

RECEIVED--FPSC

09 AUG 20 AM 9: 19

COMMISSION
CLERK

WESTLAKELAND WASTEWATER DISTRIBUTION CENTER

P.O. BOX 10419

BROOKSVILLE, FL. 34603

352-302-7406

09 AUG 20 AM 7: 23

090415

August 17, 2009

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

RE: Application for staff assisted rate case for West Lakeland Wastewater in Polk County Florida.

Dear Ms. Cole,

Enclosed please find the application for staff assisted rate case for West Lakeland Wastewater in Polk County.

The utility is asking for a flat rate that includes the enclosed pro forma items. The utility asks for interim rates as the application is drawn from the 2006 annual report as directed.

All correspondence on this docket should be made to:

Mike Smallridge- Court Ordered Receiver
P.O. Box 10419
Brooksville, FL. 34603

352-302-7406.

Thank You


Mike Smallridge

COM _____
ECR _____
GCL _____
OPC _____
RCP _____
SSC _____
SGA _____
ADM _____
CLK Donnye

DOCUMENT NUMBER-DATE

08676 AUG 20 08

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. General Data

A. Name of utility West Lakeland Wastewater, Inc. (Mike Smallridge Receiver)
 B. Address P.O. Box 10419
Brooksville, FL 34603

1. Telephone Nos. (352)302-7406

2. County Polk Nearest City Lakeland

3. General area served Village of Lakeland

C. Authority:

1. Water Certificate No. N/a Date Received _____

2. Wastewater Certificate No. 5150S Date Received _____

3. Date utility started operations: Water _____ Wastewater 1972

D. How system was acquired _____

If utility was purchased, give date _____ Amount Paid _____

1. Name of Seller _____

2. Was seller affiliated with present owners? _____

3. Did you purchase: Stock _____ or assets only _____

E. Type of legal entity: (Corporation, Partnership or Sole Proprietorship)

F. Ownership & Officers:

	<u>Name</u>	<u>Title</u>	<u>Percent Ownership</u>
1.	Mike Smallridge as	Receiver	
2.			
3.			
4.			

DOCUMENT NUMBER-DATE
08676 AUG 20 8
 FPSC-COMMISSION CLERK

G. List of Associated Companies and Addresses:

1. _____
2. _____
3. _____

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):

Mike Smallridge

II. Accounting Data

A. Outside Accountant

1. Name Mike Smallridge
2. Firm _____
3. Address _____
4. Telephone ()

B. Individual to contact on accounting matters:

1. Name Mike Smallridge
2. Telephone ()

C. Location of books and records Mike Smallridge

D. Have you filed an Annual Report with the Commission? no
Date Last Filed _____

E. Has your latest regulatory assessment fee payment been made? no

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

1. Water	2006__	20__
Cost of Plant In Service:	\$ _____	\$ _____
Less Accumulated Depreciation:	_____	_____
Less Contributed Plant:	_____	_____
Net Owner's Investment:	\$ _____	\$ _____

2. Wastewater	20__	2006__
Cost of Plant In Service:	\$ 357,243	\$ _____
Less Accumulated Depreciation:	<u>262,154</u>	_____
Less Contributed Plant:	_____	_____
New Owner's Investment:	<u>\$ 95,092</u>	\$ _____
G. Basic Income Statement (Most recent two years):		=====
1. Water	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	2006__	20__
	Revenues (By Class):		
a.	residential	67,521	
b.			
c.			
	Total Operating Revenues:	\$ 67,521	\$
	Less Expenses: 87,696	(20,175)	
a.	Salaries & Wages - Employees	\$ 30,000	\$
b.	Salaries & Wages - Officers, Directors, & Majority Stockholders		
c.	Employee Pensions & Benefits		
d.	Purchased Wastewater Treatment		
e.	Sludge Removal Expense	6,650	
f.	Purchased Power	13,744	
g.	Fuel for Power Production		
h.	Chemicals	1,234	
i.	Materials & Supplies	151	
j.	Contractual Services	27,875	
k.	Rents	4,200	
l.	Transportation Expenses		
m.	Insurance Expense	1,789	
n.	Regulatory Commission Expense		
o.	Bad Debt Expense	613	
p.	Miscellaneous Expense	1,440	
q.	Depreciation Expense		
r.	Property Taxes		
s.	Other Taxes		
t.	Income Taxes		
	Operating Income (Loss)	\$ 87,696	\$
H.	Outstanding Debt:		

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	_____				
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 mike Smallridge _____
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.

Attached _____

E. Name of plant operator (s) and DEP operator certificate number (s) held _____

Gaines Alexander, Consta Flow _____

F. Is the utility serving customers outside of its certificated area? no
If yes, explain _____

G. Wastewater:

1. Gallons per day capacity of treatment facilities existing 70,000 gpd
under construction _____ proposed _____
2. Type and make of present treatment facilities concrete, defiant _____
3. Approximate average daily flow of treatment plant effluent 32,490 _____
4. Approximate length of wastewater mains:

Size (diameter) 6"-12" _____

Linear feet 12,008 _____

5. Number of manholes 41 _____
6. Number of liftstations 3 _____
7. How do you measure treatment plant effluent? meter _____
8. Is the treatment plant effluent chlorinated? yes _____ 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 FLA013009-001DW3P Expiration Date 11/29/09
12. Total gallons treated during most recent twelve months 11,859,000 _____
13. Wastewater treatment purchased during most recent twelve months _____

H. Water

1. Gallons per day capacity of treatment facilities existing _____ under
construction _____ 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? _____
14. Meter installation or tap in fees - Water \$ _____
15. Service availability fees - Water \$ _____
16. Has the existing treatment facility been approved by DEP? _____
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 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 \$ 13.29 BFC / \$3.29 per 1000 gallons
 - 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

20__

20__

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

3. Wastewater 2006__ 20__

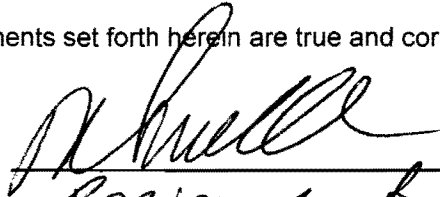
- a. Residential - Metered 308 _____
- b. Residential - Unmetered _____
- c. General Service _____
- d. Special Contract _____
- e. Other - Specify _____

V. Affirmation

I, Michael A. Smallridge As receiver 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


Receiver of
West Lakeland Wastewater.

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.

**WEST LAKELAND WASTEWATER, INC.
CAPITAL IMPROVEMENT PROGRAM**

PROJECTS	YEAR	AMOUNT	
1 II & I	2011	\$20,000	
2 Guide Rails (3 stations)	2009	\$5,000	
Guide Rails (3 stations)	2010	\$5,000	
Guide Rails (3 stations)	2011	\$5,000	
3 2 Pumps for 2 Lift Station:	2009	\$4,000	
4 Auto Dialers (3)	2009	\$600	
5 Upgrade Pump Building	2010	\$600	
6 2 - Check Valves	2009	\$1,000	
7 Flow Meter	2009	\$2,000	
8 Lift Station Hinges	2009	\$6,000	
9 Permit	2009	\$7,000	
		<u>\$56,200</u>	\$18,733 3 Year Amortization
		\$25,600	