

RECEIVED-FPSC  
09 OCT 23 AM 9:43  
COMMISSION  
CLERK

WESTLAKELAND WASTEWATER  
P.O. BOX 10419  
BROOKSVILLE, FL. 34603  
352-302-7406

DISTRIBUTION CENTER  
09 OCT 23 AM 7:52

October 19, 2009

Ann Cole, Commission Clerk  
Office of Commission Clerk  
2540 Shumard Oak Blvd.  
Tallahassee, FL. 32399

RE: Docket # 090415, Application for staff assisted rate case in Polk County by West Lakeland Wastewater.

Dear Ms. Cole:

Enclosed please find a copy of the application for a staff assisted rate case that was sent to the chief executive of Polk County for the above docket on October 10, 2009.

Have a nice day.

Sincerely,



Mike Smallridge  
Court Ordered Receiver of  
West Lakeland Wastewater, Inc.

DOCUMENT NUMBER-DATE

10795 OCT 23 8

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility West Lakeland Wastewater, Inc. (Mike Smallridge Receiver)  
 B. Address P.O. Box 10419  
Brooksville, FL 34603

1. Telephone Nos. ( 352 ) 302-7406

2. County Polk Nearest City Lakeland

3. General area served Village of Lakeland

C. Authority:

1. Water Certificate No. N/a Date Received \_\_\_\_\_

2. Wastewater Certificate No. 5150S Date Received \_\_\_\_\_

3. Date utility started operations: Water \_\_\_\_\_ Wastewater 1972

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)

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	Mike Smallridge as	Receiver	
2.			
3.			
4.			

PSC/ECR 2 (Rev. 3/02)

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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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. Accounting Data

A. Outside Accountant

- 1. Name Mike Smallridge
- 2. Firm \_\_\_\_\_
- 3. Address \_\_\_\_\_
- 4. Telephone ( )

B. Individual to contact on accounting matters:

- 1. Name Mike Smallridge
- 2. Telephone ( )

C. Location of books and records Mike Smallridge

D. Have you filed an Annual Report with the Commission? no  
Date Last Filed \_\_\_\_\_

E. Has your latest regulatory assessment fee payment been made? no

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

1. Water	2006__	20__
Cost of Plant In Service:	\$ _____	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ <u>_____</u>	\$ <u>_____</u>

\_\_\_\_\_

2. Wastewater	20__	2006__
Cost of Plant In Service:	\$ 357,243	\$ _____
Less Accumulated Depreciation:	<u>262,154</u>	_____
Less Contributed Plant:	_____	_____
New Owner's Investment:	<u>\$ 95,092</u>	\$ _____

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

1. Water	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 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	2006__	20__
	Revenues (By Class):		
	a. residential	67,521	
	b.		
	c.		
	Total Operating Revenues:	\$ 67,521	\$
	Less Expenses: 87,696	(20,175)	
	a. Salaries & Wages - Employees	\$ 30,000	\$
	b. Salaries & Wages - Officers, Directors, & Majority Stockholders		
	c. Employee Pensions & Benefits		
	d. Purchased Wastewater Treatment		
	e. Sludge Removal Expense	6,650	
	f. Purchased Power	13,744	
	g. Fuel for Power Production		
	h. Chemicals	1,234	
	i. Materials & Supplies	151	
	j. Contractual Services	27,875	
	k. Rents	4,200	
	l. Transportation Expenses		
	m. Insurance Expense	1,789	
	n. Regulatory Commission Expense		
	o. Bad Debt Expense	613	
	p. Miscellaneous Expense	1,440	
	q. Depreciation Expense		
	r. Property Taxes		
	s. Other Taxes		
	t. Income Taxes		
	Operating Income (Loss)	\$ 87,696	\$
H.	Outstanding Debt:		

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	_____				
2.	_____	_____	_____	_____	_____
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 mike Smallridge \_\_\_\_\_
2. Telephone (\_\_\_\_) \_\_\_\_\_

C. Is the utility under citation by the Department of Environmental Protection (DEP) or county health department? If yes, explain.

\_\_\_\_\_

D. List any known service deficiencies and steps taken to remedy problems.

Attached

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

Gaines Alexander. Consta Flow

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 70,000 gpd  
under construction \_\_\_\_\_ proposed \_\_\_\_\_
2. Type and make of present treatment facilities concrete, defiant
3. Approximate average daily flow of treatment plant effluent 32,490
4. Approximate length of wastewater mains:  
Size (diameter) 6"-12"  
Linear feet 12,008
5. Number of manholes 41
6. Number of liftstations 3
7. How do you measure treatment plant effluent? meter
8. Is the treatment plant effluent chlorinated? yes 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 FLA013009-001DW3P Expiration Date 11/29/09
12. Total gallons treated during most recent twelve months 11,859,000
13. Wastewater treatment purchased during most recent twelve months \_\_\_\_\_

H. Water

1. Gallons per day capacity of treatment facilities existing \_\_\_\_\_ under  
construction \_\_\_\_\_ 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 \_\_\_\_\_
6. Number of wells in service \_\_\_\_\_ Total capacity in gallons per minute (gpm) \_\_\_\_\_  
 Diameter/Depth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Motor horsepower \_\_\_\_\_  
 Pump capacity (gpm) \_\_\_\_\_
7. Reservoirs and/or hydropneumatic tanks:  
 Description \_\_\_\_\_  
 Capacity \_\_\_\_\_
8. High service pumping:  
 Motor horsepower \_\_\_\_\_  
 Pump capacity (gpm) \_\_\_\_\_
9. How do you measure treatment plant production? \_\_\_\_\_
10. Approximate feet of water mains:  
 Size (diameter) \_\_\_\_\_  
 Linear feet \_\_\_\_\_
11. Note any fire flow requirements and imposing government agency \_\_\_\_\_
12. Number of fire hydrants in service \_\_\_\_\_
13. Do you have a meter change out program? \_\_\_\_\_
14. Meter installation or tap in fees - Water \$ \_\_\_\_\_
15. Service availability fees - Water \$ \_\_\_\_\_
16. Has the existing treatment facility been approved by DEP? \_\_\_\_\_
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 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 \$ 13.29 BFC / \$3.29 per 1000 gallons
  - b. General Service \_\_\_\_\_
  - c. Special Contract \_\_\_\_\_
  - d. Other - Specify \_\_\_\_\_

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

1. Water Metered 20\_\_ 20\_\_

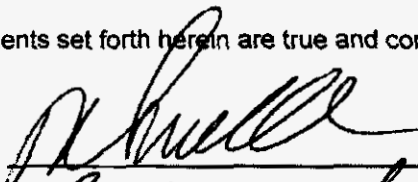
- |                     |       |       |
|---------------------|-------|-------|
| a. Residential      | _____ | _____ |
| b. General Service  | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify  | _____ | _____ |
| 2. Water Unmetered  | 20__  | 20__  |
| a. Residential      | _____ | _____ |
| b. General Service  | _____ | _____ |
| c. Special Contract | _____ | _____ |
| d. Other - Specify  | _____ | _____ |



3. Wastewater	2006__	20__
a. Residential - Metered	308	_____
b. Residential - Unmetered	_____	_____
c. General Service	_____	_____
d. Special Contract	_____	_____
e. Other - Specify	_____	_____

V. Affirmation

I, Michael A. Smallridge As receiver 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   
 Title Receiver of West Lakeland Wastewater.

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.