

Crooked Lake Sewerage Company
5578 Commercial Blvd
Winter Haven, FL 33880
Phone: 863-967-3992
Fax: 863-968-1816

June 11, 2013

Ms. Anne Cole, Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

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COMMISSION
CLERK

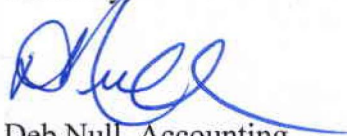
RE: Staff-Assisted Rate Case Application

Dear Ms. Cole:

Enclosed please find our Staff-Assisted Rate Case application in Polk County by Crooked Lake Sewerage Company.

I appreciate your assistance in this matter and look forward to working with you.

Sincerely,



Deb Null, Accounting
Crooked Lake Park Sewerage Company

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. GENERAL DATA

A. Name of Utility: **CROOKED LAKE PARK SEWERAGE COMPANY**

B. Address: **5578 COMMERCIAL BLVD
WINTER HAVEN, FL 33880**

1. Telephone Nos.: (863) **967-3992**

2. County: **POLK**

Nearest City: **LAKE WALES**

3. General Area Served: **CROOKED LAKE SUBDIVISION, CALOOSA LAKE VILLAGE SUBDIVISION
COLLEGE PARK MOBILE HOME PARK**

C. Authority:

1. Water Certificate No. **FLA013038**

Date Received:

2. Wastewater Certificate No. **SU785-12-S-R**

Date Received:

3. Date Utility Started Operations: Water: **12/2012**

Wastewater: **12/2012**

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

If utility was purchased, give date **09/26/2012**

Amount Paid \$ **35,000.00**

1. Name of Seller: **KENNETH J. KNOWLTON**

2. Was seller affiliated with present owners? Yes No

3. Did you purchase: YES - Stock NO - or assets only

E. Type of Legal Entity:

Corporation

Partnership

Sole Proprietorship

F. Ownership & Officers:

	Name	Title	Percent Ownership
1.	GLENBROOK PROPERTIES LLC	OWNERSHIP	100%
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

G. List of Associated Companies and Addresses:

N/A

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:

N/A

II. ACCOUNTING DATA

A. Outside Accountant

- 1. Name: **PAT SMITH**
- 2. Firm: **CHERYL M. MARTIN, CPA**
- 3. Address: **19200 HWY 27, LAKE WALES FL 33853**
- 4. Telephone: **(863) 678-1498**

B. Individual To Contact On Accounting Matters:

- 1. Name: **DEB NULL**
- 2. Telephone: **(863) 967-3992**

C. Location of Books and Records: **5578 COMMERCIAL BLVD., WINTER HAVEN, FL 33880**

D. Have you filed an Annual Report with the Commission? **YES**

Date Last Filed: **APRIL 2013**

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

(January 30 or July 30 whichever is applicable) **YES**

F. Basic Rate Base Data: *(Most recent two years)* **N/A**

1. Water:

Cost of Plant In Service

	20	20
	\$ <u> N/A </u>	\$ <u> N </u>

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	_____	_____
Net Owner's Investment	\$ _____	\$ _____

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

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

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 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)

	20	20
\$	_____	\$ _____
	_____	_____
	_____	_____
	=====	=====
\$	=====	\$ =====
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
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	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
\$	=====	\$ =====

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	ALLY FINANCIAL	11/19/12	21,145.02	5.0%	11/19/17
2.	_____	_____	_____	_____	_____
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: **Larry Bennett**
- 2. Firm: **HL Bennett Inc**
- 3. Address: **241 East Yeomans LaBelle, FL 33975**
- 4. Telephone: **(863) 675-8882**

B. Individual to contact on engineering matters:

- 1. Name: **Larry Bennett**
- 2. Telephone: **863) 675-8882**

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: **Gaines Alexander (ConstaFlow)**

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: **60,000**
 - b. Under Construction: **0**
 - c. Proposed: **0**

- 2. Type and make of present treatment facilities:
Type III Extended Aeration Process. McNeil concrete tanks secondary treatment with basic disinfection.

- 3. Approximate average daily flow of treatment plant effluent:
48,000 gallons per day

4. Approximate length of wastewater mains:

Size (diameter):					
Linear feet:					

- 5. Number of manholes:
- 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 **YES**
If yes, what is the normal dosage rate? **1.5 to 3.0 ppm**
9. Tap in fees – Wastewater: \$ **0**
10. Service availability fees – Wastewater: \$ **0**
11. Note DEP Treatment Plant Certificate Number and date of expiration: **FLA013038**
Number Expiration Date: **Completed application submitted awaiting issuance within 90 days**
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: LOUIS F. GARRARD V
- 2. Telephone Number: (863) 967-3992

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 _____
- b. General Service _____
- c. Special Contract _____
- d. Other - Specify _____


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

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	20	20
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____

d. Other - Specify

V. AFFIRMATION

I, **LOUIS F. GARRARD V** 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.