			REQUEST TO ESTABL (Please type or print. File ori		FILED NOV 17, 2014 DOCUMENT NO. 06363-14 FPSC - COMMISSION CLE		
Date:	11/17/2	2014	Docket No.:		T F 3C - COIVIIVII 3 SION CLL		
1. From Di	vision /	Staff:	Afd - Mouring MM				
2. OPR:	ENG						
3. OCR: ECO, AFD, APA, GCL							
4. Suggest	ed DocI	ket Title:	Application for staff-assisted rate case in Polk County by Sunrise Utilities LLC.				
5. Prograr	n/Modul	le/Submod	dule Assignment:	A1b			
6. Sugges	ted Doc	ket Mail L	ist.				
a. Pro	vide NA	MES/ACR	ONYMS, if registered company.	☐ Provided as an	Attachment		
Company if applical		Parties (include a	address, if different from MCD):	Representatives (na	ame and address):		
WU870		Sunrise U	Itilities, LLC				
b. Pro			NAME AND ADDRESS for all other description of the d	rs. (match represent	atives to companies)		
if applicat			address, if different from MCD):	Representatives (na	ame and address):		
7 Charles		N 6	and in a Decumentation Attack and	To be provided	with Pagammandation		
7. Check of Comments		⊠ Supp	porting Documentation Attached	To be provided	with Recommendation		

CFEKK COMMISSION

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BECEINED-LASC

November 10, 2014

Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FI 32399-0850

Attention: Clerk Office

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and Alturae rate

Please find enclosed the supporting documentation for Sunrise and Alturas rate case application.

For the better understanding of the verification I would like to add the following details.

There is only one manager looking after both Companies and her salaries of \$ 300.00 weekly is split \$ 107.00 for Alturas and \$ 193.00 for Sunrise based on the amount of customers we are servicing.

The weekly check registers shows higher additional payments made to the manager Sondra Myers name over and above her salaries, - represent the additional expenses occurred.

They are in the various expenses column within the reports provided.

The excess amount paid is for office supply, mileage allowances and maintenance or repair job performed within a few trusted and capable individuals helped us many times to save cost, - until May 2014 when Sondra Myers left her position unexpectedly.

Our current manager is Ms. Melissa Owen.

We had to hire occasionally more expensive outside sources when the job could not be handled internally and they were paid directly.

I have used the last 12 months including October 2014 to support a complete year operational expenses.

I have enclosed most of the invoices or at least a few per categories.

The 2014 Annual report will show our very same position with the next two months finalized details.

Alturas Utilities LLC and Sunrise Utilities LLC are individual Companies, but having only one manager and most of the suppliers being the same they very much interact with each other.

Both Companies does not have enough revenues, - due to the shrinkage usage of our current customers and also having many vacant houses.

Our rates for Sunrise or Alturas are very much lower than other similar type of operation and not only that many time we could not comply with regulations, but having an aging system is more costly to operate without the most necessary improvements.

Some of the improvements outlined in a separate letter are not only the direct orders from the Health Department but they are crucial to continue a safe operation.

Our past years performance and the next three years projection represents only the actual cash flow need it without any additional allowance added to arrive a profit and loss statement.

A realistic rate increase will enable be us to run a safe and satisfactory operation for our customers, and look after our many past but due obligations.

Looking at our financial circumstances your department will judge the necessity and urgency of the situation.

Yours truly,

Leslie Szabo

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A STAFF ASSISTED RATE CASE

GE	NERAL	. DATA			
Α.	Name	e of Utility: Sunrise Utilities Ll	LC		
B.	Addre	ess: 20 West Tropical Way			
	Ft	Lauderdale FI, 33317			
	1.	Telephone Nos.: (863) 510 131	18		
	2.	County: Polk		Nearest City:	Bartow
	3.	General Area Served:			
C.	Auth	ority:			
	1.	Water Certificate No. 627 - W		Date Received:	
	2.	Wastewater Certificate No.		Date Received:	
	3.	Date Utility Started Operations:	Water: 11/30/03	Wastewater:	
D.	How \$	System Was Acquired:			
	If utilit	ty was purchased, give date		Amount Paid \$	
	1.	Name of Seller:			
	2.	Was seller affiliated with present o	wners? Yes No		
	3.	Did you purchase: Stock	or assets only		
E.	Туре	of Legal Entity: 1120 Corporation			
	□Сс	prporation Partnersh	ip Sole Proprietor	ship	
F.	Owne	ership & Officers:			
		Name	Title	F	Percent Ownership
		Stuart Sheldon	President - Member	2 %	
	2.	Leslie Szabo	Member	98 %	
	3.				
	4.				

