

STATE OF FLORIDA

COMMISSIONERS:  
ART GRAHAM, CHAIRMAN  
LISA POLAK EDGAR  
RONALD A. BRISÉ  
JULIE I. BROWN  
JIMMY PATRONIS



DIVISION OF  
ACCOUNTING AND FINANCE  
ANDREW L. MAUREY  
DIRECTOR  
(850) 413-6900

# Public Service Commission

February 23, 2015

RECEIVED - FPSC  
15 FEB 24 AM 8:59  
COMMISSION  
CLERK

Mike Smallridge  
Florida Utility Services 1, LLC  
3336 Grand Blvd. Suite 102  
Holiday, FL 34690

## STAFF'S SECOND DATA REQUEST

**Re: Docket No. 140177-WU – Application for Staff-Assisted Rate Case in Pasco County by Holiday Gardens Utilities, LLC.**

Dear Mr. Smallridge:

For the above referenced Staff-Assisted Rate Case (SARC), please provide the following information to the Commission on or before March 9, 2015.

### Salaries

1. Please provide: a detailed description of the duties and responsibilities of each of the employees who charge time to Holiday Gardens and a detailed breakdown of how many hours each employee spends on Holiday Gardens each month.
2. For the requested new Field Technician position, please explain why this position is needed, and provide a detailed breakdown of how many hours each month the employee would spend on Holiday Gardens. Please also provide an explanation of the basis for any assumptions made.
3. Would the new Field Technician provide any service to other utilities managed or operated by Utility Services 1, LLC? Please explain.
4. For the requested new Customer Service position, please explain why this position is needed, and provide a detailed breakdown of how many hours each month the employee would spend on Holiday Gardens. Please also provide an explanation of the basis for any assumptions made.
5. Would the new Customer Service person provide any service to other utilities managed or operated by Utility Services 1, LLC? Please explain.
6. For the requested new Regulatory Compliance Specialist position, please explain why this position is needed, and provide a detailed breakdown of how many hours each month the employee would spend on Holiday Gardens. Please also provide an explanation of the basis for any assumptions made.

7. Would the new Regulatory Compliance Specialist provide any service to other utilities managed or operated by Utility Services 1, LLC? Please explain.

#### Allocations

8. Please provide a list of all water and/or wastewater utilities, and the number of customers served by each, that are managed or operated, completely or in part, by Utility Services 1, LLC.

#### Lease Expense

9. In your undated letter regarding "Common proforma items for Crestridge Utilities and Holiday Gardens Utilities," you indicated that the former Lakeland and Holiday offices have been consolidated into a new office in Holiday, Florida. Please provide the lease agreements from the Lakeland and Holiday offices. Please also provide the approximate square footage of the former Lakeland and Holiday offices, as well as the new office in Holiday, FL.
10. Will the new consolidated office be used for any other utilities managed or operated by Utility Services 1, LLC? Please explain.

#### Lawn Mower

11. In your undated letter regarding "Common proforma items for Crestridge Utilities and Holiday Gardens Utilities," you listed "Purchase one new lawn mower." Does this refer to the "riding lawn mower & tools" that was purchased on September 8, 2014, for a total of \$500? Please explain.
12. During the test year, Holiday Gardens incurred expenses associated with lawn service. With the purchase a lawn mower(s), will the lawn service being provided to the Utility cease? Why or why not?
13. Will the new lawn mower be used at any other locations? If so, please explain.

#### New Truck

14. Will the new 2008 Mitsubishi truck be used at any other locations? If so, please explain.

#### Quality of Service

15. Please provide documents supporting that the Department of Environmental Protection (DEP) has been satisfied with the Utility's response to the DEP's inspection reports issued in 2014 and 2015. As part of the response, please provide the DEP inspection reports, any follow up letters, and response letters from the Utility in 2014 and 2015.

#### Pro Forma Capital Items

16. For subparts A through C, please refer to the Specific Pro Forma Items Table below which is based on the Utility's letter filed in the above referenced docket on January 28, 2015.
  - A. For each pro forma capital item on the list, please verify and provide updates, if any, for the estimated cost, account number, start date, and the estimated completion date. Provide supporting documentation for each additional item, if any, including bids received, estimated cost, account number, start date, and estimated completion date. If the estimated cost is not based on the lowest bid, please explain.
  - B. Provide the original costs, if available, for the replaced/retired items.

