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COMMISSION
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Utility Corporation of Florida, Inc.

200 Healthy Way Sebring, FL 33876

110145-80
JUL -6 AM 7:13

June 30, 2011

Highlands County Board of Commissioners
Barbara Stewart, Chair
72 Lake Byrd Blvd.,
Avon Park, FL33825

Dear Ms. Stewart,

As per the requirements of the Florida Public Service Commission, enclosed please find a copy of the Utility Corporation of Florida, Inc.'s application for a staff assisted rate base case.

Sincerely,



Lois Schlabach
Utility Corporation of Florida, Inc.

CC:Florida Public Service Commission,
Clerk of the FPSC

Phone: 863-414-2586

Fax: 863-655-0600

DOCUMENT NUMBER-DATE
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FPSC-COMMISSION CLERK

APPLICATION FOR A
STAFF ASSISTED RATE CASE

11 MAY 17 AM 8:46

COMMISSION
CLERK

110105-50

I. GENERAL DATA

A. Name of Utility: Utility Corporation of Florida, Inc

B. Address: 200 Healthy Way, Sebring, FL 33876

1. Telephone Nos.: (863) 414-2586

2. County: Highlands

Nearest City: Sebring

3. General Area Served: Spring Lake, high density development areas

C. Authority:

1. Water Certificate No. NA

Date Received: ~~7/7~~

2. Wastewater Certificate No. SU 916-09-5-R

Date Received: 10/2008

3. Date Utility Started Operations: Water: NA

Wastewater:

D. How System Was Acquired: Built by owner/developer

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
COM	1. Michael Tellschaw	President/owner	100
APA	2. _____	_____	_____
ECR	3. Lois Schlabach	Sec./Treas.	0
GCL	4. _____	_____	_____
RAD			
SSC			
ADM			
OPC			
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DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

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:

Robert Dodrill
Regulated Utility Consulting

Address:

2307 Amherst Ave.
Orlando, FL 32804

II. ACCOUNTING DATA

A. Outside Accountant

- 1. Name: Douglas A. McClean, CPA
- 2. Firm:
- 3. Address: 300 Circle Drive, Sebring, FL 33870
- 4. Telephone: (863) 382-3382

B. Individual To Contact On Accounting Matters:

- 1. Name: Lois Schlabach
- 2. Telephone: (863) 414-2586

C. Location of Books and Records: 200 Healthy Way, Sebring, FL

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

Date Last Filed:

E. Has your latest Regulatory Assessment Fee Payment been made? March 24, 2011
(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

Less Accumulated Depreciation

Less Contributed Plant

Net Owner's Investment

2. Wastewater

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

Cost of Plant In Service
Less Accumulated Depreciation
Less Contributed Plant
Net Owner's Investment

\$ 323,232 \$ 324,416
197,032 197,032
\$ _____ \$ _____

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

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. <u>Wastewater</u>		20	20
Revenues (By Class):		\$ 89,485	\$ 121,696
a.		_____	_____
b.		_____	_____
c.		_____	_____
Total Operating Revenues:		\$ _____	\$ _____
Less Expenses:			
a. Salaries & Wages - Employees		49,294	50,000
b. Salaries & Wages - Officers, Directors, & Majority Stockholders		6,000	6,000
c. Employee Pensions & Benefits		_____	_____
d. Purchased Wastewater Treatment		_____	_____
e. Sludge Removal Expense		3,805	1,713
f. Purchased Power		9,533	10,257
g. Fuel for Power Production		_____	_____
h. Chemicals		6,257	5,737
i. Materials & Supplies		1,029	387
j. Contractual Services		12,971	13,320
k. Rents		11,400	11,400
l. Transportation Expenses		1,200	4,800
m. Insurance Expense		2,519	2,922
n. Regulatory Commission Expense		_____	_____
o. Bad Debt Expense		0	1,856
p. Miscellaneous Expense		286	286
q. Depreciation Expense		8,944	9,522
r. Property Taxes		_____	_____
s. Other Taxes		9,677	9,677
t. Income Taxes		_____	_____
Operating Income (Loss)		\$ _____	\$ _____

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	Spring Lake Club	2008	99,817	_____	_____
2.	Spring Lake Club	2009	30,722	_____	_____
3.	Spring Lake Club	2010	25,001	_____	_____
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:

1. Name: Aaron Boules

- 2. Firm: MBV Engineering
- 3. Address: 2455 14th Ave., Vero Beach, FL 32960
- 4. Telephone: (772) 569-0035

B. Individual to contact on engineering matters:

- 1. Name: Aron Bowles
- 2. Telephone: () 772-569-0035.

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:

Thomas A. Quinn B0006898

F. Is the utility serving customers outside of its certificated area?

If yes, explain: No

G. Wastewater:

1. Gallons per day capacity of treatment facilities:

a. Existing: 0.140 MGD b. Under Construction: c. Proposed:

2. Type and make of present treatment facilities:

Extended aeration domestic wastewater treatment plant

3. Approximate average daily flow of treatment plant effluent:

0.018 MGD

4. Approximate length of wastewater mains:

Size (diameter):	6"	4"	4"		
Linear feet:	2,000'	1,000'	2000'		

5. Number of manholes: 0

6. Number of lift stations: 2

7. How do you measure treatment plant effluent? PDS ultrasonic - Open Channel Flow Meter.

8. Is the treatment plant effluent chlorinated? Yes No

If yes, what is the normal dosage rate? hypochlorite as required

9. Tap in fees - Wastewater: \$

10. Service availability fees - Wastewater: \$ 32

11. Note DEP Treatment Plant Certificate Number and date of expiration: FLA 014315,

Number Expiration Date: Ap 2013

12. Total gallons treated during most recent twelve months: 6,587,000 (2009)
13. Wastewater treatment purchased during most recent twelve months: none

H. Water:

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: Lois Schlabach
2. Telephone Number: () 863-414-2586

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

\$32 per unit

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

1. Water Metered

- a. Residential
- b. General Service
- c. Special Contract
- d. Other - Specify

20	20
_____	_____
_____	_____
_____	_____
_____	_____

2. Water Unmetered

- a. Residential
- b. General Service
- c. Special Contract
- d. Other - Specify

20	20
_____	_____
_____	_____
_____	_____
_____	_____

3. Wastewater

- a. Residential
- b. General Service
- c. Special Contract
- d. Other - Specify

20	20
<u>309</u>	_____
_____	_____
<u>1 Commercial</u>	_____
<u>(clubhouse)</u>	_____

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.

Luis Schlabach Signed Luis Schlabach
Title Secy. Treas. Utility Corp. of FL, Inc.

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.