

FLORIDA UTILITY SERVICES 1, LLC
3336 GRAND BLVD. SUITE 102
HOLIDAY, FL. 34690
863-904-5574

October 25, 2017

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

RECEIVED-FPSC
2017 OCT 26 PM 2:11
COMMISSION
CLERK

RE: Application for a Staff Assisted Rate Case for Orange Land Utilities, LLC in Pasco County.

Dear Commission Clerk:

Enclosed Please find an application for a staff assisted rate case in Pasco County by Orange Land Utilities, LLC.

Orange Land Utilities, LLC is seeking to recover costs associated with replacing the existing 1,000 gallon hydro tank. Since this is "like for like" exchange there will be no permitting or engineering fees.

Also, the utility seeks to recover the costs of the already installed new flow meter and the already installed customer meters and ask for a new meter replacement program for the remaining customer meters.

Please note that the enclosed application asks for two years of history. This information cannot be provided because I have not owned the utility long enough to provide the requested information.

On behalf of the utility,


Michael Smallridge

Check received with filing and forwarded
to Fiscal for deposit. Fiscal to forward
deposit information to Records.

Initials of person who forwarded check:



FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. GENERAL DATA

A. Name of Utility: **Orangeland Utilities, LLC**

B. Address: **3336 Grand Blvd. Suite 102
Holiday, Fl. 34690**

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

2. County: **Pasco**

Nearest City: **New Port Richey**

3. General Area Served: **Orange Land Estates**

C. Authority:

1. Water Certificate No. **288-W**

Date Received: **2017**

2. Wastewater Certificate No. **N/A**

Date Received: **N/A**

3. Date Utility Started Operations: Water: **1971**

Wastewater: **N/A**

D. How System Was Acquired: **Asset Purchase**

If utility was purchased, give date **2017**

Amount Paid \$

1. Name of Seller: **Orangeland Water Supply**

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
1.	Michael Smallridge	Managing Member	100%
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

G. List of Associated Companies and Addresses:

Pinecrest Utilities, McLeod Gardens Utilities, Charlie Creek Utilities, East Marion Utilities, Heather Hills Utilities, Orangeland Utilities, Lake Yale Utilities, Crestridge Utilities, Holiday Gardens Utilities. West Lakeland Wastewater, Inc.

All Address is : 3336 Grand Blvd. Suite 102 Holiday, FL. 34690

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: **Michael Smallridge**
- 2. Telephone: **(352) 302-7406**

C. Location of Books and Records: **Utility office**

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

Date Last Filed: **2016**

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) See Enclosed.

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

2. Wastewater:- N/A

	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:- See Enclosed.

	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-N/A

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.	<u>Iberia Bank</u>	<u>August 2017</u>	<u>\$9,800</u>	<u>6.88%</u>	<u>09/28/2022</u>
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: **Michael Smallridge**
- 2. Telephone: **(352) 302-7406**

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: Replacement of Hydro Tank.

E. Name of plant operator(s) and DEP operator certificate number(s) held: **Eric Karl. Aqua Environmental, Inc**

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: **0**
 - b. Under Construction: **0**
 - c. Proposed: **0**

- 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: 0

H. Water:-

1. Gallons per day capacity of treatment facilities:
a. Existing: **244,000** b. Under Construction : 0 c. Proposed: 0
2. Type of treatment: **Bleach**
3. Approximate average daily flow of treated water: **8,700**
4. Source of water supply: Ground Water
5. Types of chemicals used and their normal dosage rates: **Bleach. 5 Gallons every 3 weeks**
6. Number of wells in service: **2**

Total capacity in gallons per minute (gpm):

Diameter/Depth:	4" / 4"	_____ / _____	_____ / _____
Motor horsepower:	7.5	5	_____
Pump capacity (gpm):	_____	_____	_____

7. Hhydropneumatic tanks:

Description:	steel	_____	_____
Capacity:	1,000	_____	_____

8. High service pumping:

Motor horsepower:	_____	_____	_____	_____
Pump capacity (gpm):	_____	_____	_____	_____

9. How do you measure treatment plant production? Flow meter

10. Approximate feet of water mains:

Size (diameter):	4"-pvc	4"-a/c	2"-pvc	_____
Linear feet:	960	570	2250	_____

11. Note any fire flow requirements and imposing government agency: No fire Flow

12. Number of fire hydrants in service: 0

13. Do you have a meter change out program? x 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 x Yes
17. Total gallons pumped during most recent twelve months: 3,339,000
18. Total gallons sold during most recent twelve months: 3,202,000
19. Gallons unaccounted for during most recent twelve months: tbd
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:-See Enclosed Tariff sheet.