1.

	G.	List of Associated Companies and Addresses:						
		Alturas Utilities LLC						
	H.	If you have retained an attorney and/or a consultant to reprename(s) and address(es):	esent the util	ty fo	or this applicat	ion, furr	nish the	
		Name: Ad	ldress:					
11.	ACC	COUNTING DATA						
	A.	Outside Accountant						
		1. Name:						
		2. Firm:						
		3. Address:						
		4. Telephone: ()						
	B.	Individual To Contact On Accounting Matters:						
		1. Name: Leslie Szabo						
		2. Telephone: (863 510 1318)						
	C.	Location of Books and Records: 2942 Garden St						
	D.	Have you filed an Annual Report with the Commission? Y_0	es 🗌 No					
		Date Last Filed: March 2014						
	E.	Has your latest Regulatory Assessment Fee Payment been	made?					
		(January 30 or July 30 whichever is applicable) Jan 30	UJuly 30					
F.	Bas	sic Rate Base Data: (Most recent two years)						
	1.	Water:			2014		2013	
		Cost of Plant In Service		\$	124,567	\$	124,567	
		Less Accumulated Depreciation			74,387		69,219	
		Less Contributed Plant		450.00	432		980	
		Net Owner's Investment		\$	50,612	\$	56,328	
	2.	Wastewater			20		20	

11.

Cost of Plant In Service	\$		\$	
Less Accumulated Depreciation	***************************************		900000	
	. 100-040-000		S S90000	
Less Contributed Plant			·	
Net Owner's Investment	\$	000-14000-1-NO-05-55-05-05-55-05-05-05-05-05-05-05-05-	. \$	
Basic Income Statement: (Most recent two years)				
1. Water:		2014		2013
Revenues (By Class)				
a. 5/8 x 3/4	\$	64,733	\$	68,240
b.	10000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
C.	90,000		R 9000	
Total Operating Revenues:	\$_	64,733	\$_	68,240
Less Expenses:	0000000			
a. Salaries & Wages - Employees	****	10,008		11,832
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	400000	***************************************	ne anno	
c. Employee Pensions & Benefits				***************************************
d. Purchased Water				
e. Purchased Power	connect	2,340	age contact	2,140
f. Fuel for Power Production				
g. Chemicals	101,000	1,462		1,063
h. Materials & Supplies	(MANAGEM	7,982	***	9,843
i. Contractual Services	secons	23,030		25,549
j. Rents and Office Expenses	3000000	8,906		4,513
k. Transportation Expenses –Gas allowances	*******	6,420		3,840
Insurance Expense and Legal Expenses	,,,,,,,,,,	6,403		1,920
m. Regulatory Commission Expense	1444144	2,913	on 1999	
n. Bad Debt Expense	233329	3,986	-00 Marin	3,691
o. Miscellaneous Expense				264
p. Depreciation Expense	49440	5,168		5,168
q. Property Taxes and Licences	******	4,858		3,047
r. Other Taxes	www	HANNING COLUMN TO THE COLUMN THE		
s. Income Taxes	*****			
Operating Income (Loss)	\$	(18,743)	* = * =	(4,630)

2.	Wast	tewater			20	20
	Reve	enues (By Class):			\$	\$
	a.	Residential				ментиниципиниципиниципиниципиниципиниципиниципиниципи
	b.					
	C.					
	Total	Operating Rever	nues:		\$	\$
	Less	Expenses:			***************************************	
	a.	Salaries & Wag	es - Employees		***************************************	
	b.	***		& Majority Stockholders		-
	C.	Employee Pens			***************************************	200000000000000000000000000000000000000
	d.		tewater Treatment		The Control of Control	
	e.	Sludge Remova	I Expense			
	f.	Purchased Pow				
	g.	Fuel for Power F	Production			And the state of t
	h.	Chemicals			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	i.	Materials & Sup	plies			
	, j.	Contractual Ser	vices			
	k.	Rents				
	1.	Transportation E	Expenses			
	m.	Insurance Expe	nse		***************************************	
	n.	Regulatory Com	mission Expense			
	0.	Bad Debt Exper	nse			
	p.	Miscellaneous E	Expense		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	q.	Depreciation Ex	pense			***************************************
	۳.	Property Taxes			***************************************	
	S.	Other Taxes				
	t.	Income Taxes				
	Oper	ating Income (Los	SS)		\$	\$
ı	Outstor	adina Dahti				
	Outstar	nding Debt:	Date	Balance	Interest	Expiration
		Creditor	Borrowed	Due	Rate	Date
		Blount				
	1.	Utilities Inc	2011	3,764		2015
	2.	RAF Dues	2013	13,363		344
	3.	Legal Fees	2013	4,680		2015
	4.					
¥.	Indicate	Type of Tax Ret	urn Field:			
		orm 1120 -Corpo				
			chapter S Corporation			
		orm 1065 - Partn				
			dule C - Individual (Pro	prietorship)		
	Luciani		a minimum in its in the second of the second			

