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STATE OF FLORIDA



MARSHALL WILLIS, DIRECTOR
DIVISION OF ECONOMIC REGULATION
(850) 413-6900

CK# 1668
\$ 1000.00
9/27/11
m

11 SEP 26 AM 11:15

Public Service Commission

August 29, 2011

DATE DEPOSIT

Sunrise Utilities, LLC
Attn: Leslie Szabo
P.O. Box 800621
Aventura, FL 33280-6021

SEP 27 2011 2 0 0 .

RECEIVED-FPSC
11 SEP 27 AM 10:55
COMMISSION
CLERK

Re: Docket No. 110238-WU - Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC (WU870)

Dear Mr. Szabo:

We have determined eligibility for staff assistance in the above referenced case filed by Sunrise Utilities, LLC (Sunrise or Utility). We find that the Utility is eligible for the staff assisted rate case (SARC) filing.

The staff engineer has determined the filing fee in this rate case is \$1,000. The fee is based on the capacity of the Utility's systems as provided by Section 367.145(2) of the Florida Statutes. The filing fees must be received by September 26, 2011, which is the official filing date for this rate case.

Section 367.091(2), Florida Statutes, provides:

Upon filing an application for new rates, the utility shall mail a copy of the application to the chief executive officer of the governing body of each county within the service areas included in the rate request. The governing body may petition the commission for leave to intervene in the rate change proceeding and the commission shall grant intervenor status to any governing body that files a petition.

- COM _____
- APA _____
- ECR _____
- GCL _____
- RAD _____
- SRC _____
- ADM _____
- OPC _____
- CLK M.G.

LESAGE INC 09/1998		1668 63-215/631
DATE		SEP 19 / 2011
PAY TO THE ORDER OF	PUBLIC SERVICE COMMISSION	
	\$	1,000.00
	ONE THOUSAND	DOLLARS
SUNTRUST	ACH FT 061000104	
FOR	SUNRISE DOCKET NO 110238-WU	
	[REDACTED]	
	DOCUMENT NUMBER	DATE

06969 SEP 27 =

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. GENERAL DATA

A. Name of Utility: **Sunrise Utilities LLC**

B. Address:

1. Telephone Nos.: **(352) 302 7406**

2. County: **Polk**

Nearest City:

3. General Area Served:

C. Authority:

1. Water Certificate No.

Date Received:

2. Wastewater Certificate No.

Date Received:

3. Date Utility Started Operations: Water: **X**

Wastewater:

D. How System Was Acquired:

If utility was purchased, give date **2004**

Amount Paid \$

1. Name of Seller: **Keen Sales**

2. Was seller affiliated with present owners? Yes No **X**

3. Did you purchase: Stock or assets only

E. Type of Legal Entity:

X Corporation

Partnership

Sole Proprietorship

F. Ownership & Officers:

	Name	Title	Percent Ownership
1.	Stuart Sheldon	President	
2.	Mike Smallridge	Manager only	
3.			
4.			

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:

Address:

II. ACCOUNTING DATA

A. Outside Accountant

- 1. Name: **Steve Dohan**
- 2. Firm: **Dohan and Company**
- 3. Address: **7700 North Kendall Drive Miami Fl, 33156**
- 4. Telephone: **(305) 274 1366**

B. Individual To Contact On Accounting Matters:

- 1. Name: **Leslie Szabo**
- 2. Telephone: **(416) 782 5418**

C. Location of Books and Records:

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

Date Last Filed:

E. Has your latest Regulatory Assessment Fee Payment been made?

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

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

1. Water:

20

20

Cost of Plant In Service

\$ _____ \$ _____

Less Accumulated Depreciation

Less Contributed Plant

Net Owner's Investment

\$ _____ \$ _____

2. Wastewater:

20

20

Cost of Plant In Service	\$ _____	\$ _____
Less Accumulated Depreciation	_____	_____
Less Contributed Plant	_____	_____
Net Owner's Investment	\$ _____	\$ _____

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

1. Water:

	2010	2009
Revenues (By Class)		
a.	\$ 67,568	\$ 66,206
b. 10 % Sales Tax	<u>6,063</u>	<u>6,020</u>
c.	_____	_____
Total Operating Revenues:	<u>\$ 61,505</u>	<u>\$ 60,205</u>
Less Expenses:	<u>9,600</u>	<u>9,600</u>
a. Salaries & Wages – Employees Manager	_____	_____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	<u>2,940</u>	<u>3,129</u>
f. Fuel for Power Production	<u>64</u>	_____
g. Chemicals	<u>1,879</u>	<u>1,443</u>
h. Materials & Supplies	<u>3,346</u>	<u>2,862</u>
i. Contractual Services	<u>17,552</u>	<u>19,003</u>
j. Un-Paid Bills	<u>6,200</u>	<u>6,301</u>
k. Cost of Purchasing Pump	<u>14,100</u>	_____
l. Bank-NSF charges	<u>1,472</u>	<u>884</u>
m. Loan Reparments	<u>19,704</u>	<u>17,539</u>
n. Bad Debt Expense	<u>5,660</u>	<u>3,709</u>
o. Miscellaneous Expense inc taxes	<u>4,681</u>	<u>5,760</u>
p. Depreciation Expense	<u>7,742</u>	<u>7,254</u>
q. Property Taxes	_____	_____
r. Other Taxes	_____	_____
s. Income Taxes	_____	_____
Operating (Loss)	<u>\$ 33,435</u>	<u>\$ 17,279</u>

2. Wastewater

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)

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

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	Lesage Inc	Dec 2007	39,424	3.75	Dec 2013
2.	Blunt Utilitie		4,543	18 %	Due
3.	10%sales Tax		15,563		Due
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)

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:
 - 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: 2010 18,658 2009 19,851
18. Total gallons sold during most recent twelve months: 14,594 15596
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 _____
- b. General Service _____
- c. Special Contract _____
- d. Other - Specify _____

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

	2010	2009
1. Water Metered		
a. Residential	243	243
b. General Service	1	1
c. Special Contract		
d. Other – Total	244	244
2. Water Unmetered	20	20
a. Residential		
b. General Service		
c. Special Contract		
d. Other - Specify		
3. Wastewater	20	20
a. Residential		
b. General Service		
c. Special Contract		
d. Other - Specify		

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:

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:

F. Is the utility serving customers outside of its certificated area?
If yes, explain:

G. Wastewater:

- 1. Gallons per day capacity of treatment facilities:
 - a. Existing:
 - b. Under Construction:
 - c. 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 lift stations:
- 7. How do you measure treatment plant effluent?
- 8. Is the treatment plant effluent chlorinated? Yes No

V. AFFIRMATION

I, Leslie Szabo 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 owner

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.



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P.O. BOX 800621
AVENTURA FL 33280

TO: (PLEASE PRINT) PHONE ()

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FLORIDA PUBLIC GEL COMMISSION
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