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

2. Wastewater:- N/A

- a. Residential Wastewater _____
- 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-N/A	20	20
a. Residential	0	0
b. General Service	0	0
c. Special Contract	0	0
d. Other - Specify	0	0
3. Wastewater-N/a	20	20
a. Residential	0	0
b. General Service	0	0
c. Special Contract	0	0
d. Other - Specify	0	0

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 

Title 10-24-17.

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.

UTILITY NAME: Orangeland Utilities, LLC

YEAR OF REPORT
DECEMBER 31, 2016

WATER OPERATION AND MAINTENANCE EXPENSE

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	\$ 4070
603	Salaries and Wages - Officers, Directors, and Majority Stockholders	1575
604	Employee Pensions and Benefits	450
610	Purchased Water	0
615	Purchased Power	503
616	Fuel for Power Production	250
618	Chemicals	0
620	Materials and Supplies	0
625	Utilities	61
627	Interest Expense	0
630	Contractual Services:	
	Billing	
	Professional	216
	Testing	575
	Other	1699
640	Rents	343
650	Transportation Expense	650
655	Insurance Expense	519
665	Regulatory Commission Expenses	0
660	Compliance/Licensing	0
670	Bad Debt Expense	136
675	Miscellaneous Expenses	1530
680	Membership Dues	0
681	Telephone & Internet	261
682	Repairs & Maintenance	388
690	Equipment Rental	0
	Total Water Operation And Maintenance Expense	\$ 13226

* This amount should tie to Sheet F-3.

WATER CUSTOMERS

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
Residential Service					
5/8"	D	1.0	69	69	69
3/4"	D	1.5	1	1	1.5
1"	D	2.5	1	1	2.5
1 1/2"	D,T	5.0			
General Service					
5/8"	D	1.0			
3/4"	D	1.5			
1"	D	2.5			
1 1/2"	D,T	5.0			
2"	D,C,T	8.0			0
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
Unmetered Customers					
Other (Specify)					
** D = Displacement C = Compound T = Turbine			Total	71	71
				71	73

UTILITY NAME: _____ Orangeland Utilities, LLC

YEAR OF REPORT DECEMBER 31, 2016

PUMPING AND PURCHASED WATER STATISTICS

(a)	(b) Water Purchased For Resale (Omit 000's)	(c) Finished Water From Wells (Omit 000's)	(d) Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's)	(e) Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)]	(f) Water Sold To Customers (Omit 000's)
January		237			237
February		226			226
March		244			244
April		237			237
May		253			253
June		254			348
July		304			350
August		298			262
September		310			224
October		304			201
November		334			210
December		338			411
Total for Year		3339	0	0	3202

Replaced Flow Meter
Jul-16

If water is purchased for resale, indicate the following:

Vendor _____ n/a
Point of delivery _____ n/a

If water is sold to other water utilities for redistribution, list names of such utilities below:

_____ n/a

MAINS (FEET)

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC	4"	960			960
A/C	4"	570			570
PVC	2"	2250			2250

UTILITY NAME: Orangeland Utilities, LLC

YEAR OF REPORT DECEMBER 31, 2016

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	<u>1974</u>	<u>1976</u>	_____	_____
Types of Well Construction and Casing _____	<u>Drilled</u>	<u>Drilled</u>	_____	_____
_____	_____	_____	_____	_____
Depth of Wells _____	<u>135'</u>	<u>354'</u>	_____	_____
Diameters of Wells _____	<u>4"</u>	<u>4"</u>	_____	_____
Pump - GPM _____	<u>110</u>	<u>100</u>	_____	_____
Motor - HP _____	<u>7.5</u>	<u>5</u>	_____	_____
Motor Type * _____	<u>Turbine</u>	<u>Submersible</u>	_____	_____
Yields of Wells in GPD _____	<u>144,000</u>	<u>100,000</u>	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

* Submersible, centrifugal, etc.

