



September 2, 2025

**Daniel J. McGinn**  
Special Counsel  
D: 850.214.5105  
dmcginn@joneswalker.com

**VIA ELECTRONIC FILING**

Adam Teitzman, Commission Clerk  
Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399

RE: Docket No. 2025-\_\_\_\_\_ -SU – Application for a Staff-Assisted Rate Case in Lake County by Sunlake Estates Utilities, L.L.C.

Dear Mr. Teitzman:

Please find the enclosed Application for a Staff Assisted Rate Case, filed on behalf of Sunlake Estates Utilities, L.L.C. Should you or Commission Staff have any questions regarding the application, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Daniel J. McGinn".

Daniel J. McGinn

DJM:

CC: Andrew Maurey (via electronic mail)  
Mark Cicchetti (via electronic mail)

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A  
STAFF ASSISTED RATE CASE

I. GENERAL DATA

A. Name of Utility: **Sunlake Estates Utilities, L.L.C.**

B. Address: **27777 Franklin Rd. Suite 300 Southfield, MI 48034**

1. Telephone Nos.: **(248) 208 2500**

2. County: **Lake**

Nearest City: **Grand Island**

3. General Area Served: **Sunlake Estates Mobile Home Park**

C. Authority:

1. Water Certificate No. **665-W**

Date Received: **March 2013**

2. Wastewater Certificate No. **569-S**

Date Received: **March 2013**

3. Date Utility Started Operations: Water: **1978**

Wastewater: **1978**

D. How System Was Acquired: **N/A**

If utility was purchased, give date

Amount Paid \$

1. Name of Seller:

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.	<b>Sun Communities Finance LLC</b>	<b>Owner</b>	<b>100%</b>
2.			
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:

**Daniel McGinn  
Jones Walker  
106 East College Ave, Suite 1200  
Tallahassee, FL 32301  
dmcginn@joneswalker.com**

**Martin Friedman and John Wharton  
Dean Mead  
420 S. Orange Ave., Suite 700  
Orlando, FL 32801  
mfriedman@deanmead.com**

## II. ACCOUNTING DATA

A. Outside Accountant

1. Name: **Deborah Swain**
2. Firm: **Milian, Swain & Associates, Inc.**
3. Address: **dswain@milianswain.com**
4. Telephone: **305-441-0123**

B. Individual To Contact On Accounting Matters:

1. Name: **Becky Scott**
2. Telephone: **(248) 846-8522**

C. Location of Books and Records: **Southfield, MI**

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

Date Last Filed: **March 2025**

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)

1. Water:

Cost of Plant In Service

	2023	2024
	\$ <b>922,604</b>	\$ <b>942,813</b>

Less Accumulated Depreciation	293,239	329,645
Less Contributed Plant	0	0
Net Owner's Investment	\$ 629,365	\$ 613,168
2. <u>Wastewater:</u>	2023	2024
Cost of Plant In Service	\$ 1,122,580	\$ 1,188,698
Less Accumulated Depreciation	724,954	796,250
Less Contributed Plant	0	0
Net Owner's Investment	\$ 397,626	\$ 392,448

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

1. <u>Water:</u>	2023	2024
Revenues (By Class)		
a. <b>Residential</b>	\$ 104,689	\$ 108,001
b.		
c.		
Total Operating Revenues:	\$ 104,689	\$108,001
Less Expenses:		
a. Salaries & Wages - Employees	10,331	9,643
b. Salaries & Wages - Officers, Directors, & Majority Stockholders		
c. Employee Pensions & Benefits		
d. Purchased Water		
e. Purchased Power	11,400	9,239
f. Fuel for Power Production		
g. Chemicals		
h. Materials & Supplies	5,846	
i. Contractual Services	50,665	122,689
j. Rents		
k. Transportation Expenses		1,103
l. Insurance Expense		
m. Regulatory Commission Expense		
n. Bad Debt Expense		
o. Miscellaneous Expense	615	
p. Depreciation Expense	35,281	36,406
q. Property Taxes		
r. Other Taxes	4,280	4,711

s. Income Taxes

Operating Income (Loss)

\$	<u>(13,729)</u>	\$	<u>(75,789)</u>
----	-----------------	----	-----------------

2. Wastewater

Revenues (By Class):

	<u>2023</u>		<u>2024</u>
--	-------------	--	-------------

a. **Residential**

\$		\$	
----	--	----	--

b.