C	N	G	IN	=	-	R	18	IG	n	Δ.	TA

Α.		Outside Engineering Consultant:								
	1.	Name:								
	2.	Firm:								
	3.	Address:								
	4.	Telephone: ()								
B.	Indiv	idual to contact on engineering matters:								
	1.	Name: Wiley Pratt								
	2.	Telephone: (863) 698 2365								
C.	Is the	e utility under citation by the Department of Environmental Protection (DEP) or County Health Department? s, explain: NO								
D.	List a	ny known service deficiencies and steps taken to remedy problems:								
E.	Name	e of plant operator(s) and DEP operator certificate number(s) held:								
F.		utility serving customers outside of its certificated area?								
	If yes	, explain:								
~	3 4 7									
G.		ewater:								
	1,	Gallons per day capacity of treatment facilities:								
		a. Existing: b. Under Construction: c. Proposed:								
	2.	Type and make of present treatment facilities:								
	3.	Approximate average daily flow of treatment plant effluent:								
	4.	Approximate length of wastewater mains:								
		Size (diameter):								
	200000000000000000000000000000000000000	Linear feet:								
	5.	Number of manholes:								
	6.	Number of lift stations:								
	7.	How do you measure treatment plant effluent?								
	8.	Is the treatment plant effluent chlorinated?								

		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.	Wate	rr.
	1.	Gallons per day capacity of treatment facilities: 108,000 under
		a. Existing: b. Under Construction : c. Proposed:
	2.	Type of treatment: Chlorine
	3.	Approximate average daily flow of treated water:
	4.	Source of water supply: Well
	5.	Types of chemicals used and their normal dosage rates: Chlorine
	6.	Number of wells in service: 2
		Total capacity in gallons per minute (gpm):
		Diameter/Depth: 4 / 550 6 / 550 /
		Motor horsepower: 25 10
		Pump capacity (gpm): 350 100
	7.	Reservoirs and/or hydropneumatic tanks:
	Terras diamenta	Description: Steel
		Capacity: 3000
	8.	High service pumping:
	de acceptance à	Motor horsepower:
	100000000000000000000000000000000000000	Pump capacity (gpm):
	Į.	How do you measure treatment plant production?
	9	
	9.	
	9.	Approximate feet of water mains:
		Approximate feet of water mains:

	13.	Do	you have a meter change out progra	am? No Yes	
	14.	Me	ter installation or tap in fees - Water	\$	
	15.	Ser	vice availability fees - Water \$		
	16.	Has	s the existing treatment facility been	approved by DEP? No Ye	es
	17.	Tot	al gallons pumped during most rece	nt twelve months:	
	18.	Tot	al gallons sold during most recent tw	velve months:	
	19	Gal	lons unaccounted for during most re	cent twelve months:	
	20.	Gal	lons purchased during most recent t	welve months: 0	
RAT	E DAT	A			
A.	Indivi	dual	to contact on tariff matters:		
	1.	Nar	ne: Leslie Szabo		
	2.	Tel	ephone Number: . (863) 510 1318		
B.	Sche	dule	of present rates: (Attach additional	sheets if more space is needed)	
	1.	Wa	ter:		
		a.	Residential Water		
		b.	General Service	3-	
		C.	Special Contract		***************************************
		d.	Other - Specify		
	2.	Wa	stewater:		
		a.	Residential Wastewater		
		b.	General Service		
		C.	Special Contract		
		d.	Other - Specify		
C.	Numb	per of	Customers: (Most recent two years	5)	
	1,	Wat	ter Metered	2014	2013
		a.	Residential	244	244
		b.	General Service		
		C.	Special Contract		
		d.	Other - Specify		
	2.	Wat	ter Unmetered	20	20
		a.	Residential		
		b.	General Service		
		C.	Special Contract		
		d.	Other - Specify		
	3.	Was	stewater	20	20
		a.	Residential		
		b.	General Service		
		C.	Special Contract		
		d.	Other - Specify		

IV.

V. AFFIRMATION

I, <u>Leslie Szabo</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

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.