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CLASS "C"

WATER AND/OR WASTEWATER UTILITIES

(Gross Revenue of Less Than \$200,000 Each)

ANNUAL REPORT

WU536-06-AR / 54535-06-AR  
East Marion Sanitary Systems, Inc.  
G-4225 Miller Road, #190  
Flint, MI 48507-1227

Certificate Number(s)

Submitted To The

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

FOR THE

YEAR ENDED DECEMBER 31, 2006

RECEIVED  
REGISTRATION DIVISION

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**FINANCIAL**

**SECTION**

**REPORT OF**

EAST MARION SANITARY SYSTEMS, INC

**(EXACT NAME OF UTILITY)**

<u>P O BOX 245: SILVER SPRINGS, FL 34489-0245</u>	<u>600 NE 130 TRAIL</u>	<u>MARION</u>
Mailing Address	Street Address	County

Telephone Number 352-625-0117 Date Utility First Organized 06/24/1986

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Sunshine State One-Call of Florida, Inc. Member No. \_\_\_\_\_

Check the business entity of the utility as filed with the Internal Revenue Service:

- Individual     
  Sub Chapter S Corporation     
  1120 Corporation     
  Partnership

Name, Address and Phone where records are located: EAST MARION SANITARY STYSTMS, INC.  
G4425 B4 MILLER ROAD, SUITE 190; FLINT, MI 48507 1-810-733-6342 OR 1-810-241-8789

Name of subdivisions where services are provided: LAKEVIEW WOODS/TRAILS EAST

**CONTACTS**

Name	Title	Principal Business Address	Salary Charged Utility
Person to send correspondence: <u>HERBERT HEIN</u>	_____	<u>see above</u>	0
Person who prepared this report: <u>JOSEPH E. BRANNON CPA</u>	_____	<u>106 NE 14TH AVE</u> <u>OCALA, FL 34470</u>	
Officers and Managers: <u>HERBERT HEIN</u>	<u>PRESIDENT</u>	<u>see above</u>	\$ <u>7,975</u>
_____	_____	_____	\$ <u>(mgmt fee)</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Report every corporation or person owning or holding directly or indirectly 5 percent or more of the voting securities of the reporting utility:

Name	Percent Ownership in Utility	Principal Business Address	Salary Charged Utility
<u>HERBERT HEIN, TRUSTEE</u>	<u>100%</u>	<u>see above</u>	\$ <u>7,975</u>
_____	_____	_____	\$ <u>(mgmt fee)</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT December 31, 2006
-------------------------------------

**INCOME STATEMENT**

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
Gross Revenue:					
Residential _____		\$ <u>23,694</u>	\$ <u>37,263</u>	\$ _____	\$ <u>60,957</u>
Commercial _____		_____	_____	_____	_____
Industrial _____		_____	_____	_____	_____
Multiple Family _____		_____	_____	_____	_____
Guaranteed Revenues _____		_____	_____	_____	_____
Other (Specify) _____		<u>540</u>	<u>540</u>	_____	<u>1,080</u>
Total Gross Revenue _____		\$ <u>24,234</u>	\$ <u>37,803</u>	\$ _____	\$ <u>62,037</u>
Operation Expense (Must tie to pages W-3 and S-3)	W-3 S-3	\$ <u>17,871</u>	\$ <u>19,455</u>	\$ _____	\$ <u>63,117</u>
Depreciation Expense _____	F-5	<u>4,192</u>	<u>7,785</u>	_____	11,977
CIAC Amortization Expense _____	F-8	<u>(1,235)</u>	<u>(1,813)</u>	_____	0
Taxes Other Than Income _____	F-7	<u>1,557</u>	<u>3,244</u>	_____	(3,048)
Income Taxes _____	F-7	_____	_____	_____	4,801
Total Operating Expense		\$ <u>22,385</u>	<u>28,671</u>	_____	0
Net Operating Income (Loss)		\$ <u>1,849</u>	\$ <u>9,132</u>	\$ <u>0</u>	\$ <u>10,981</u>
Other Income:					
Nonutility Income _____		\$ _____	\$ _____	\$ _____	\$ _____
Late/Bad Ck. Fees _____		<u>131</u>	<u>129</u>	_____	<u>260</u>
Interest Income _____		_____	_____	<u>214</u>	<u>214</u>
Other Deductions:					
Miscellaneous Nonutility Expenses _____		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense _____		<u>336</u>	<u>342</u>	_____	<u>678</u>
Penalties _____		<u>7</u>	<u>15</u>	_____	<u>22</u>
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Net Income (Loss)		\$ <u>1,637</u>	\$ <u>8,904</u>	\$ <u>214</u>	\$ <u>10,755</u>