	<u>165,898</u>		<u>166,922</u>
--	----------------	--	----------------

c.

--	--	--	--

Total Operating Revenues:

\$	<u>165,898</u>	\$	<u>166,922</u>
----	----------------	----	----------------

Less Expenses:

a. Salaries & Wages - Employees

	<u>10,331</u>		<u>9,643</u>
--	---------------	--	--------------

b. Salaries & Wages - Officers, Directors, & Majority Stockholders

--	--	--	--

c. Employee Pensions & Benefits

--	--	--	--

d. Purchased Wastewater Treatment

--	--	--	--

e. Sludge Removal Expense

			<u>9,075</u>
--	--	--	--------------

f. Purchased Power

	<u>11,400</u>		<u>9,239</u>
--	---------------	--	--------------

g. Fuel for Power Production

--	--	--	--

h. Chemicals

--	--	--	--

i. Materials & Supplies

--	--	--	--

j. Contractual Services

	<u>67,322</u>		<u>45,325</u>
--	---------------	--	---------------

k. Rents

--	--	--	--

l. Transportation Expenses

--	--	--	--

m. Insurance Expense

--	--	--	--

n. Regulatory Commission Expense

--	--	--	--

o. Bad Debt Expense

--	--	--	--

p. Miscellaneous Expense

	<u>615</u>		
--	------------	--	--

q. Depreciation Expense

	<u>67,519</u>		<u>71,296</u>
--	---------------	--	---------------

r. Property Taxes (Land Lease)

--	--	--	--

s. Other Taxes-RAF

	<u>6,989</u>		<u>7,465</u>
--	--------------	--	--------------

t. Income Taxes

--	--	--	--

Operating Income (Loss)

\$	<u>1,722</u>		<u>14,880</u>
----	--------------	--	---------------

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
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: N/A

1. Name:
2. Firm:
3. Address:
4. Telephone: (    )

B. Individual to contact on engineering matters:

1. Name: **Jennifer Andrews**
2. Telephone: **248-864-0449**

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: **N/A**

E. Name of plant operator(s) and DEP operator certificate number(s) held: General Utilities

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: 58,000

b. Under Construction:

c. Proposed:

2. Type and make of present treatment facilities: **Contact Stabilization**

3. Approximate average daily flow of treatment plant effluent: **25,000 GPD**

4. Approximate length of wastewater mains:

Size (diameter):	(see attached				
Linear feet:	maps)				

5. Number of manholes: **115**

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? **3.7 ppm**

9. Tap in fees – Wastewater: \$ **N/A**

10. Service availability fees – Wastewater: \$ **0**

11. Note DEP Treatment Plant Certificate Number and date of expiration: **Permit No. FLA010526**

Number Expiration Date: 9/11/2026

12. Total gallons treated during most recent twelve months: 9,112,000

13. Wastewater treatment purchased during most recent twelve months: **0**

H. Water:

1. Gallons per day capacity of treatment facilities:

a. Existing:

b. Under Construction :

c. Proposed:

2. Type of treatment: **Chlorination**

3. Approximate average daily flow of treated water:

4. Source of water supply: Wells

5. Types of chemicals used and their normal dosage rates: **Chlorine 2.2 ppm**

6. Number of wells in service: **2**

Total capacity in gallons per minute (gpm): ["Permitted 639,000 gpd]

Diameter/Depth:	<b>12"</b> / 550	<b>12"</b> / 770	/
Motor horsepower:	<b>60</b>	<b>100</b>	
Pump capacity (gpm):	<b>500</b>	<b>588</b>	

7. Reservoirs and/or hydropneumatic tanks:

Description:	Steel		
Capacity:	10,000		

8. High service pumping:

Motor horsepower:	<b>N/A</b>			
Pump capacity (gpm):				

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

10. Approximate feet of water mains:

Size (diameter):	<b>6"</b>	<b>4"</b>	<b>2"</b>	
Linear feet:	8389		3102	

11. Note any fire flow requirements and imposing government agency: Lake County

12. Number of fire hydrants in service: 40

13. Do you have a meter change out program? ☒ No ☐ Yes
14. Meter installation or tap in fees - Water \$ 0
15. Service availability fees - Water \$ 0
16. Has the existing treatment facility been approved by DEP? ☒ No ☐ Yes
17. Total gallons pumped during most recent twelve months: 47,004,000 (pumped from wells)
18. Total gallons sold during most recent twelve months: 30,431,000
19. Gallons unaccounted for during most recent twelve months: 16,573,000
20. Gallons purchased during most recent twelve months: 0

#### IV. RATE DATA

A. Individual to contact on tariff matters:

1. Name: Daniel McGinn
2. Telephone Number: 850.214.5105

B. Schedule of present rates: (Attach additional sheets if more space is needed)

1. Water:

- |                      |  |
|----------------------|--|
| a. Residential Water | <u>\$11.74 BFC; \$1.22/k 0-5k, \$2.06/k &gt;5k</u> |
| b. General Service   | <u>\$11.74 BFC; \$3.44/k</u>                       |
| c. Special Contract  | <u></u>  |
| d. Other - Specify   | <u></u>  |

2. Wastewater:

- |                           |                                      |
|---------------------------|--------------------------------------|
| a. Residential Wastewater | <u>\$18.88 BFC; \$2.86k =&lt;10k</u> |
| b. General Service        | <u>\$18.88 BFC; \$3.44/k</u>         |
| c. Special Contract       | <u></u>                              |
| d. Other - Specify        | <u></u>                              |

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

- |                              | 2023       | 2024       |
|------------------------------|------------|------------|
| 1. Water Metered             |            |            |
| a. Residential               | <u>466</u> | <u>466</u> |
| b. General Service           | <u></u>    | <u></u>    |
| c. Special Contract          | <u></u>    | <u></u>    |
| d. Other - Specify           | <u></u>    | <u></u>    |
| 2. Water Unmetered           |            |            |
| a. Residential               | <u></u>    | <u></u>    |
| b. General Service           | <u></u>    | <u></u>    |
| c. Special Contract          | <u></u>    | <u></u>    |
| d. Other - Specify           | <u></u>    | <u></u>    |
| 3. Wastewater                | 2023       | 2024       |
| a. Residential 5/8 x 3/4     | <u>466</u> | <u>466</u> |
| b. General Service 5/8 x 3/4 | <u></u>    | <u></u>    |
| c. Special Contract          | <u></u>    | <u></u>    |
| d. Other - Specify           | <u></u>    | <u></u>    |



V

. **AFFIRMATION**

I, Sheri Woodworth 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 *Sheri Woodworth*

Title Sr. Vice 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.