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	<u>Steel</u>	_____	<u>n/a</u>	<u>n/a</u>
Capacity of Tank _____	<u>1,000</u>	_____	_____	_____
Ground or Elevated _____	<u>Ground</u>	_____	_____	_____

HIGH SERVICE PUMPING

(a)	(b)	(c)	(d)	(e)
Motors				
Manufacturer _____	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
Pumps				
Manufacturer _____	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: _____ Orangeland Utilities, LLC

YEAR OF REPORT DECEMBER 31, 2016

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	Unknown_____	n/a_____	n/a_____
Type of Source_____	Deep Wells_____	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	_____	n/a_____	n/a_____
Make_____	Chem-Tech Feed_____	_____	_____
Permitted Capacity (GPD)_____	30 GPD_____	_____	_____
High service pumping_____	_____	_____	_____
Gallons per minute_____	0_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Unit Rating_____	0_____	_____	_____
Lime Treatment_____	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration_____	_____	_____	_____
Pressure Sq. Ft._____	None_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection_____	_____	_____	_____
Chlorinator_____	Yes_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

GENERAL SERVICE

RATE SCHEDULE (GS)

AVAILABILITY - Available throughout the area served by the Company.
APPLICABILITY - For water service to all Customers for which no other schedule applies.
LIMITATIONS - Subject to all of the Rules and Regulations of this Tariff and General Rules and Regulations of the Commission.

BILLING PERIOD - Monthly

RATE -

<u>Meter Sizes</u>	<u>Base Facility Charge</u>
5/8" x 3/4"	\$ 14.91
3/4"	\$ 22.37
1"	\$ 37.28
1 1/2"	\$ 74.55
2"	\$ 119.28
3"	\$ 238.56
4"	\$ 372.75
6"	\$ 745.50
Charge per 1,000 gallons	
0 - 5,000 gallons	\$ 2.15
Over 5,000 gallons	\$ 3.17

MINIMUM CHARGE - Base Facility Charge

TERMS OF PAYMENT - Bills are due and payable when rendered. In accordance with Rule 25-30.320, Florida Administrative Code, if a Customer is delinquent in paying the bill for water service, service may then be discontinued.

EFFECTIVE DATE - July 1, 2017

TYPE OF FILING - 2017 Price Index

RESIDENTIAL SERVICE

RATE SCHEDULE (RS)

- AVAILABILITY – Available throughout the area served by the Company.
- APPLICABILITY – For water service for all purposes in private residences and individually metered apartment units.
- LIMITATIONS – Subject to all of the Rules and Regulations of this Tariff and General Rules and Regulations of the Commission.
- BILLING PERIOD – Monthly

RATE –

<u>Meter Sizes</u>	<u>Base Facility Charge</u>
5/8" x 3/4"	\$ 14.91
3/4"	\$ 22.37
1"	\$ 37.28
1-1/2"	\$ 74.55
2"	\$ 119.28
3"	\$ 238.56
4"	\$ 372.75
6"	\$ 745.50
Charge per 1,000 gallons	
0 – 5,000 gallons	\$ 2.15
Over 5,000 gallons	\$ 3.17

- MINIMUM CHARGE – Base Facility Charge
- TERMS OF PAYMENT – Bills are due and payable when rendered. In accordance with Rule 25-30.320, Florida Administrative Code, if a Customer is delinquent in paying the bill for water service, service may then be discontinued.

- EFFECTIVE DATE – July 1, 2017
- TYPE OF FILING – 2017 Price Index

SERVICE AVAILABILITY CHARGES

<u>Description</u>	<u>Amount</u>
<u>Customer Connection (Tap-in) Charge</u>	
5/8" x 3/4"	\$100.00
1"	\$160.00

EFFECTIVE DATE – April 26, 2017

TYPE OF FILING – Transfer of Certificate

WS-17-0039

MICHAEL SMALLRIDGE
ISSUING OFFICER

OWNER
TITLE