

DISTRIBUTION CENTER
**MIKE SMALLRIDGE UTILITY CONSULTANT
& MANAGEMENT SERVICES**

09 AUG 20 AM 7: 22

15827 CEDAR ELM TERRACE
LAND O LAKES, FLORIDA 34638
352-302-7406

0970414

August 17, 2009

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

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COMMISSION
CLERK

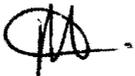
RE: Application for Staff assisted Rate Case in Polk County by Pinecrest Ranches, Inc.

Dear Commission Clerk:

Enclosed please find the application for a staff assisted rate case in Polk County by Pinecrest Ranches, Inc.

The utility would like to add pro forma items for tank replacement and a meter replacement program along with an increase in revenues for increased costs.

On behalf of my client,



Mike Smallridge
Mike Smallridge Utility Consulting for Pinecrest Ranches, Inc.

COM _____
ECR _____
GCL _____
OPC _____
RCP _____
SSC _____
SGA _____
ADM _____
CLK *Nonny*

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FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility Pinecrest Ranches, Inc.

B. Address P.O. Box 2427 Bartow, FL. 33831

1. Telephone Nos. 863-537-1411

2. County Polk Nearest City Bartow

3. General area served Citrus Highlands + Star Terrace

C. Authority:

1. Water Certificate No. 588-W Date Received 10/17/96

2. Wastewater Certificate No. N/A Date Received _____

3. Date utility started operations: Water 10/17/96 Wastewater _____
1987

D. How system was acquired _____

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

Sub Chapter S Corporation.

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	<u>Norman Duncan</u>	<u>President</u>	<u>50%</u>
2.	<u>Richard Little</u>	<u>V-President</u>	<u>50%</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
1645 W. Main St
Inverness, FL 34450.

II. Accounting Data

A. Outside Accountant

1. Name NONE
2. Firm _____
3. Address _____
4. Telephone () _____

B. Individual to contact on accounting matters:

1. Name Norman Duncan
2. Telephone () _____

C. Location of books and records 6115 ST. RD. 60 E. BARON, FL. 33830.

- D. Have you filed an Annual Report with the Commission? YES
- Date Last Filed 2008

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? NO

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

1. Water		
Cost of Plant In Service:	\$ <u>201424</u> ²⁰⁰⁸	\$ <u>196246</u> ²⁰⁰⁷
Less Accumulated Depreciation:	<u>127610</u>	<u>121802</u>
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>79550</u>	\$ <u>81114</u>

2. Wastewater

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

	20__	20__
\$	_____	_____
	_____	_____
	_____	_____
\$	_____	_____

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

1. Water

Revenues (By Class):

a. Residential
 b. _____
 c. Other
 Total Operating Revenues:

	20 ⁰⁸	20 ⁰⁷
\$	<u>45,194</u>	<u>47,708</u>
	<u>3,329</u>	<u>2,570</u>
\$	<u>48,523</u>	<u>50,278</u>

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

	<u>5,052</u>	<u>300</u>
	<u>1,752</u>	_____
	3,420	<u>96</u>
	3,420	<u>7,644</u>
	<u>143</u>	_____
	<u>908</u>	_____
	<u>1,838</u>	<u>2,563</u>
	<u>12,025</u>	<u>17,672</u>
	<u>1,069</u>	<u>4,649</u>
	<u>4,535</u>	<u>248</u>
	<u>4,132</u>	<u>4,196</u>
	_____	_____
	<u>2,923</u>	<u>888</u>
	<u>8,958</u>	<u>4,773</u>
	_____	_____
	_____	_____
	_____	_____
	<u>46,382</u>	<u>40,029</u>

Operating Income (Loss)

\$ _____

2.	Wastewater	20__	20__
	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)	\$ _____	\$ _____

H. Outstanding Debt:

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	Center State Bank	_____	\$54,398	7.5%	_____
2.	Richard Little	_____	44,849	6%	_____
3.	Water Supply	_____	67 37,673	4.71%	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

- _____ Form 1120 - Corporation
- X 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 _____
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.

E. Name of plant operator (s) and DEP operator certificate number (s) held.

_____ *WALTER MESSER* _____

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 _____
under construction _____ 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 liftstations _____
7. How do you measure treatment plant effluent? _____

8. Is the treatment plant effluent chlorinated? _____ 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 existing 105,510 under construction _____ proposed _____
2. Type of treatment Chlorine
3. Approximate average daily flow of treated water 18,967
4. Source of water supply well
5. Types of chemicals used and their normal dosage rates Chlorine 25 Gpd
6. Number of wells in service 2 Total capacity in gallons per minute (gpm) _____

Diameter/Depth	<u>4,190</u>	<u>6,405</u>	<u>1</u>
Motor horsepower	<u>75</u>	<u>350</u>	_____
Pump capacity (gpm)	<u>180,000</u>	<u>504,000</u>	_____
7. Reservoirs and/or hydropneumatic tanks:

Description	<u>Steel</u>	_____	_____
Capacity	<u>6000</u>	_____	_____
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)	<u>2</u>	<u>3</u>	<u>4</u>	<u>6</u>
Linear feet	<u>500</u>	<u>6300</u>	<u>3230</u>	<u>5025</u>
11. Note any fire flow requirements and imposing government agency _____
12. Number of fire hydrants in service 9

- 13. Do you have a meter change out program? No - But Request one
- 14. Meter installation or tap in fees - Water \$ _____
- 15. Service availability fees - Water \$ _____
- 16. Has the existing treatment facility been approved by DEP? YES
- 17. Total gallons pumped during most recent twelve months ~~6423000~~ - 9137000
- 18. Total gallons sold during most recent twelve months 6923000
- 19. Gallons unaccounted for during most recent twelve months 2214000
- 20. Gallons purchased during most recent twelve months 0

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name Norm Duncan
- 2. Telephone Number (____) _____

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 _____
- 2. Wastewater:
 - a. Residential Wastewater _____
 - b. General Service _____
 - c. Special Contract _____
 - d. Other _____

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

- | | | |
|---------------------|-------------|-------------|
| 1. Water Metered | <u>2008</u> | <u>2007</u> |
| a. Residential | <u>128</u> | <u>135</u> |
| b. General Service | <u>—</u> | <u>—</u> |
| c. Special Contract | <u>—</u> | <u>—</u> |
| d. Other - Specify | <u>—</u> | <u>—</u> |
| 2. Water Unmetered | <u>20</u> | <u>20</u> |
| a. Residential | <u>—</u> | <u>—</u> |
| b. General Service | <u>—</u> | <u>—</u> |
| c. Special Contract | <u>—</u> | <u>—</u> |
| d. Other - Specify | <u>—</u> | <u>—</u> |

3. Wastewater

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

20__

20__

V. Affirmation

I, MICHAEL SMALLIDGE AS CONSULTANT 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 Smallidge*
 Title Consultant for Utility.

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.