**East Marion Sanitary Systems, Inc.**

Page F-3, Other income

December 31, 2006

	<b>Water</b>	<b>Sewer</b>	<b>Total</b>
<b>Income</b>			
<b>Connect/Disconnect fees</b>	255	255	510.00
<b>Transfer Fees</b>	285	285	570.00
<b>Total Income</b>	540	540	1,080

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
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**COMPARATIVE BALANCE SHEET**

ACCOUNT NAME	Reference Page	Current Year	Previous Year
Assets:			
Utility Plant in Service (101-105) _____	F-5,W-1,S-1	\$ <u>395814</u>	\$ <u>392934</u>
Accumulated Depreciation and Amortization (108) _____	F-5,W-2,S-2	<u>(152882)</u>	<u>(140905)</u>
Net Utility Plant _____		\$ <u>242932</u>	\$ <u>252029</u>
Cash _____		<u>58374</u>	<u>44012</u>
Customer Accounts Receivable (141) _____		<u>5696</u>	<u>4101</u>
Other Assets (Specify): _____			
Deferred Rate Case (Net) _____			<u>95</u>
Prepaid Expenses _____		<u>1100</u>	<u>1100</u>
Total Assets _____		\$ <u>308102</u>	\$ <u>301337</u>
Liabilities and Capital:			
Common Stock Issued (201) _____	F-6	<u>1000</u>	<u>1000</u>
Preferred Stock Issued (204) _____	F-6		
Other Paid in Capital (211) _____		<u>313018</u>	<u>313018</u>
Retained Earnings (215) _____	F-6	<u>(130994)</u>	<u>(141748)</u>
Proprietary Capital (Proprietary and Partnership only) (218) _____	F-6		
Total Capital _____		\$ <u>183024</u>	\$ <u>172270</u>
Long Term Debt (224) _____	F-6	\$ <u>0</u>	\$ <u>23866</u>
Accounts Payable (231) _____		<u>3222</u>	<u>3600</u>
Notes Payable (232) _____			
Customer Deposits (235) _____		<u>1097</u>	<u>1097</u>
Accrued Taxes (236) _____		<u>2792</u>	<u>2230</u>
Other Liabilities (Specify) _____			
Loans Related Parties _____		<u>18546</u>	<u>18546</u>
Advances for Construction _____			
Contributions in Aid of Construction - Net (271-272) _____	F-8	<u>99421</u>	<u>79728</u>
Total Liabilities and Capital _____		\$ <u>308102</u>	\$ <u>301337</u>

UTILITY NAME EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
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**GROSS UTILITY PLANT**

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other than Reporting Systems	Total
Utility Plant in Service (101)	\$ <u>132170</u>	\$ <u>241262</u>	\$ _____	\$ <u>373432</u>
Construction Work in Progress (105) _____	_____	_____	_____	_____
Specify) _____ SHED	_____	<u>950</u>	_____	<u>950</u>
OFFICE EQUIPMENT	<u>183</u>	_____	_____	<u>183</u>
FENCING	<u>10624</u>	<u>10625</u>	_____	<u>21249</u>
Total Utility Plant _____	\$ <u>142977</u>	\$ <u>252837</u>	<u>0</u>	<u>395814</u>

**ACCUMULATED DEPRECIATION (A/D) AND AMORTIZATION OF UTILITY PLANT**

Account 108	Water	Wastewater	Other than Reporting Systems	Total
Balance First of Year _____	\$ <u>41999</u>	\$ <u>98906</u>	\$ _____	\$ <u>140905</u>
<u>Add Credits During Year:</u>				
Accruals charged to depreciation account _____	\$ <u>4192</u>	\$ <u>7785</u>	\$ _____	\$ <u>11977</u>
Salvage _____	_____	_____	_____	_____
Other Credits (specify) _____	_____	_____	_____	_____
Total Credits _____	\$ <u>4192</u>	\$ <u>7785</u>	\$ _____	\$ <u>11977</u>
<u>Deduct Debits During Year:</u>				
Book cost of plant retired _____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of removal _____	_____	_____	_____	_____
Other debits (specify) _____	_____	_____	_____	_____
Total Debits _____	\$ _____	\$ _____	\$ _____	\$ _____
Balance End of Year _____	\$ <u>46191</u>	\$ <u>106691</u>	<u>0</u>	<u>152882</u>



UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
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**CAPITAL STOCK ( 201 - 204 )**

	Common Stock	Preferred Stock
Par or stated value per share _____	1	_____
Shares authorized _____	1000	_____
Shares issued and outstanding _____	1000	_____
Total par value of stock issued _____	1000	_____
Dividends declared per share for year _____	0	_____

**RETAINED EARNINGS ( 215 )**

	Appropriated	Un-Appropriated
Balance first of year _____	\$ _____	\$ (141749)
Changes during the year (Specify):		
Operating Income _____	_____	10755
_____	_____	_____
_____	_____	_____
Balance end of year _____	\$ _____	\$ (130994)

**PROPRIETARY CAPITAL ( 218 )**

	Proprietor Or Partner	Partner
Balance first of year _____	\$ _____	\$ _____
Changes during the year (Specify):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Balance end of year _____	\$ _____	\$ _____

**LONG TERM DEBT ( 224 )**

Description of Obligation (Including Date of Issue and Date of Maturity):	Interest		Principal per Balance Sheet Date
	Rate	# of Pymts	
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total _____			\$ _____

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT  
DECEMBER 31, 2006

**TAX EXPENSE**

(a)	Water (b)	Wastewater (c)	Other (d)	Total (e)
Income Taxes:				
Federal income tax _____	\$ _____	\$ _____	\$ _____	\$ _____
State income Tax _____	_____	_____	_____	_____
Taxes Other Than Income:				
State ad valorem tax _____	_____	_____	_____	_____
Local property tax _____	329	1449	_____	1777
Regulatory assessment fee _____	1079	1646	_____	2725
Other (Specify) _____	_____	_____	_____	_____
License & Taxes _____	150	150	_____	300
<b>Total Tax Expense _____</b>	<b>\$ 1557</b>	<b>\$ 3244</b>	<b>\$ _____</b>	<b>\$ 4802</b>

**PAYMENTS FOR SERVICES RENDERED BY OTHER THAN EMPLOYEES**

Report all information concerning outside rate, management, construction, advertising, labor relations, public relations, or other similiar professional services rendered the respondent for which aggregate payments during the year to any corporation, partnership, individual, or organization of any kind whatever amounting to \$500 or more.

Name of Recipient	Water Amount	Wastewater Amount	Description of Service
Parkeet Property Trust	\$ 3600	\$ 3600	Property Rents
Hein-Waldena Trust	\$ 1200	\$ 1200	Office Equipment Rents
Herbert Hein	\$ 1800	\$ 1800	Management fee/Labor
Parkeet Management	\$ 2867	\$ 1507	Test/Repair/Meter Read
Joseph E. Brannon CPA	\$ 1500	\$ 1500	Accounting & Tax Service
Cental Florida Lawn	\$ 350	\$ 350	Lawncare
Curb Appeal	\$ 400	\$ 400	Lawncare
Pro Tech Water	\$ 3493	\$ 3493	Plant Operating/Testing
American Pipe & Tank	\$ _____	\$ 888	Sludge Hauling
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
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**CONTRIBUTIONS IN AID OF CONSTRUCTION ( 271 )**

(a)	Water (b)	Wastewater (c)	Total (d)
1) Balance first of year_____	\$ <u>31726</u>	\$ <u>61440</u>	\$ <u>93166</u>
2) Add credits during year_____	\$ <u>7866</u>	\$ <u>14875</u>	\$ <u>22741</u>
3) Total_____	<u>39592</u>	<u>76315</u>	<u>115907</u>
4) Deduct charges during the year_____			
5) Balance end of year_____	<u>39592</u>	<u>76315</u>	<u>115907</u>
6) Less Accumulated Amortization_____	<u>(6689)</u>	<u>(9797)</u>	<u>(16486)</u>
7) Net CIAC_____	\$ <u>32903</u>	\$ <u>66518</u>	\$ <u>99421</u>

**ADDITIONS TO CONTRIBUTIONS IN AID OF CONSTRUCTION DURING YEAR (CREDITS)**

Report below all developers or contractors agreements from which cash or property was received during the year.	Indicate "Cash" or "Property"	Water	Wastewater
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-total _____		\$ <u>N/A</u>	\$ <u>N/A</u>
Report below all capacity charges, main extension charges and customer connection charges received during the year.			
Description of Charge	Number of Connections	Charge per Connection	
Water Connections	<u>18</u>	\$ <u>437</u>	\$ <u>7866</u>
Sewer connections	<u>17</u>	<u>875</u>	<u>14875</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total Credits During Year (Must agree with line # 2 above.)_____		\$ <u>7866</u>	\$ <u>14875</u>

**ACCUMULATED AMORTIZATION OF CIAC (272)**

	Water	Wastewater	Total
Balance First of Year_____	\$ <u>5454</u>	\$ <u>7984</u>	\$ <u>13438</u>
Add Debits During Year:_____	<u>1235</u>	<u>1813</u>	<u>3048</u>
Deduct Credits During Year:_____			
Balance End of Year (Must agree with line #6 above.)	\$ <u>6689</u>	\$ <u>9797</u>	\$ <u>16486</u>

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

UTILITY NAME EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
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**SCHEDULE "A"**

**N/A**

**N/A**

**SCHEDULE OF COST OF CAPITAL USED FOR AFUDC CALCULATION (1)**

Class of Capital (a)	Dollar Amount (b)	Percentage of Capital (c)	Actual Cost Rates (d)	Weighted Cost [ c x d ] (e)
Common Equity	\$ _____	_____ %	_____ %	_____ %
Preferred Stock	_____	_____ %	_____ %	_____ %
Long Term Debt	_____	_____ %	_____ %	_____ %
Customer Deposits	_____	_____ %	_____ %	_____ %
Tax Credits - Zero Cost	_____	_____ %	0.00 %	_____ %
Tax Credits - Weighted Cost	_____	_____ %	_____ %	_____ %
Deferred Income Taxes	_____	_____ %	_____ %	_____ %
Other (Explain)	_____	_____ %	_____ %	_____ %
<b>Total</b>	\$ <u>_____</u>	<u>100.00</u> %		<u>_____</u> %

(1) Must be calculated using the same methodology used to calculate AFUDC rate approved by the Commission.

**APPROVED AFUDC RATE**

Current Commission approved AFUDC rate: _____ %
Commission Order Number approving AFUDC rate: _____

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

UTILITY NAME EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT  
DECEMBER 31, 2006

**SCHEDULE "B"**

**N/A**

**N/A**

**SCHEDULE OF CAPITAL STRUCTURE ADJUSTMENTS**

Class of Capital (a)	Per Book Balance (b)	Non-utility Adjustments (c)	Non-juris. Adjustments (d)	Other (1) Adjustments (e)	Capital Structure Used for AFUDC Calculation (f)
Common Equity	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Preferred Stock	_____	_____	_____	_____	_____
Long Term Debt	_____	_____	_____	_____	_____
Customer Deposits	_____	_____	_____	_____	_____
Tax Credits-Zero Cost	_____	_____	_____	_____	_____
Tax Credits-Weighted	_____	_____	_____	_____	_____
Cost of Capital	_____	_____	_____	_____	_____
Deferred Income Taxes	_____	_____	_____	_____	_____
Other (Explain)	_____	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

(1) Explain below all adjustments made in Column (e):

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
---

WATER  
OPERATING  
SECTION

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
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**WATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization_____	\$ 950	\$ _____	\$ _____	\$ 950
302	Franchises_____				
303	Land and Land Rights_____	35000			35000
304	Structures and Improvements_____	4900			4900
305	Collecting and Impounding Reservoirs_____				
306	Lake, River and Other Intakes_____				
307	Wells and Springs_____	8100			8100
308	Infiltration Galleries and Tunnels_____				
309	Supply Mains_____				
310	Power Generation Equipment_____				
311	Pumping Equipment_____	14200			14200
320	Water Treatment Equipment_____	2805			2805
330	Distribution Reservoirs and Standpipes_____				
331	Transmission and Distribution Lines_____	46378			46378
333	Services_____	8622			8622
334	Meters and Meter Installations_____	7861	2880		10741
335	Hydrants_____				
336	Backflow Prevention Devices_____				
339	Other Plant and Miscellaneous Equipment_____				
340	Office Furniture and Equipment_____	183			183
341	Transportation Equipment_____				
342	Stores Equipment_____				
343	Tools, Shop and Garage Equipment_____				
344	Laboratory Equipment_____				
345	Power Operated Equipment_____				
346	Communication Equipment_____				
347	Miscellaneous Equipment_____	474			474
348	Other Tangible Plant-Fencing_____	10624			10624
	Total Water Plant_____	\$ 140097	\$ 2880	\$ 0	\$ 142977

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC.

YEAR OF REPORT  
DECEMBER 31, 2006

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (i)
304	Organizational Cost	40		2.50 %	\$ 349	\$	24	\$ 373
305	Structures and Improvements	33	%	3.03 %	2148		148	2296
	Collecting and Impounding Reservoirs		%					
306	Lake, River and Other Intakes		%					
307	Wells and Springs	30	%	3.33 %	3915		270	4185
308	Infiltration Galleries & Tunnels		%					
309	Supply Mains		%					
310	Power Generating Equipment		%					
311	Pumping Equipment	20	%	5 %	10295		710	11005
320	Water Treatment Equipment	20	%	5 %	1790		128	1918
330	Distribution Reservoirs & Standpipes		%					
331	Trans. & Dist. Mains	43	%	2.33 %	15643		1079	16722
333	Services	40	%	2.5 %	3130		216	3346
334	Meter & Meter Installations	20	%	5 %	2064		537	2601
335	Hydrants		%					
336	Backflow Prevention Devices		%					
339	Other Plant and Miscellaneous Equipment		%					
340	Office Furniture and Equipment		%					
341	Transportation Equipment	10	%	10 %	63		18	81
342	Stores Equipment		%					
343	Tools, Shop and Garage Equipment		%					
344	Laboratory Equipment		%					
345	Power Operated Equipment		%					
346	Communication Equipment		%					
347	Miscellaneous Equipment	5	%	20 %	474			474
348	Other Tangible Plant-Fencing Rounding	10	%	10 %	2128		1062	3190
	Totals				\$ 41999	\$	\$ 4192	\$ 46191 *

\* This amount should tie to Sheet F-5.



UTILITY NAME: EAST MARION SANITARY, INC.

YEAR OF REPORT DECEMBER 31, 2006
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**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	\$ _____
603	Salaries and Wages - Officers, Directors, and Majority Stockholders-Mgmt Fees	_____ 1800
604	Employee Pensions and Benefits	_____
610	Purchased Water	_____
615	Purchased Power	_____ 1810
616	Fuel for Power Production	_____
618	Chemicals	_____ 1761
620	Materials and Supplies	_____
630	Contractual Services:	
	Billing	_____
	Professional	_____ 1600
	Testing	_____ 450
	Other- Plant Operation, Meter Reading & Mgmt Services	_____ 4329
640	Rents	_____ 4800
650	Transportation Expense	_____
655	Insurance Expense	_____
665	Regulatory Commission Expenses (Amortized Rate Case Expense)	_____ 47
670	Bad Debt Expense	_____
675	Miscellaneous Expenses- Schedule W3a Attached	_____ 1274
	Total Water Operation And Maintenance Expense	\$ _____ 17871 *

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	80	98	98
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
<b>General Service</b>					
5/8"	D	1.0	_____	_____	_____
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
2"	D,C,T	8.0	_____	_____	_____
3"	D	15.0	_____	_____	_____
3"	C	16.0	_____	_____	_____
3"	T	17.5	_____	_____	_____
Unmetered Customers	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____
** D = Displacement C = Compound T = Turbine			Total	80	98
				98	98

**East Marion Sanitary Systems, Inc.**

Pages W-3 and S-3, Miscellaneous Expenses

December 31, 2006

	<u>Water</u>	<u>Sewer</u>	<u>Total</u>
<b>Bank charges</b>	\$ 25	25	50
<b>Repairs &amp; maint</b>	616	1,557	2,173
<b>Dues and subscriptions</b>	63	63	126
<b>Computer expense</b>	161	54	215
<b>Office expense</b>	409	409	818
	<u>\$ 1,274</u>	<u>\$ 2,108</u>	<u>\$ 3,382</u>

