

**REQUEST TO ESTABLISH DOCKET**

(Please type or print. File original with CLK.)

FILED NOV 17, 2014  
DOCUMENT NO. 06359-14  
FPSC - COMMISSION CLERK

Date:	11/17/2014	Docket No.:	
1. From Division / Staff:	Afd - Mouring <i>MJ KC</i>		
2. OPR:	ENG		
3. OCR:	ECO, AFD, APA, GCL		
4. Suggested Docket Title:	Application for staff-assisted rate case in Polk County by Alturas Utilities LLC.		
5. Program/Module/Submodule Assignment:	A1b		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
WU871	Alturas Utilities, LLC		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments:			

COMMISSION  
CLERK

14 NOV 17 PM 3:13

RECEIVED-FPSC

November 10, 2014

Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Attention; Clerk Office

RECEIVED-FPSC  
14 NOV 12 AM 10:50  
COMMISSION  
CLERK

Please find enclosed the supporting documentation for Sunrise and Alturas rate case application.

For the better understanding of the verification I would like to add the following details.

There is only one manager looking after both Companies and her salaries of \$ 300.00 weekly is split \$ 107.00 for Alturas and \$ 193.00 for Sunrise based on the amount of customers we are servicing.

The weekly check registers shows higher additional payments made to the manager Sondra Myers name over and above her salaries, - represent the additional expenses occurred.

They are in the various expenses column within the reports provided.

The excess amount paid is for office supply, mileage allowances and maintenance or repair job performed within a few trusted and capable individuals helped us many times to save cost, - until May 2014 when Sondra Myers left her position unexpectedly.

Our current manager is Ms. Melissa Owen.

We had to hire occasionally more expensive outside sources when the job could not be handled internally and they were paid directly.

I have used the last 12 months including October 2014 to support a complete year operational expenses.

I have enclosed most of the invoices or at least a few per categories.

The 2014 Annual report will show our very same position with the next two months finalized details.

Alturas Utilities LLC and Sunrise Utilities LLC are individual Companies, but having only one manager and most of the suppliers being the same they very much interact with each other.

Both Companies does not have enough revenues, - due to the shrinkage usage of our current customers and also having many vacant houses.

Our rates for Sunrise or Alturas are very much lower than other similar type of operation and not only that many time we could not comply with regulations, but having an aging system is more costly to operate without the most necessary improvements.

Some of the improvements outlined in a separate letter are not only the direct orders from the Health Department but they are crucial to continue a safe operation.

Our past years performance and the next three years projection represents only the actual cash flow need it without any additional allowance added to arrive a profit and loss statement.

A realistic rate increase will enable be us to run a safe and satisfactory operation for our customers, and look after our many past but due obligations.

Looking at our financial circumstances your department will judge the necessity and urgency of the situation.

Yours truly,



Leslie Szabo

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

I. GENERAL DATA

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

B. Address: **20 West Tropical Way  
Ft Lauderdale Fl, 33317**

1. Telephone Nos.: **(863) 510 1318**

2. County: **Polk**

Nearest City: **Bartow**

3. General Area Served:

C. Authority:

1. Water Certificate No. **871- WU**

Date Received:

2. Wastewater Certificate No.

Date Received:

3. Date Utility Started Operations: Water: **11/30/03**

Wastewater:

D. How System Was Acquired:

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: 1120 Corporation

Corporation

Partnership

Sole Proprietorship

F. Ownership & Officers:

	Name	Title	Percent Ownership
1.	<b>Stuart Sheldon</b>	<b>President - Member</b>	<b>2 %</b>
2.	<b>Leslie Szabo</b>	<b>Member</b>	<b>98 %</b>
3.			
4.			

G. List of Associated Companies and Addresses:

**Sunrise Utilities LLC**

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: **Leslie Szabo**
- 2. Telephone: **(863 510 1318)**

C. Location of Books and Records: **2942 Garden St**

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

Date Last Filed: **March 2014**

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. <u>Water:</u>	2014	2013
Cost of Plant In Service	\$ 61,211	\$ 60,112
Less Accumulated Depreciation	<u>39,969</u>	<u>36,550</u>
Less Contributed Plant	<u>742</u>	<u>856</u>
Net Owner's Investment	\$ 21,984	\$ 24,418
2. <u>Wastewater:</u>	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. <u>Water:</u>	2014	2013
Revenues (By Class)		
a. <b>5/8 x 3/4</b>	\$ 27,710	\$ 28,743
b.	_____	_____
c.	_____	_____
Total Operating Revenues:	\$ 27,710	\$ 28,743
Less Expenses:		
a. Salaries & Wages - Employees	5,980	5,557
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	1,542	1,620
f. Fuel for Power Production	_____	_____
g. Chemicals	942	684
h. Materials & Supplies	710	847
i. Contractual Services	18,320	17,554
j. Rents and Office Supply	1,607	1,287
k. Transportation Expenses	900	1,020
l. Insurance Expense and Legal Expenses	6,168	1,488
m. Regulatory Commission Expense	1,246	1,293
n. Bad Debt Expense	516	742
o. Miscellaneous Expense	1,263	264
p. Depreciation Expense	2,320	2,320
q. Property Taxes and Licences	498	456
r. Other Taxes	_____	_____
s. Income Taxes	_____	_____
Operating Income (Loss)	\$ ( 14,302 )	\$ ( 6,389 )

2. Wastewater

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 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
	<b>Blount</b>				
1.	<u>Utilities Inc</u>	<u>2011</u>	<u>3,920</u>	_____	<u>2015</u>
2.	<u>RAF Dues</u>	<u>2013</u>	<u>1,305</u>	_____	<u>2015</u>
3.	<u>Legal Fees</u>	<u>2013</u>	<u>4,680</u>	_____	<u>2015</u>
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: **Wiley Pratt**
- 2. Telephone: **(863) 698 2365**

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:

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



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: 108,000 under  
a. Existing:                                b. Under Construction :                                c. Proposed:
2. Type of treatment: **Chlorine**

3. Approximate average daily flow of treated water:
4. Source of water supply: **Well**
5. Types of chemicals used and their normal dosage rates: **Chlorine**

6. Number of wells in service: **1**  
Total capacity in gallons per minute (gpm):

Diameter/Depth:	<b>6</b> / <b>550</b>		
Motor horsepower:	<b>15</b>		
Pump capacity (gpm):	<b>350</b>		

7. Reservoirs and/or hydropneumatic tanks:

Description:	<b>Steel</b>		
Capacity:	<b>3000</b>		

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: **None**

12. Number of fire hydrants in service: