

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

11 MAY 17 AM 8:46

COMMISSION  
CLERK

110105-50

I. GENERAL DATA

A. Name of Utility: Utility Corporation of Florida, Inc

B. Address: 200 Healthy Way, Sebring, FL 33876

1. Telephone Nos.: (863) 414-2586

2. County: Highlands

Nearest City: Sebring

3. General Area Served: Spring Lake, high density development areas

C. Authority:

1. Water Certificate No. NA

Date Received: ~~7/7~~

2. Wastewater Certificate No. SU 916-09-5-R

Date Received: 10/2008

3. Date Utility Started Operations: Water: NA

Wastewater:

D. How System Was Acquired: Built by owner/developer

If utility was purchased, give date

Amount Paid \$

1. Name of Seller:

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

F. Ownership & Officers:

	Name	Title	Percent Ownership
COM	1. Michael Tellschow	President/owner	100
APA	2.		
ECR	3. Lois Schlabaeh	Sec./Treas.	0
GCL	4.		
RAD			
SSC			
ADM			
OPC			
CLK			

DOCUMENT NUMBER-DATE

03406 MAY 17

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G. List of Associated Companies and Addresses:

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:

Robert Dodrill  
Regulated Utility Consulting

Address:

2307 Amherst Ave.  
Orlando, FL 32804

II. ACCOUNTING DATA

A. Outside Accountant

1. Name: Douglas A. McClean, CPA
2. Firm:
3. Address: 300 Circle Drive, Sebring, FL 33870
4. Telephone: (863) 382-3382

B. Individual To Contact On Accounting Matters:

1. Name: Lois Schlabach
2. Telephone: (863) 414-2586

C. Location of Books and Records: 200 Healthy Way, Sebring, FL

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

Date Last Filed:

E. Has your latest Regulatory Assessment Fee Payment been made? March 24, 2011

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

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

1. Water:

Cost of Plant In Service

Less Accumulated Depreciation

Less Contributed Plant

Net Owner's Investment

2. Wastewater:

	20	20
\$	_____	\$ _____
	NA	NA
\$	20	\$ 20



2. Wastewater

Revenues (By Class):

- a.
- b.
- c.

20	20
\$ 89,485	\$ 121,696

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

49,294	50,000
6,000	6,000
3,805	1,713
9,533	10,257
6,257	5,137
1,089	387
12,971	13,320
11,400	11,400
1,200	4,800
2,519	2,922
0	1,856
286	286
8,944	9,522
9,677	9,677

Operating Income (Loss)

\$	\$

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	Spring Lake Club	2008	99,817		
2.	Spring Lake Club	2009	30,722		
3.	Spring Lake Club	2010	25,001		
4.					

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: Aaron Bowles

2. Firm: MBV Engineering
3. Address: 2455 14th Ave., Vero Beach, FL 32960
4. Telephone: (772) 569-0035

B. Individual to contact on engineering matters:

1. Name: Aaron Bowles
2. Telephone: ( ) 772-569-0035.

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:

Thomas A. Quinn B0006898

F. Is the utility serving customers outside of its certificated area?

If yes, explain:

No

G. Wastewater:

1. Gallons per day capacity of treatment facilities:

a. Existing: 0.140 MGD      b. Under Construction:      c. Proposed:

2. Type and make of present treatment facilities:

Extended aeration domestic wastewater treatment plant

3. Approximate average daily flow of treatment plant effluent:

0.018 MGD

4. Approximate length of wastewater mains:

Size (diameter):	6"	4"	4"		
Linear feet:	2,000'	1,000'	2000'		

5. Number of manholes: 0

6. Number of lift stations: 2

7. How do you measure treatment plant effluent? PDS ultrasonic - Open Channel Flow Meter.

8. Is the treatment plant effluent chlorinated?  Yes  No

If yes, what is the normal dosage rate? hypochlorite as required

9. Tap in fees - Wastewater: \$

10. Service availability fees - Wastewater: \$ 32

11. Note DEP Treatment Plant Certificate Number and date of expiration: FLA 014315,

Number Expiration Date: *Ap 2013*

12. Total gallons treated during most recent twelve months: *6,587,000 (2009)*

13. Wastewater treatment purchased during most recent twelve months: *none*

H. Water:

1. Gallons per day capacity of treatment facilities:

a. Existing:

b. Under Construction :

c. 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?  No  Yes
14. Meter installation or tap in fees - Water \$ \_\_\_\_\_
15. Service availability fees - Water \$ \_\_\_\_\_
16. Has the existing treatment facility been approved by DEP?  No  Yes
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: Lois Schlabbach
2. Telephone Number: ( ) 863-414-2586

**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
- b. General Service
- c. Special Contract
- d. Other - Specify

\$32 per unit  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

1. Water Metered

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

<b>20</b>	<b>20</b>
<del>_____</del>	_____

2. Water Unmetered

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

<b>20</b>	<b>20</b>
<del>_____</del>	_____

3. Wastewater

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

<b>20</b>	<b>20</b>
<u>309</u>	_____
_____	_____
_____	_____
<u>1 Commercial</u>	_____
<u>(clubhouse)</u>	_____

**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.

Lois Schlback

Signed

Lois Schlback

Title

Secy. Treas. Utility Corp. of FL, Inc.

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.