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT  
DECEMBER 31, 2006

SYSTEM NAME: \_\_\_\_\_

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January_____	_____	_____	_____	_____	355
February_____	_____	_____	_____	_____	370
March_____	_____	_____	_____	_____	500
April_____	_____	_____	_____	_____	738
May_____	_____	_____	_____	_____	736
June_____	_____	_____	_____	_____	657
July_____	_____	_____	_____	_____	448
August_____	_____	_____	_____	_____	557
September_____	_____	_____	_____	_____	501
October_____	_____	_____	_____	_____	656
November_____	_____	_____	_____	_____	486
December_____	_____	_____	_____	_____	441
Total for Year_____	_____	_____	_____	_____	6445

If water is purchased for resale, indicate the following:

Vendor N/A

Point of delivery N/A

If water is sold to other water utilities for redistribution, list names of such utilities below:

N/A

**MAINS (FEET)**

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC	6"	200	_____	_____	200
PVC	4"	8450	_____	_____	8450
PVC	2"	1675	_____	_____	1675
PVC	1.5"	375	_____	_____	375
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
-------------------------------------

SYSTEM NAME: \_\_\_\_\_

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1986	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Depth of Wells _____	_____	_____	_____	_____
Diameters of Wells _____	6"	_____	_____	_____
Pump - GPM _____	250	_____	_____	_____
Motor - HP _____	20	_____	_____	_____
Motor Type *	submersible	_____	_____	_____
Yields of Wells in GPD _____	360000	_____	_____	_____
Auxiliary Power _____	N/A	_____	_____	_____

\* Submersible, centrifugal, etc.

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	steel	_____	_____	_____
Capacity of Tank _____	6000	_____	_____	_____
Ground or Elevated _____	ground	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<b>Motors</b>				
Manufacturer _____	N/A	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<b>Pumps</b>				
Manufacturer _____	N/A	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
-------------------------------------

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_ _ _	<u>360000</u>	_____	_____
Type of Source_ _ _ _ _	<u>ground</u>	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_ _ _ _ _	<u>N/A</u>	_____	_____
Make_ _ _ _ _	<u>N/A</u>	_____	_____
Permitted Capacity (GPD)_ _	<u>N/A</u>	_____	_____
High service pumping	<u>N/A</u>	_____	_____
Gallons per minute_ _ _ _	<u>N/A</u>	_____	_____
Reverse Osmosis_ _ _ _ _	<u>N/A</u>	_____	_____
Lime Treatment			
Unit Rating_ _ _ _ _	<u>N/A</u>	_____	_____
Filtration			
Pressure Sq. Ft._ _ _ _ _	<u>N/A</u>	_____	_____
Gravity GPD/Sq.Ft._ _ _ _	<u>N/A</u>	_____	_____
Disinfection			
Chlorinator_ _ _ _ _	<u>chemeter(30GPD)</u>	_____	_____
Ozone_ _ _ _ _	<u>N/A</u>	_____	_____
Other_ _ _ _ _	<u>N/A</u>	_____	_____
Auxiliary Power_ _ _ _ _	<u>N/A</u>	_____	_____

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT  
DECEMBER 31, 2006

SYSTEM NAME: \_\_\_\_\_

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. \_\_\_\_\_ 1286
2. Maximum number of ERCs \* which can be served. \_\_\_\_\_ 1286
3. Present system connection capacity (in ERCs \*) using existing lines. \_\_\_\_\_ 1286 \_\_\_\_\_
4. Future connection capacity (in ERCs \*) upon service area buildout. \_\_\_\_\_ 1286 \_\_\_\_\_
5. Estimated annual increase in ERCs \*. \_\_\_\_\_ 10 \_\_\_\_\_
6. Is the utility required to have fire flow capacity? \_\_\_\_\_ NO \_\_\_\_\_  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
\_\_\_\_\_ NONE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. When did the company last file a capacity analysis report with the DEP? \_\_\_\_\_ NONE \_\_\_\_\_
10. If the present system does not meet the requirements of DEP rules, submit the following:
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID # 3424789 \_\_\_\_\_
12. Water Management District Consumptive Use Permit # 2-083-0042 WFM \_\_\_\_\_
  - a. Is the system in compliance with the requirements of the CUP? \_\_\_\_\_ YES \_\_\_\_\_
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of SFR customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000)/365 days/350 gallons per day).

