

FLORIDA UTILITY SERVICES 1, LLC
1902 BARTON PARK RD #201
AUBURNDALE, FL. 33823
863-904-5574

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14 SEP 10 PM 12:02
COMMISSION
CLERK

9/6/14

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

RE: Application for a staff assisted rate case for Holiday Gardens Utilities, LLC in Pasco County Florida.

Dear Commission Clerk:

Enclosed please find a completed application for a staff assisted rate case.

The utility will be filing a list of pro-forma items and requests the commission reset rate base with the addition of two new hydro tanks and various other improvements associated with major repairs. Utility asks for a meter replacement program to be expensed as I need wholesale meter changes with the addition of curb stop and some valve replacement.

On behalf of the utility,

Michael Smarce
Mike Smallridge

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CLK

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. GENERAL DATA

A. Name of Utility: *Holiday Gardens*

B. Address: *4804 mile stretch Dr. Holiday, FL 34690.*

1. Telephone Nos.: *352 302-7406.*

2. County: *PASCO*

Nearest City: *Tarpon Springs.*

3. General Area Served: *Holiday Gardens Subdivision.*

C. Authority:

1. Water Certificate No. *WU-109*

Date Received:

2. Wastewater Certificate No. *n/a.*

Date Received:

3. Date Utility Started Operations: Water: *1967*

Wastewater: *n/a.*

D. How System Was Acquired: *Purchase 2014*

If utility was purchased, give date

Amount Paid \$ *425,000*

1. Name of Seller: *Holiday Gardens utilities*

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 *LLC*

F. Ownership & Officers:

Name	Title	Percent Ownership
1. <i>Michael Smaltridge</i>	<i>owner</i>	<i>100%.</i>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

G. List of Associated Companies and Addresses:

Pinecrest Utilities, LLC - Polk County
West Lakeland Wastewater, Polk County

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:
- 2. Firm:
- 3. Address:
- 4. Telephone: ()

B. Individual To Contact On Accounting Matters:

- 1. Name: Mike Smallridge
- 2. Telephone: (352)-302-7406

C. Location of Books and Records: 4804 mile stretch DR. Holiday FL 34690

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

Date Last Filed: 2013

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

(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

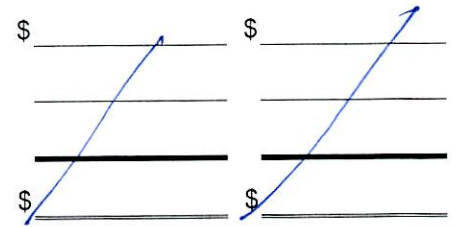
Less Contributed Plant

Net Owner's Investment

Wastewater:

	13	12
	20	20
\$	258,089	309,007
	136,807	182,608
	-----	-----
\$	528,284	520,403
	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:

Revenues (By Class)

a. Residential

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)

	20 12	20 13
\$		\$
		69,756
\$		\$
		17,585
		3497
		3157
		2479
		10212
		3259
		806
		1287
		23781
\$		\$
		69180

2. Wastewater

Revenues (By Class):

20
\$ _____ \$ _____

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:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	<u>Holiday Gulf Homes</u>	<u>2014</u>	<u>425,000</u>	<u>7.5</u>	<u>12 years mortgage.</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
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:
- 2. Firm:
- 3. Address:
- 4. Telephone: ()

B. Individual to contact on engineering matters:

- 1. Name: *Michael Smallridge*
- 2. Telephone: *(352-362-7406)*

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:

Eric Karl.

F. Is the utility serving customers outside of its certificated area? *no*

If yes, explain:

G. Wastewater: *N/A*

- 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

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:

chlorine, Aquamag

3. Approximate average daily flow of treated water:

4. Source of water supply: *Well x2*

5. Types of chemicals used and their normal dosage rates:

chlorine, Aquamag.

6. Number of wells in service: *2*

Total capacity in gallons per minute (gpm): ① ②

Diameter/Depth:	<i>8 / 85</i>	<i>8' / 180</i>	
Motor horsepower:	<i>10</i>	<i>10</i>	
Pump capacity (gpm):	<i>200</i>	<i>250</i>	

7. Reservoirs and/or hydropneumatic tanks:

Description:	<i>Steel</i>	<i>Steel</i>	<i>7 New Tanks.</i>
Capacity:	<i>3500 gal</i>	<i>3500</i>	

8. High service pumping: *NONE.*

Motor horsepower:			
Pump capacity (gpm):			

9. How do you measure treatment plant production? *meters*

10. Approximate feet of water mains:

Size (diameter):	<i>2 1/2 - 4"</i>		
Linear feet:			

11. Note any fire flow requirements and imposing government agency: *YES.*

12. Number of fire hydrants in service: *5*

13. Do you have a meter change out program? No Yes - Requested
14. Meter installation or tap in fees - Water \$ Built out
15. Service availability fees - Water \$ 0
16. Has the existing treatment facility been approved by DEP? No Yes
17. Total gallons pumped during most recent twelve months: 27415
18. Total gallons sold during most recent twelve months: 21677
19. Gallons unaccounted for during most recent twelve months: 5558
20. Gallons purchased during most recent twelve months: 0

IV. RATE DATA

A. Individual to contact on tariff matters:

1. Name: Michael 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)

1. Water Metered

20

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

20 13
449
7
0

2. Water Unmetered

20

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

20
0
0
0
0

3. Wastewater

20

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

20
n/A
↓

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.

Signed Michael Smozer
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.