DOCKET NO. 20200230 FILED 10/21/2020 DOCUMENT NO. 11424-2020 FPSC - COMMISSION CLERK

# FLORIDA UTILITY SERVICES 1, LLC 5911 TROUBLE CREEK RD. NEW PORT RICHEY, FL. 34652 863-904-5574

October 20, 2020

Commission Clerk Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL. 32399 to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:

JS

RE: Application for a staff assisted rate case for Sunny shores Utilities, LLC in Manatee County.

Dear Commission Clerk:

Enclosed please find an application for a staff assisted rate case for sunny Shores utilities in Manatee County.

In this docket the utility requests the following:

- 1. A customer deposit
- 2. A meter tampering Fee
- 3. A request to replace 35 customer meters and boxes per year.
- 4. Removal or reclassification of the backflow maintenance fee. For this fee, the previous owner had contracted with a company to inspect the customers backflow devises. I am choosing to change this method, as these backflow devises are the property of the customer and I feel the customer should have them inspect independent of the utility. Utility personal will conduct a physical inspection once per year to verify all backflow devises are current with inspections and in working order.

On behalf of the company,

Mike Smallridge.

## FLORIDA PUBLIC SERVICE COMMISSION

# APPLICATION FOR A STAFF ASSISTED RATE CASE

I.	GEN	IERAL DATA			T					
	A.	Name of Utility: SUNNY SHORES UTILI	TIES, LLC							
	B.	Address: 5911 TROUBLE CREEK RD			,					
	NEW PORT RICHEY, FL. 34652									
		1. Telephone Nos.: (863) <b>904-5574</b>								
		2. County: MANATEE		Nearest City:						
		3. General Area Served: SUNNY SH	HORES MOBILE HOME PAI	RK & SAGAMOF	RE ESTATES					
					t e					
	C.	Authority:			•					
		Water Certificate No. 578	1	Date Received:	08/20					
		2. Wastewater Certificate No.	1	Date Received:	res.					
		3. Date Utility Started Operations: V	Vater: 06/20	Wastewater:						
	D.	How System Was Acquired: PURCHASI	E							
		If utility was purchased, give date 06/20		Amount Paid \$	45,000					
		1. Name of Seller: SUNNY SHORE	S WATER							
		2. Was seller affiliated with present ow	ners? ☐ Yes X☐ No		ı					
		3. Did you purchase: ☐ Stock X	or assets only							
	E.	Type of Legal Entity:								
		☐ Corporation ☐ Partnership	☐ Sole Proprietors	hip						
	F.	Ownership & Officers:								
		Name	Title	F	Percent Ownership					
		1 MICHAEL SMALLRIDGE	SOLE MANAGING MEMBE	R 100	Mary .					
		2.		· ·						
		3								
		4								

G.	List of Associated Companies and Addresses:									
	HOLIDAY GARDENS UTILITIES, LLC- PASCO COUNTY		1. The second se							
	CRESTRIDGE UTILITIES, LLC-PASCO COUNTY		T							
	WEST LAKELAND WASTEWATER, INC- POLK COUNTY									
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:									
				:						
4.0	PCOLINITING DATA									
	COUNTING DATA									
Α.	Outside Accountant									
	1. Name:									
	2. Firm:									
	3. Address:		I .							
	4. Telephone: ( )									
B.	• • • • • • • • • • • • • • • • • • •			1						
	1. Name: MIKE SMALLRIDGE									
	2. Telephone: 352-302-7406									
C.	Location of Books and Records: UTILITY OFFICE									
D.	Have you filed an Annual Report with the Commission? X☐ Yes ☐ No									
	Date Last Filed: 2019									
E.	_			1						
	(January 30 or July 30 whichever is applicable) X☐ Jan 30 ☐ July 30									
F.	Basic Rate Base Data: (Most recent two years)									
	1. Water:		2019							
	Cost of Plant In Service	\$_	26,775	\$						
	Less Accumulated Depreciation	_	7360	<u> </u>						
	Less Contributed Plant									
	Net Owner's Investment	\$	37,644	\$						
	2: Wastewater:	·	•	1						

II.

