

**MIKE SMALLRIDGE UTILITY CONSULTANT
1645 W. MAIN ST.
INVERNESS, FL. 34450
352-302-7406**

080669-54

**Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, FL. 32399-0850**

RECEIVED-FPSC
08 NOV 12 AM 8:54
COMMISSION
CLERK

RE: SARC for Sebring Ridge Utilities.

Dear Commission Clerk:

On behalf of my client, please find a completed application for a staff assisted rate case for Sebring Ridge Utilities in Highlands County.

We will ask the commission to consider additional items in this rate case such as but not limited to, plant tank additions, lift station repairs, upgrades to the sewer system, increase in expenses and replacement of major plant components.

Please contact me directly on my cell phone at 352-302-7406. I look forward to hearing from you soon.

Sincerely,



**Mike Smallridge
Mike Smallridge Utility Consultant & Management Services.**

DOCUMENT NUMBER-DATE

10530 NOV 12 8

FPSC-COMMISSION CLERK

080669

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility SEBring Ridge Utilities, Inc.

B. Address 3625 Valerie Blvd.
Sebring, FL 33870

1. Telephone Nos. (863) 385-8542

2. County Highlands Nearest City Sebring

3. General area served Sebring Ridge + the Bluffs of
Sebring

C. Authority:

1. Water Certificate No. N/A Date Received _____

2. Wastewater Certificate No. 365-5 Date Received ?

3. Date utility started operations: Water N/A Wastewater 1968

D. How system was acquired Purchased

If utility was purchased, give date _____ Amount Paid _____

1. Name of Seller _____

2. Was seller affiliated with present owners? _____

3. Did you purchase: Stock _____ or assets only _____

E. Type of legal entity: Corporation, Partnership or Sole Proprietorship

F. Ownership & Officers:

<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1. <u>Christopher Miller</u>	<u>President</u>	<u>75%</u>
2. <u>Roger Miller</u>	<u>V-President</u>	<u>25%</u>
3. _____	_____	_____
4. _____	_____	_____

G. List of Associated Companies and Addresses:

1. _____
2. _____
3. _____

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):

Mike Smallridge - 352-302-7406.
Mike Smallridge Utility Consultant
15827 Cedar Elm Terr
Land O Lakes, FL. 34638-

II. Accounting Data

A. Outside Accountant

1. Name SEE "H"
2. Firm _____
3. Address _____
4. Telephone () _____

B. Individual to contact on accounting matters:

1. Name _____
2. Telephone () _____

C. Location of books and records Accountants office + Utility office.

D. Have you filed an Annual Report with the Commission? YES
Date Last Filed 2007

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? YES

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

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

2. Wastewater	2007	2006
Cost of Plant In Service:	\$ <u>557,587</u>	\$ <u>557,587</u>
Less Accumulated Depreciation:	<u>244,799</u>	<u>263,519</u>
Less Contributed Plant:	<u>307,424</u>	<u>307,424</u>
New Owner's Investment:	\$ <u>5364</u>	\$ <u>(13,356)</u>

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

1. Water	20__	20__
Revenues (By Class):		
a. _____	\$ <u>N/A</u>	\$ <u>N/A</u>
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. Wastewater	20 <u>07</u>	20 <u>06</u>
Revenues (By Class):		
a. <u>Residential</u>	<u>156,957</u>	<u>157,836</u>
b. <u>Commercial</u>	<u>4743</u>	<u>4576</u>
c. <u>Other</u>	<u>180</u>	<u>255</u>
Total Operating Revenues:	\$ <u>161,880</u>	\$ <u>162,667</u>

Less Expenses:

