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COMMISSION  
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ESAD Enterprises, Inc. d/b/a Beaches Sewer Systems, Inc.  
509 East 4<sup>th</sup> St.  
Port St. Joe, FL 32456

To whom it may concern:

Please see the attached SARC application. Additionally, this is a formal request for interim rate relief.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank Seifert', with a long horizontal flourish extending to the right.

Frank Seifert

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

I. GENERAL DATA

*ESAD Enterprises, Inc.*  
**BEACHES SEWER SYSTEM**

A. Name of Utility:

B. Address: **509 E 4<sup>TH</sup> STREET, PORT ST JOE, FL 32456**

1. Telephone Nos.: **(850) 227 9875**

2. County: **GULF**

Nearest City: **PORT ST JOE**

3. General Area Served: **GULF AIRE, SEA SHORES, PELICAN WWALK**

C. Authority:

1. Water Certificate No.

Date Received:

2. Wastewater Certificate No. **422-S**

Date Received:

3. Date Utility Started Operations: Water:

Wastewater:

D. How System Was Acquired: **PURCHASED**

If utility was purchased, give date **12/1/2000**

Amount Paid \$ **320,000**

1. Name of Seller: **GULF AIRE PROPERTIES INC**

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.	<u>FRANK J SEIFERT SR</u>	<u>PRESIDENT</u>	<u>75%</u>
2.	<u>J PATRICK FARRELL</u>	<u>VICE PRESIDENT</u>	<u>25%</u>
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:
- 2. Firm:
- 3. Address:
- 4. Telephone: ( )

B. Individual To Contact On Accounting Matters:

- 1. Name: **FRANK J SEIFERT**
- 2. Telephone: **(850) 229 9292**

C. Location of Books and Records: **509 E 4<sup>TH</sup> STREET, PORT ST JOE, FL 32456**

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

Date Last Filed: **JULY 12, 2016**

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

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

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

1. Water:

Cost of Plant In Service

	<b>2014</b>	<b>2015</b>
	\$ _____	\$ _____

Less Accumulated Depreciation

\_\_\_\_\_

Less Contributed Plant

\_\_\_\_\_

Net Owner's Investment

\$ \_\_\_\_\_ \$ \_\_\_\_\_

2. Wastewater:

**20**

**20**

Cost of Plant In Service	\$ 639848	\$ 615141
Less Accumulated Depreciation	518462	509117
Less Contributed Plant	64612	56709
Net Owner's Investment	\$ 56774	\$ 49315

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

	2014	2015
Revenues (By Class):	\$ _____	\$ _____
a. Residential	<u>120763</u>	<u>123171</u>
b. Guaranteed Revenues	<u>4913</u>	<u>4877</u>
c. Other	<u>4658</u>	<u>2744</u>
Total Operating Revenues:	<u>\$ 130334</u>	<u>\$ 130742</u>
Less Expenses:		
a. Salaries & Wages - Employees		
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>47500</u>	<u>46501</u>
c. Employee Pensions & Benefits		
d. Purchased Wastewater Treatment		
e. Sludge Removal Expense	<u>2741</u>	<u>650</u>
f. Purchased Power	<u>9475</u>	<u>9159</u>
g. Fuel for Power Production		
h. Chemicals	<u>2712</u>	<u>2550</u>
i. Materials & Supplies		
j. Contractual Services	<u>18060</u>	<u>18030</u>
k. Rents	<u>7200</u>	<u>7200</u>
l. Transportation Expenses		
m. Insurance Expense	<u>5661</u>	<u>5053</u>
n. Regulatory Commission Expense		
o. Bad Debt Expense		
p. Miscellaneous Expense	<u>15821</u>	<u>28252</u>
q. Depreciation Expense	<u>12966</u>	<u>14612</u>
r. Property Taxes	<u>5162</u>	<u>5570</u>
s. Other Taxes	<u>300</u>	<u>300</u>
t. Income Taxes		
Operating Income (Loss)	<u>\$ 2436</u>	<u>\$ -7435</u>

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	<b>CENTENNIAL BANK</b>	<b>04/02/10</b>	<b>215,099.37</b>	<b>5.5</b>	<b>04/20/2025</b>
2.	<b>CENTENNIAL BANK</b>	<b>05/20/13</b>	<b>3036.06</b>	<b>7.25</b>	<b>10/08/16</b>
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: **Lee Cain**
- 2. Firm: **Engineering Solutions International**
- 3. Address: **116 Ledbury Drive, Longwood, FL 32779**
- 4. Telephone: **(407) 682 0817**

B. Individual to contact on engineering matters:

- 1. Name: **Same**
- 2. Telephone: **( )**

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: **Richard Davis, 0003280**

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:
  - a. Existing: **70000**
  - b. Under Construction:
  - c. Proposed:
- 2. Type and make of present treatment facilities: **Davco Concrete**
- 3. Approximate average daily flow of treatment plant effluent: **37035**

4. Approximate length of wastewater mains:

Size (diameter):	<b>8"</b>	<b>6"</b>			
Linear feet:	<b>16033</b>	<b>1650</b>			

- 5. Number of manholes: **52**
- 6. Number of lift stations: **3**
- 7. How do you measure treatment plant effluent? **Flow Meter**
- 8. Is the treatment plant effluent chlorinated?  Yes  No

If yes, what is the normal dosage rate?

- 9. Tap in fees – Wastewater: \$ 1153.34
- 10. Service availability fees – Wastewater: \$ 8.82
- 11. Note DEP Treatment Plant Certificate Number and date of expiration: **FLA010101-005-DW3P/NRL**  
Number Expiration Date: **February 25, 2025**
- 12. Total gallons treated during most recent twelve months: **13517900**
- 13. Wastewater treatment purchased during most recent twelve months: **none**

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:
- 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: Frank J Seifert
- 2. Telephone Number: (850) 229 9292

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 **32.20** \_\_\_\_\_
- b. General Service \_\_\_\_\_
- c. Special Contract \_\_\_\_\_
- d. Other - Specify \_\_\_\_\_

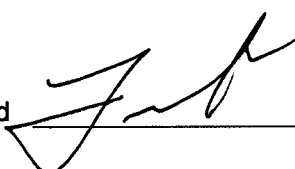
C. Number of Customers: (Most recent two years)

1. Water Metered	<b>20</b>	<b>20</b>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered	<b>2014</b>	<b>2015</b>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
3. Wastewater	<b>2014</b>	<b>2015</b>
a. Residential	<b>305</b>	<b>306</b>
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____



**V. AFFIRMATION**

I, **Frank J Seifert** 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 President \_\_\_\_\_

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.