

FLORIDA UTILITY SERVICES 1, LLC

3336 GRAND BOULEVARD • SUITE 102 • HOLIDAY, FLORIDA 34690

352-302-7406 • MIKE@FUS1LLC.COM

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COMMISSION
CLERK

October 30, 2018

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

Re: Application for a staff assisted rate case for West Lakeland Wastewater, LLC in Polk County.

Dear Commission Clerk:

Enclosed please find an application for a staff assisted rate case for West Lakeland Wastewater, LLC in Polk County, Florida along with a check for the filing fee.

In this filing, West Lakeland is seeking recovery for legal expenses as approved in Docket # 20150137, Petition for Approval to defer legal expenses, a copy of which was provided in Docket # 20170246, Application for Transfer of West Lakeland Wastewater, Inc to West Lakeland Wastewater, LLC.

Also in this Filing, West Lakeland is seeking approval of the following profroma items:

1. Replace existing electrical and blower housing building.

The existing building is the original building that houses all of the electrical panels, two blowers and two blower motors. The current building is constructed of wood and is not repairable.

2. Replace existing truck.

The current 2003 truck has around 300,000 miles on it and needs to be replaced.

3. Replace existing effluent lift station electrical panel.

The current panel is outdated with the installation of two new effluent lift station pumps.

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4. Install Shut Off valve.

Utility personal to install shut off valve on sewer lateral line, to be able to disconnect customers who do not make timely payments.

West Lakeland is also seeking approval of a new charge on the company's tariff sheet titled a "**Lack of Meter Access Charge**".

This charge would be levied to customers who do not allow access to the company's meter reader for the monthly meter reading or utility personal for repairs or replacement of utility equipment. This would include but, is not limited, to customer who have locked gates, trash or debris blocking access to the meter and situations in which the meter reader has safety concerns such as the presence of unleashed dogs.

On behalf of the utility,



Michael Smallridge

G. List of Associated Companies and Addresses:

See attached list

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:

none

II. ACCOUNTING DATA

A. Outside Accountant

- 1. Name: **none**
- 2. Firm:
- 3. Address:
- 4. Telephone: ()

B. Individual To Contact On Accounting Matters:

- 1. Name: **Michael smallridge**
- 2. Telephone: **(863) 904- 5574**

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

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

Date Last Filed: **2017**

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:

20

20

Cost of Plant In Service

\$ _____ \$ _____

Less Accumulated Depreciation

Less Contributed Plant

Net Owner's Investment

\$ _____ \$ _____

2. Wastewater:

20

20

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

G. Basic Income Statement: *(Most recent two years)*

1. Water: N/a

20

20

Revenues (By Class)		
a.	\$ _____	\$ _____
b.	_____	_____
c.	<u>_____</u>	<u>_____</u>
Total Operating Revenues:	\$ <u>_____</u>	\$ <u>_____</u>
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	<u>_____</u>	<u>_____</u>
Operating Income (Loss)	\$ <u>_____</u>	\$ <u>_____</u>

2. <u>Wastewater</u>	2017	20
Revenues (By Class):	\$ _____	\$ _____
a. residential	<u>123,696</u>	_____
b.	_____	_____
c. Late fees	<u>6,637</u>	_____
Total Operating Revenues:	<u>\$ 130,333</u>	<u>\$ _____</u>
Less Expenses:	_____	_____
a. Salaries & Wages - Employees	<u>33715</u>	_____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	<u>9351</u>	_____
c. Employee Pensions & Benefits	<u>3187</u>	_____
d. Purchased Wastewater Treatment	<u>0</u>	_____
e. Sludge Removal Expense	<u>7974</u>	_____
f. Purchased Power	<u>11157</u>	_____
g. Fuel for Power Production	<u>34</u>	_____
h. Chemicals	<u>975</u>	_____
i. Materials & Supplies	<u>5653</u>	_____
j. Contractual Services	<u>22594</u>	_____
k. Rents	<u>3366</u>	_____
l. Transportation Expenses	<u>3731</u>	_____
m. Insurance Expense	<u>4115</u>	_____
n. Regulatory Commission Expense	<u>220</u>	_____
o. Bad Debt Expense	<u>1531</u>	_____
p. Miscellaneous Expense	<u>10981</u>	_____
q. Depreciation Expense	<u>4484</u>	_____
r. Property Taxes	<u>1902</u>	_____
s. Other Taxes	<u>2455</u>	_____
t. Income Taxes	<u>0</u>	_____
Operating Income (Loss)	<u>\$ 127,435</u>	<u>\$ _____</u>

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	<u>Michael smallridge</u>	<u>8/24/11</u>	<u>4583</u>	<u>5.5</u>	_____
2.	<u>Iberia bank</u>	<u>9/19/16</u>	<u>3314</u>	<u>6.5</u>	<u>10/18</u>
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: **NONE**
- 2. Firm:
- 3. Address:
- 4. Telephone: ()

B. Individual to contact on engineering matters:

- 1. Name:
- 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:

E. Name of plant operator(s) and DEP operator certificate number(s) held: **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:
 - a. Existing: **70,000**
 - b. Under Construction: **0**
 - c. Proposed: **0**

2. Type and make of present treatment facilities: **DEFIANT**

3. Approximate average daily flow of treatment plant effluent:

CONCRETE

4. Approximate length of wastewater mains:

Size (diameter):	6"-12"				
Linear feet:	133760				

5. Number of manholes: **12**

6. Number of lift stations: **3**

7. How do you measure treatment plant effluent? **METER**

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: **N/A**

- 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: MICHAEL SMALLRIDGE
- 2. Telephone Number: (863-904-5574)

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 **YES** _____
- b. General Service **YES** _____
- c. Special Contract **NONE** _____
- d. Other - Specify **NONE** _____

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	2017	2018
a. Residential	309	309
b. General Service	1	1
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 SOLE MANAGING MEMBER

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.

List of Associate Company's to West Lakeland Wastewater, LLC

Polk County

1. Pinecrest Utilities, LLC
2. McLeod Gardens Utilities, LLC
3. Sunrise Water, LLC
4. Alturas Water, LLC

Hardee County

1. Charlie Creek Utilities, LLC

Pasco County

1. Orange Land Utilities, LLC
2. Crestridge Utilities, LLC
3. Holiday Gardens Utilities, LLC

Manatee County

1. Heather Hills Utilities, LLC

Marion County

1. East Marion Utilities, LLC

Lake County

1. Lake Yale Utilities, LLC

Columbia County -Non jurisdictional

1. Suwannee Valley Utilities, LLC
2. College Manor Utilities, LLC