a. Salaries & Wages - Employees	\$ <u>43,418</u>	\$ <u>38,064</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>48,965</u>	<u>51,089</u>
c. Employee Pensions & Benefits	<u> </u>	<u> </u>
d. Purchased Wastewater Treatment	<u> </u>	<u> </u>
e. Sludge Removal Expense	<u>4,550</u>	<u>3,150</u>
f. Purchased Power	<u>10,183</u>	<u>9,574</u>
g. Fuel for Power Production	<u> </u>	<u> </u>
h. Chemicals	<u>4,360</u>	<u>6,276</u>
i. Materials & Supplies	<u>22,387</u>	<u>36,016</u>
j. Contractual Services	<u>9,990</u>	<u>13,115</u>
k. Rents	<u> </u>	<u> </u>
l. Transportation Expenses	<u> </u>	<u> </u>
m. Insurance Expense	<u> </u>	<u> </u>
n. Regulatory Commission Expense	<u> </u>	<u> </u>
o. Bad Debt Expense	<u> </u>	<u> </u>
p. Miscellaneous Expense	<u>53,929</u>	<u>79,569</u>
q. Depreciation Expense	<u>18,334</u>	<u>14,893</u>
r. Property Taxes	<u> </u>	<u> </u>
s. Other Taxes	<u>24,245</u>	<u>7,358</u>
t. Income Taxes	<u>1,788</u>	<u>0</u>
Operating Income (Loss)	\$ <u>(57,050)</u>	\$ <u>(80,771)</u>

H. Outstanding Debt:

	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1. <u>Riverside National</u>	<u>6/22/06</u>	<u>\$96,178</u>	<u>7.95%</u>	<u>6/22/21</u>
2. <u>Riverside National</u>	<u>2/7/07</u>	<u>\$49,423</u>	<u>7.95%</u>	<u>3/7/12</u>
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 SEE "H"
2. Firm _____
3. Address _____
4. Telephone () _____

B. Individual to contact on engineering matters:

1. Name _____
2. Telephone () _____

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.

Pugh Utilities

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 existing 35,000 gpd
under construction _____ proposed 40,000 gpd
2. Type and make of present treatment facilities Extended Air
Concrete
3. Approximate average daily flow of treatment plant effluent 25,936
4. Approximate length of wastewater mains:
Size (diameter) 8" 4" _____
Linear feet 22890 3650 _____
5. Number of manholes 87
6. Number of liftstations 3
7. How do you measure treatment plant effluent? metered.

8. Is the treatment plant effluent chlorinated? YES If yes, what is the normal dosage rate? 17 to 20 gpd
9. Tap in fees - Wastewater \$ _____
10. Service availability fees - Wastewater \$ _____
11. Note DEP Treatment Plant Certificate Number and date of expiration: Number #014319-001
Expiration Date _____
12. Total gallons treated during most recent twelve months 9,467,000
13. Wastewater treatment purchased during most recent twelve months 0

H. Water

1. Gallons per day capacity of treatment facilities existing N/A under construction 0 proposed 0
2. Type of treatment D
3. Approximate average daily flow of treated water 0
4. Source of water supply 0
5. Types of chemicals used and their normal dosage rates 0
6. Number of wells in service 0 Total capacity in gallons per minute (gpm) _____
- | Diameter/Depth | _____ / _____ | _____ / _____ | _____ / _____ |
|---------------------|---------------|---------------|---------------|
| Motor horsepower | _____ | _____ | _____ |
| Pump capacity (gpm) | _____ | _____ | _____ |
7. Reservoirs and/or hydropneumatic tanks:
- | Description | <u>0</u> | <u>0</u> | <u>0</u> |
|-------------|----------|----------|----------|
| Capacity | <u>0</u> | <u>0</u> | <u>0</u> |
8. High service pumping:
- | Motor horsepower | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
|---------------------|----------|----------|----------|----------|
| Pump capacity (gpm) | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
9. How do you measure treatment plant production? _____
10. Approximate feet of water mains:
- | Size (diameter) | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
|-----------------|----------|----------|----------|----------|
| Linear feet | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
11. Note any fire flow requirements and imposing government agency 0
12. Number of fire hydrants in service 0

- 13. Do you have a meter change out program? NO
- 14. Meter installation or tap in fees - Water \$ _____
- 15. Service availability fees - Water \$ _____
- 16. Has the existing treatment facility been approved by DEP? 0
- 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 MIKE SMARIDGE
 - 2. Telephone Number 352 302-7404

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

- 1. Water:
 - a. Residential Water N/A.
 - b. General Service _____
 - c. Special Contract _____
 - d. Other _____
- 2. Wastewater:
 - a. Residential Wastewater \$ 14.71 - \$ 3.82 / 10,000 gallons.
 - b. General Service _____
 - c. Special Contract _____
 - d. Other _____

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

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

2007 532
~~503 532~~

2006
 532

V. Affirmation

I, CHRIS MILLER 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 Chris Miller
 Title 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.