- C. For each item that is recommended or required by the DEP or other regulatory agencies, please provide documents such as DEP's inspection reports showing such compliance requirements

**Specific Pro Forma Items for Holiday Gardens Utilities**

| <b>Well #1</b>    |                       |                    |                   |                                  |
|-------------------|-----------------------|--------------------|-------------------|----------------------------------|
| <b>Item</b>       | <b>Estimated Cost</b> | <b>Account No.</b> | <b>Start Date</b> | <b>Estimated Completion Date</b> |
| Replace well pump | \$8,900               | 311                | ASAP              | 30-60 Days                       |
| Repipe            | \$1,800               | 304                | ASAP              | 30-60 Days                       |
| Air Relief Valve  | \$200                 | 311                | ASAP              | 30-60 Days                       |
| Repaint           | \$200                 | 304                | ASAP              | 30 Days                          |
| Roof              | \$4,000               | 304                | ASAP              | unknown                          |
| Flow Meter        | \$1,500               | 339                | ASAP              | 30 Days                          |
| Subtotal          | \$16,600              |                    |                   |                                  |
| <b>Well #4</b>    |                       |                    |                   |                                  |
| <b>Item</b>       | <b>Estimated Cost</b> | <b>Account No.</b> | <b>Start Date</b> | <b>Estimated Completion Date</b> |
| Check Valve       | \$800                 | 311                | ASAP              | 30-60 Days                       |
| Replumb           | \$1,800               | 304                | ASAP              | 30-60 Days                       |
| Repaint           | \$200                 | 304                | ASAP              | 30 Days                          |
| Roof              | \$4,000               | 304                | ASAP              | 30-60 Days                       |
| 4" Gate Valve     | \$750                 | 311                | ASAP              | 60-180 Days                      |
| Air Compressor    | \$1,500               | 311                | ASAP              | 60-180 Days                      |
| Subtotal          | \$9,050               |                    |                   |                                  |
| Total             | \$25,650              |                    |                   |                                  |

17. For subparts A through C, please refer to the Joint Pro Forma Items Table below which is based on the company's letter filed in the above referenced docket on January 28, 2015.

- A. For each pro forma capital item on the list, please verify and provide updates, if any, for the estimated cost, account number, invoice cost, allocation (percent), and the estimated completion date. Provide supporting documentation for each additional item, if any, including bids received, estimated cost, invoices, allocation (percent), and estimated completion date. If the estimated cost is not based on the lowest bid, please explain.
- B. Provide the original costs, if available, for the replaced/retired items.
- C. For each item that is recommended or required by the DEP or other regulatory agencies, please provide documents such as DEP's inspection reports showing such compliance requirements

**Joint Pro Forma Items to be Allocated to Holiday Gardens Utilities**

| <b>Item</b>            | <b>Account No.</b> | <b>Estimated Cost</b> | <b>Invoice Cost</b> | <b>Allocation (Percent)</b> | <b>Estimated Complete Date</b> |
|------------------------|--------------------|-----------------------|---------------------|-----------------------------|--------------------------------|
| New Truck              | 341                |                       | \$14,418            |                             |                                |
| New Computer           | 340                |                       | \$700               |                             |                                |
| New Printer            | 340                |                       | \$300               |                             |                                |
| Lawn Mower             | 339                |                       | \$500*              | 50%*                        |                                |
| Portable hydrant meter | 334                |                       |                     |                             |                                |

\*Audit Adjustment

Please respond to Staff's Data Request by March 9, 2015, to allow this docket to be processed within the statutory time frame. If you have any questions, please feel free to contact Curt Mouring by e-mail [cmouring@psc.state.fl.us](mailto:cmouring@psc.state.fl.us) or by phone at (850) 413-6427.

Sincerely,



Curt Mouring  
Public Utilities Supervisor

cc: Office of Commission Clerk (DN 140177-WU)  
Office of the General Counsel (Corbari)  
Division of Accounting and Finance (Cicchetti, Mouring)  
Division of Engineering (Lee)