### ADDITIONAL INFORMATION:

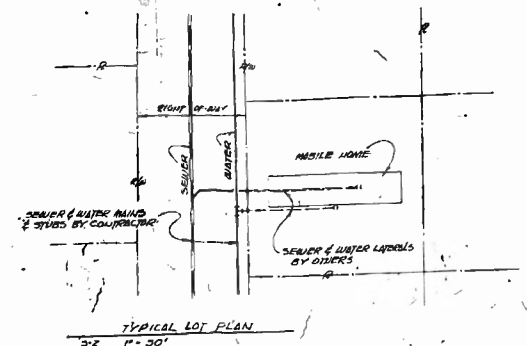
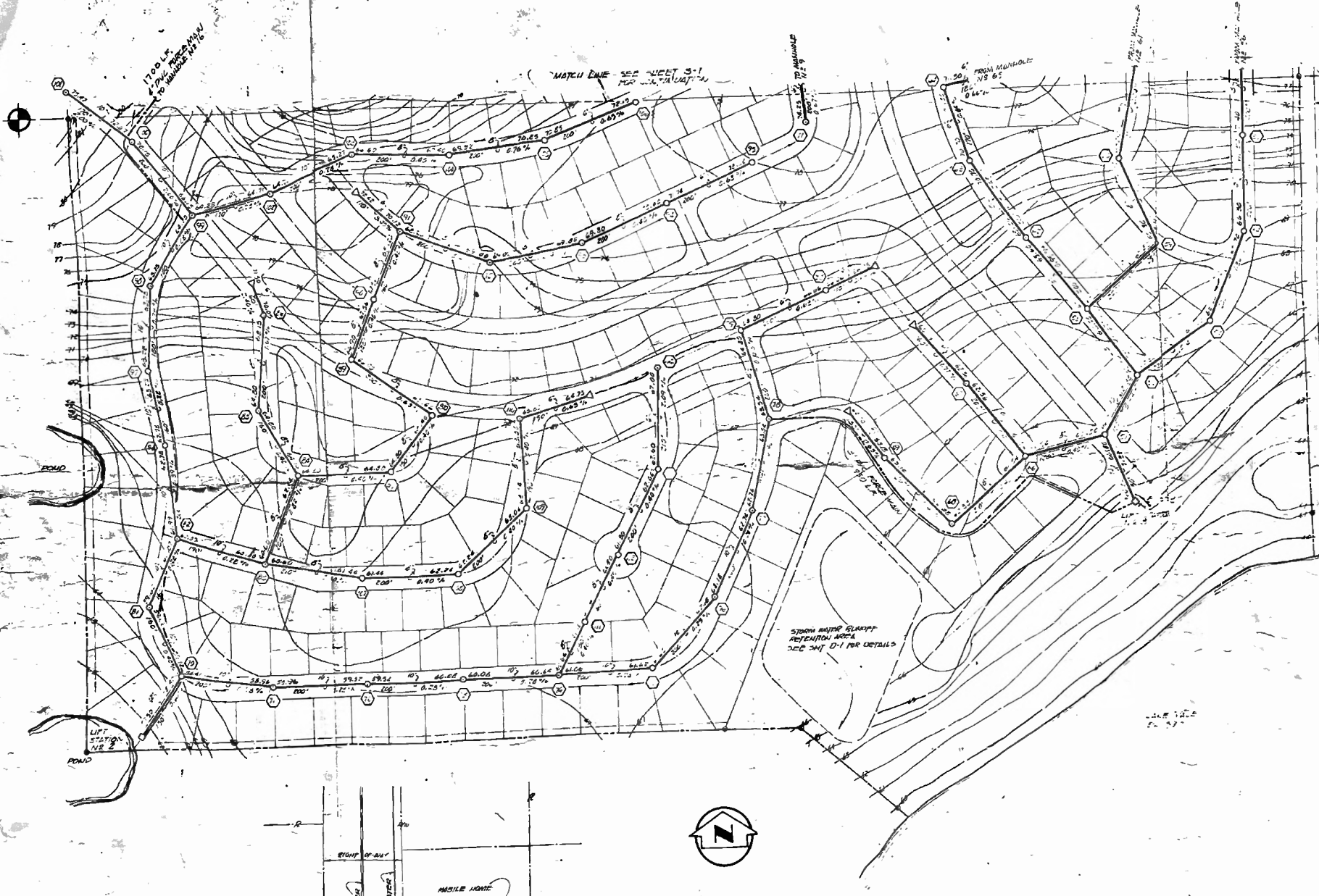
1. The Utility also requests a repression adjustment to both water and wastewater to account for the decrease in water usage upon which water and wastewater rates are based as a result of the increase in water and wastewater rates.
2. The Utility is asking recovery of the following pro forma capital projects and estimated cost:
  - WWTP – Chlorine Feed Pumps - \$1,762
3. The Utility is requesting recovery for an increase in its outside operator cost

Annual cost 2024:	\$48,894.19	
Estimated annual cost 2026 (18% increase)	<u>\$57,725.96</u>	(based on increase in monthly service fee
Total additional 2026 cost:	\$ 8,831.77	
4. The Utility is also asking recovery of the following pro forma expenses for accounting consulting services to ensure financial records are stated adequately in compliance with NARUC, and to review certain financial records for compliance.
  - Milian, Swain & Associates, Inc. – estimated total cost \$5,000

Hand-drawn topographic map of a mountainous area. The map features contour lines indicating elevation, a river flowing through the center, and a road or path running along the right side. A building is depicted in the lower right corner. A compass rose is located in the top left corner, and a scale bar is in the bottom right corner. The map is labeled with '1:50,000' and '1:25,000'.

[illegible]

SEE INQUIRY PAGE  
4 TENTATIVE FILTER 1 SEE DETAIL  
35



TECH. CORP. JOB # 6476

PROJECT TITLE  
**HOLIDAY LAKES**  
LAKE COUNTY, FLOR.

DRAWING TITLE  
**SEWER SYSTEM**

**TURNKEY**  
OF LANDS

POST OFFICE BOX 3176 LAKELAND, FLORIDA 33556

Sheet	DATE	SCALE
T-7119		1" = 50'