	,					1
		Cost	of Plant In Service	\$_		\$
		Less	Accumulated Depreciation	-		
		Less	Contributed Plant			
	1	Net C	Owner's Investment	\$_		\$
G.	Basic	c Incor	me Statement: (Most recent two years)			
,	1.	Wate	<u>.</u>		2019	
		Reve	enues (By Class)			
	. !	a.	RESIDENTIAL	\$	86,929	\$
		b.	GENERAL SERVICES	_	2,078	
		C.	OTHER		4,250	
		Total	Operating Revenues:	\$	93,257	\$
		Less	Expenses:			
		a.	Salaries & Wages – Employees	-	13,810	
		b.	Salaries & Wages - Officers, Directors, & Majority Stockholders		3164	
		C. ,	Employee Pensions & Benefits		238	
		d.	Purchased Water	,	33,286	
		e.	Purchased Power			
	,	f.	Fuel for Power Production	-		
	1 1	g.	Chemicals			
		h.	Materials & Supplies		3,386	
		i.	Contractual Services		9113	
		j.	Rents		1647	
		k.	Transportation Expenses		4566	1
		I.	Insurance Expense		1248	
		m.	Regulatory Commission Expense			
		n.	Bad Debt Expense		7	
		0.	Miscellaneous Expense		15,311	
		p.	Depreciation Expense		774	
	1	q.	Property Taxes		0	į
		<b>r.</b> ,	Other Taxes		5277	
		S.	Income Taxes			· ·
		Оре	rating Income (Loss)	\$	91827	\$

