Tallahassee, FL 32315-3070 Drinking Water Annual Operating Fee

2025

July 1, 2024 through June 30, 2025



Invoice Number: 79425 Date: 07/15/2024

Subject: Drinking Water Invoice 2024-2025 CCARTER@QUAILHEIGHTSCC.COM

CHET CARTER QUAIL HEIGHTS GOLF ASSN. 161 SW QUAIL HEIGHTS TERRACE LAKE CITY FL 32025

Accounting Information

Object Code: 002216 Org code: 37 35 40 60 000 Expansion Option: TA FLAIR Code: 3720252600137350400000020000 PWS # 2120921

#### PWS # System Name

\$100.00

**Invoice Amount** 

2120921 QUAIL HEIGHTS COUNTRY CLUB

Invoice amount represents only current year fee assessment.

This fee is assessed pursuant to Rule 62-4.053, Florida Administrative Code, and is **DUE August 31, 2024**. A copy of the rule is found at <u>https://www.flrules.org/gateway/ChapterHome.asp?Chapter=62-4</u>.

Payments can be made by check or money order by mail, or by credit card online. To pay online, visit <u>https://www.fldepportal.com/go/pay-invoices</u> and select 'Drinking Water Annual Operating License Fees'. Follow the instructions to register or login.

If you represent a municipality (city/county government) or entity thereof, you may be eligible for a reduction or waiver of processing fees pursuant to Section 218.075, Florida Statutes. For the current waiver guide, please visit: https://floridadep.gov/water/source-drinking-water/documents/drinking-water-annual-fee-waiverreduction-guidance

If you have any questions about this fee, payment, or fee waiver eligibility please e-mail PWS\_Annual\_Fees@dep.state.fl.us or call (850) 245-8481.

Please Detach This	Portion of The Inv	voice and Return with Your Payment.			×	
For Multiple Systems, Please Include the Remittance for Each Invoice.			Invoice Number:	79425		
Make Payments Payable To:		Florida Department of Environmental Protection		Date:	07/15/2024	
		Bureau of Finance and Accounting PO Box 3070 Tallahassee, FL 32315-3070	Pay Online at: https://www.fld	epportal.com/go/pay-	invoices	
PWS #	System	Name	Invoice Amount	Remit Amou	Remit Amount	
2120921 QUAIL HEIGHTS COUNTRY CLUB		HTS COUNTRY CLUB	\$100.00	\$		
			Acco			
			Object Code: 002216			
			Org code: 37 35 40 60	000		
			Expansion Option: 1	A		
			FLAIR Code: 372025	26001373504000000020000		
			PWS # 2120921			

ePermit

#### ePermit

# Suwannee River Water Management District Suwannee River Water Management District

# ePermitePermit

**Project Information** 

Information as of 12-Aug-2024 12:17:20 AM

217000 2				1	Project Number
217880 - 3					Project Name
Quail Heights Go	lf Course				
Sequence Type	Renewal	Permit Type	WUP Individual < 2,000,000 GPD	County	Columbia ( )
Received	06/23/2014	Decision	12/05/2014	Expiration	12/05/2024
Description			draw a maximum of ( nately 32 acres golf tu	-	roundwater for
Status	Issued Re	commendation	Approval	Current	Compliance
			I	Process Stage	0
Applicant	Quail Heights Golf Association, Inc.	Owner	Patriot Green Oak, LLC	Agent	Quail Heights Golf Association, Inc.
Total Wells	4	<b>Total Pumps</b>	0		
🔽 Copy Link 🚺 District Map 🔇 Google Map 🛛 😭 Contact Us					
Documents (1	3)			Change	View Export
Group Do Name	cument Name	Date Size	Link (	Comments	Â
CorrespondenPe	nding Application C	.09/25/2014 42110	Pending Application Correspondene :: Main/Cover Letter Pending Application	email	

8/12/24, 12:09 PM CorrespondenPending Application C09/25/2014 RAIs, RAI Responses an	43196	ePermit Correspon :: Main/Cov Letter RAI Response Extension					
Responses an RAI Response Extens10/13/2014	616199 ns per page: 10	•	1 – 10 of 13	<	<	>	>
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