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) s \$ \$ \$		2.	Wastewater							
D.   C.   Total Operating Revenues:   S   S   S   S   S   S   S   S   S			Revenues (By Class	<b>)</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)  ### Balance Treditor Borrowed Due Rate Creditor Borrowed Due Rate  1. Capital City 6/10/19 40,817 7.95 6/10/24 2. Capital city 9/15/19 1,868 5.20 9/15/22  3.   Indicate Type of Tax Return Field: Form 1120 S-Subchapter S Corporation Form 1065 - Partnership			a.							
Total Operating Revenues:			b.							
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     d. Depreciation		1	C.							
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)  H. Outstanding Debt:  Creditor Borrowed Due Rate Creditor Borrowed Due Rate 1. Capital City 9/15/19 1,868 5.20 9/15/22 3. 4. I. Indicate Type of Tax Return Field: Form 1120 -Corporation X Form 1120S -Subchapter S Corporation Form 1065 - Partnership		1	Total Operating Reve	enues:		\$	\$			
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 i. 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)  H. Outstanding Debt:  Creditor Borrowed Due Rate Date Creditor Borrowed Due Rate Date 1. Capital City 6/10/19 40,817 7.95 6/10/24 2. Capital city 9/15/19 1,868 5.20 9/15/22  3. 4. I. Indicate Type of Tax Return Field: Form 1120 - Corporation X Form 1120S - Subchapter S Corporation Form 1065 - Partnership			Less Expenses:							
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 Expense   m. Insurance Expense   m. Regulatory Commission Expense   o. Bad Debt Expense   p. Miscellaneous Expense   p. Miscellaneous Expense   r. Property Taxes   s. Other Taxes   t. Income Taxes			a. Salaries & Wa	iges - Employees						
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)  H. Outstanding Debt:    Date		,	b. Salaries & Wa	iges - Officers, Directo						
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)  H. Outstanding Debt  Creditor Borrowed Due Rate Expiration Date Capital City 6/10/19 40,817 7.95 6/10/24 2 Capital city 9/15/19 1,868 5.20 9/15/22 3.  Indicate Type of Tax Return Field: Form 1120 -Corporation X Form 1120S -Subchapter S Corporation Form 1065 - Partnership			c. Employee Per	nsions & Benefits						
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 p. Miscellaneous Expense q. Depreciation Expense r. Property Taxes s. Other Taxes t. Income Taxes Operating Income (Loss)  H. Outstanding Debt:    Capital City   6/10/19   40,817   7.95   6/10/24			d. Purchased Wa	astewater Treatment						
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)  H. Outstanding Debt Creditor Borrowed Due Rate Expiration Date 1. Capital City 6/10/19 40,817 7.95 6/10/24 2. Capital city 9/15/19 1,868 5.20 9/15/22 3. 4.  I. Indicate Type of Tax Return Field: Form 1120 -Corporation X Form 1120S -Subchapter S Corporation Form 1065 - Partnership			e. Sludge Remo	val Expense						
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)  H. Outstanding Debt:  Creditor Borrowed Due Interest Expiration Date 1. Capital City 6/10/19 40,817 7.95 6/10/24 2. Capital city 9/15/19 1,868 5.20 9/15/22 3. 4.  I. Indicate Type of Tax Return Field: Form 1120 -Corporation X Form 1120S -Subchapter S Corporation Form 1065 - Partnership			f. Purchased Po	wer		· ·				
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)  H. Outstanding Debt:  Creditor Borrowed Due Rate Date Creditor Borrowed Due Rate Date 1. Capital City 6/10/19 40,817 7.95 6/10/24 2. Capital city 9/15/19 1,868 5.20 9/15/22 3. 4.  I. Indicate Type of Tax Return Field: Form 1120 - Corporation X Form 1120S - Subchapter S Corporation Form 1065 - Partnership	1		g. Fuel for Powe	r Production						
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)  H. Outstanding Debt:  Creditor Borrowed Due Rate Date 1. Capital City 6/10/19 40,817 7.95 6/10/24 2. Capital city 9/15/19 1,868 5.20 9/15/22 3. 4.  I. Indicate Type of Tax Return Field: Form 1120 -Corporation X Form 1120S -Subchapter S Corporation Form 1065 - Partnership		1	h. Chemicals							
k. Rents   Transportation Expenses			i. Materials & St	upplies						
I. 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)  H. Outstanding Debt:  Creditor Borrowed Due Rate Expiration Date  1. Capital City 6/10/19 40,817 7.95 6/10/24 2. Capital city 9/15/19 1,868 5.20 9/15/22 3. 4.  I. Indicate Type of Tax Return Field:  Form 1120 -Corporation  X Form 1120S -Subchapter S Corporation  Form 1065 - Partnership			j. Contractual S	ervices			-			
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)  H. Outstanding Debt: Creditor Borrowed Due Rate Expiration Date 1. Capital City 6/10/19 40,817 7.95 6/10/24 2. Capital city 9/15/19 1,868 5.20 9/15/22 3. 4. I. Indicate Type of Tax Return Field: Form 1120 -Corporation X Form 1120S -Subchapter S Corporation Form 1065 - Partnership			k. Rents							
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)  H. Outstanding Debt:  Date Balance Interest Expiration Date  Creditor Borrowed Due Rate Date  1. Capital City 6/10/19 40,817 7.95 6/10/24  2. Capital city 9/15/19 1,868 5.20 9/15/22  3. 4. Indicate Type of Tax Return Field:  Form 1120 -Corporation  X  Form 1120S -Subchapter S Corporation  Form 1065 - Partnership			I. Transportation	,						
o. Bad Debt Expense p. Miscellaneous Expense q. Depreciation Expense r. Property Taxes s. Other Taxes t. Income Taxes Operating Income (Loss)  H. Outstanding Debt:    Date			m. Insurance Exp							
p. Miscellaneous Expense q. Depreciation Expense r. Property Taxes s. Other Taxes t. Income Taxes Operating Income (Loss)  H. Outstanding Debt:    Date   Balance   Interest   Expiration   Date			n. Regulatory Co	ommission Expense						
q. Depreciation Expense           r. Property Taxes           s. Other Taxes           t. Income Taxes           Operating Income (Loss)           H. Outstanding Debt:           Creditor         Date Balance Due Rate Due Rate           1. Capital City         6/10/19           4. Capital city         9/15/19           1. Ja68         5.20           9/15/22           3. A.           I. Indicate Type of Tax Return Field:           Form 1120 -Corporation           X           Form 1065 - Partnership			<ul> <li>o. Bad Debt Exp</li> </ul>	ense						
r. Property Taxes s. Other Taxes t. Income Taxes Operating Income (Loss)  H. Outstanding Debt:    Date   Balance   Interest   Expiration   Date			p. Miscellaneous							
s. Other Taxes t. Income Taxes Operating Income (Loss)  H. Outstanding Debt:    Date   Balance   Interest   Expiration   Date			q. Depreciation l	Expense		_ !				
t. Income Taxes Operating Income (Loss)  H. Outstanding Debt:    Date   Balance   Interest   Expiration   Date			r. Property Taxe							
Noutstanding Debt:   Date   Balance   Interest   Expiration   Date			s. Other Taxes							
H. Outstanding Debt:  Date Balance Interest Expiration Date  1. Capital City 6/10/19 40,817 7.95 6/10/24  2. Capital city 9/15/19 1,868 5.20 9/15/22  3. 4. Indicate Type of Tax Return Field:  Form 1120 -Corporation  X  Form 1065 - Partnership			t. Income Taxes	C						
Date   Balance   Interest   Expiration   Date			Operating Income (l	_oss)		\$	* <u> </u>			
Creditor         Borrowed         Due         Rate         Date           1. Capital City         6/10/19         40,817         7.95         6/10/24           2. Capital city         9/15/19         1,868         5.20         9/15/22           3	Н.	Outs								
1. Capital City 6/10/19 40,817 7.95 6/10/24 2. Capital city 9/15/19 1,868 5.20 9/15/22 3. 4.										
2. Capital city 9/15/19 1,868 5.20 9/15/22  3						•				
3. 4. Indicate Type of Tax Return Field: Form 1120 -Corporation X Form 1120S -Subchapter S Corporation Form 1065 - Partnership										
4		2.	Capital city	9/15/19	1,868	5.20	9/15/22			
I. Indicate Type of Tax Return Field:  Form 1120 -Corporation  X  Form 1120S -Subchapter S Corporation  Form 1065 - Partnership		3.								
<ul> <li>□ Form 1120 -Corporation</li> <li>X</li> <li>□ Form 1120S -Subchapter S Corporation</li> <li>□ Form 1065 - Partnership</li> </ul>		4.								
<ul> <li>□ Form 1120 -Corporation</li> <li>X</li> <li>□ Form 1120S -Subchapter S Corporation</li> <li>□ Form 1065 - Partnership</li> </ul>	١.	Indic	cate Type of Tax Retu							
<ul><li>☐ Form 1120S -Subchapter S Corporation</li><li>☐ Form 1065 - Partnership</li></ul>			• •							
Form 1065 - Partnership		X	E 44000 0 1 1	anta C Camaratia						
<del></del>				•						
Form 1040 - Schedule C - Individual (Proprietorship)										
		Ш	Form 1040 - Schedi							

### **ENGINEERING DATA**

••									
۹.	Outsid	de Engineering Consulta	nt:					0	
	1.	Name:						1	
	2.	Firm:							
	3.	Address:							
	4.	Telephone: ( )							
В.	Indivi	dual to contact on engine	ering matters:						
	' 1 <sub>,</sub>	Name: MICHAEL SM	MALLRIDGE					ŗ	
	2.	Telephone: (352) 302	7406				0		
С.		utility under citation by to , explain: <b>NO</b>	ne Department of Er	nvironment	al Protection (	DEP) or Cou	ınty Healt	h Departmen	t?
	1				,				
D.	List a	ny known service deficie	ncies and steps take	en to reme	dy problems:	NONE			
Ε.	Name	e of plant operator(s) and	DEP operator certif	ficate num	oer(s) held:				
	1								
F.	Is the	utility serving customers	outside of its certifi	cated area	? <b>NO</b>				
	If yes	, explain:							
G.	Wast	ewater:							
	1.	Gallons per day capaci	ty of treatment facili	ties:					
		a. Existing:	b. Under (	Constructio	n:	c. Propo	sed:	1	
	2.	Type and make of pres	ent treatment faciliti	es:					
	3,	Approximate average of	laily flow of treatmer	nt plant effl	uent:				
	i .								
	4.	Approximate length of	wastewater mains:					1	
		Size (diameter):							
		Linear feet:							
	5.	Number of manholes:		•					
	6.	Number of lift stations:						1	
	7.	How do you measure t	reatment plant efflue	ent?					
	8.	Is the treatment plant e	effluent chlorinated?	Yes	☐ No				

11.	Note DEP Treatment F	Plant Certificate Numb	er and date of expira	ation:					
	Number Expiration Date	te:			1				
12,	Total gallons treated during most recent twelve months:								
13.	Wastewater treatment purchased during most recent twelve months:								
Vate	r:								
1.	Gallons per day capac	ity of treatment facilities	es:						
	a. Existing:	b. Under C	Construction: 0	c. Propo	sed: 0				
2.	Type of treatment:								
	,								
3,	Approximate average	daily flow of treated w	ater: <b>25,347</b>		1				
4.	Source of water supply	y: Manatee County	Utilities						
5.	Types of chemicals us	ed and their normal d	osage rates:						
ı									
6.	Number of wells in ser	vice: 0							
	Total capacity in gallor	ns per minute (gpm):							
	Diameter/Depth:			1	<i>J</i>				
	Motor horsepower:			_	1				
ł	Pump capacity (gpm):								
7.	Reservoirs and/or hyd	ropneumatic tanks:			1				
	Description:								
	Capacity:								
8.	High service pumping	:							
	Motor horsepower:								
	Pump capacity (gpm):								
9!	How do you measure		ction? Flow meter		1				
	Approximate feet of w								
10.		<u> </u>							
1	Size (diameter):	3"	2"						
	Linear feet:	855	12,654	ov: none					
11.	Note any fire flow requ	uirements and imposii	ng government agen	cy: none	· ·				
10	Number of fire hydran	ts in service: 0							
12.	number of the mydram	LO III OCIVICE. U							

If yes, what is the normal dosage rate?

10. Service availability fees – Wastewater:

9. Tap in fees – Wastewater:

		13.	Do y	ou have a meter change out p	program? X∐ No ☐ Yes	
		14.	Mete	er installation or tap in fees - W	Vater \$	
		15.	Serv	vice availability fees - Water	\$	i T
		been approved by DEP? ☐ No X☐ Yes	•			
		17.	t recent twelve months: 10,333,000			
		ent twelve months: 9,160,000				
		19.	Gall	ons unaccounted for during me	nost recent twelve months: 0	
		20.	Gall	ons purchased during most re	ecent twelve months: 10,333,000	
IV.	RAT	E DAT	Ά			
	Α.	Indivi	dual t	o contact on tariff matters:		ı
		1.	Nan	ne: MICHAEL SMALLRIDGE	E	
		2.	Tele	ephone Number: (352) 302 7	7406	
	B.	Sche	dule d	of present rates: (Attach additi	tional sheets if more space is needed)	<b>&gt;</b>
		1.	Wat	ter:		
			a.	Residential Water	ATTACHED TARIFF SHEETS	
			b.	General Service		
			C.	Special Contract		
			d.	Other - Specify		
		2,	Was	stewater:		1
			ą.	Residential Wastewater	ATTACHED TARIFF SHEETS	
			b.	General Service		
			C.	Special Contract		
		1	d.	Other - Specify		
	C.	Num	ber of	Customers: (Most recent two	o years)	
		1.	Wa	ter Metered	2019	10 mg
			a.	Residential	261	
			b.	General Service	1	
		ł	C.	Special Contract	0	
			d.	Other - Specify	0	
		2.	Wa	ter Unmetered	2019	
		-	a.	Residential	0	
			b.	General Service	0	
			C.	Special Contract	0	
			d.	Other - Specify	0	
		· 3.		stewater		
		j	a.	Residential		I
			1			
			b.	General Service		
		1	C.	Special Contract		
		. '	d.	Other - Specify		

#### V. AFFIRMATION

I, <u>MICHAEL SMALLRIDGE</u> 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 Mumber-

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.

#### **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** -

Quarterly

RATE -

All Meter Sizes

**Base Facility Charge** 

\$74.97

Includes 10,800 gallons

Charge per 1,000 over 10,800 gallons

\$5.14

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** -

August 18, 2020

TYPE OF FILING -

Transfer

WS-2020-0073

MICHAEL SMALLRIDGE **ISSUING OFFICER** 

MANAGING MEMBER

#### RESIDENTIAL SERVICE

#### **RATE SCHEDULE (RS)**

AVAILABILITY -

Available throughout the area served by the Company.

<u>APPLICABILITY</u> --

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** -

Quarterly

RATE -

**All Meter Sizes** 

**Base Facility Charge** 

\$74.97

Includes 10,800 gallons

Charge per 1,000 over 10,800 gallons

\$5.14

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** –

August 18, 2020

TYPE OF FILING -

Transfer

#### **BACKFLOW MAINTENANCE SERVICE CHARGE**

#### **RATE SCHEDULE (BMSC)**

AVAILABILITY -

Available throughout the area served by the Company.

APPLICABILITY -

The Company may charge for the service of inspection/certification of backflow prevention devices under Manatee County Rule 187-25 and the Department of Environmental Protection Rules 62-555.330 and 62-555.360 Florida Administrative

Code.

**LIMITATIONS** -

Subject to all of the Rules and Regulations of this Tariff and General Rules and

Regulations of the Commission.

**BILLING PERIOD -**

Advanced quarterly billing (January 1, April 1, July 1, October 1)

RATE -

\$5.46

**EFFECTIVE DATE** -

August 18, 2020

TYPE OF FILING -

Transfer

WS-2020-0073

MICHAEL SMALLRIDGE **ISSUING OFFICER** 

**MANAGING MEMBER** TITLE