WASTEWATER  
OPERATING  
SECTION

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
-------------------------------------

**WASTEWATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
351	Organization_____	\$ 950	\$ _____	\$ _____	\$ 950
352	Franchises_____	_____	_____	_____	_____
353	Land and Land Rights_____	50000	_____	_____	50000
354	Structures and Improvements_____	950	_____	_____	950
355	Power Generation Equipment_____	_____	_____	_____	_____
360	Collection Sewers - Force_____	37363	_____	_____	37363
361	Collection Sewers - Gravity_____	80831	_____	_____	80831
362	Special Collecting Structures_____	_____	_____	_____	_____
363	Services to Customers_____	14118	_____	_____	14118
364	Flow Measuring Devices_____	_____	_____	_____	_____
365	Flow Measuring Installations_____	_____	_____	_____	_____
370	Receiving Wells_____	_____	_____	_____	_____
371	Pumping Equipment_____	_____	_____	_____	_____
380	Treatment and Disposal Equipment_____	58000	_____	_____	58000
381	Plant Sewers_____	_____	_____	_____	_____
382	Outfall Sewer Lines_____	_____	_____	_____	_____
389	Other Plant and Miscellaneous Equipment_____	_____	_____	_____	_____
390	Office Furniture and Equipment_____	_____	_____	_____	_____
391	Transportation Equipment_____	_____	_____	_____	_____
392	Stores Equipment_____	_____	_____	_____	_____
393	Tools, Shop and Garage Equipment_____	_____	_____	_____	_____
394	Laboratory Equipment_____	_____	_____	_____	_____
395	Power Operated Equipment_____	_____	_____	_____	_____
396	Communication Equipment_____	_____	_____	_____	_____
397	Miscellaneous Equipment_____	_____	_____	_____	_____
398	Other Tangible Plant-fencing_____	10625	_____	_____	10625
	Total Wastewater Plant_____	\$ 252837	\$ _____	\$ _____	\$ 252837 *

\* This amount should tie to sheet F-5.



UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT  
DECEMBER 31, 2006

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WASTEWATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (i)
354	Structures and Improvements	40	%	2.5 %	\$ 350	\$	\$ 24	\$ 374
355	Power Generation Equipment	15	%	6.67 %	221		63	284
360	Collection Sewers - Force		%					
361	Collection Sewers - Gravity	30	%	3.33 %	18054		1245	19299
362	Special Collecting Structures	45	%	2.22 %	26043		1796	27839
363	Services to Customers	38	%	2.63 %	5393		372	5765
364	Flow Measuring Devices		%					
365	Flow Measuring Installations		%					
370	Receiving Wells		%					
371	Pumping Equipment		%					
380	Treatment and Disposal Equipment	18	%	5.56 %	46720		3222	49942
381	Plant Sewers		%					
382	Outfall Sewer Lines		%					
389	Other Plant and Miscellaneous Equipment		%					
390	Office Furniture and Equipment		%					
391	Transportation Equipment		%					
392	Stores Equipment		%					
393	Tools, Shop and Garage Equipment		%					
394	Laboratory Equipment		%					
395	Power Operated Equipment		%					
396	Communication Equipment		%					
397	Miscellaneous Equipment		%					
398	Other Tangible Plant-fencing Rounding	10	%	10 %	2127		1063	3190
	Totals				\$ 98906	\$ 0	\$ 7785	\$ 106691 *

\* This amount should tie to Sheet F-5.

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
-------------------------------------

**WASTEWATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
701	Salaries and Wages - Employees	\$ _____
703	Salaries and Wages - Officers, Directors, and Majority Stockholders-Mgmt fees	_____ 1800
704	Employee Pensions and Benefits	_____
710	Purchased Wastewater Treatment	_____
711	Sludge Removal Expense	_____
715	Purchased Power	_____ 3313
716	Fuel for Power Production	_____
718	Chemicals	_____
720	Materials and Supplies	_____
730	Contractual Services:	
	Billing	_____
	Professional	_____ 1600
	Testing	_____ 450
	Other-Plant Operation-Sludge Hauling & Mgmt Services	_____ 5337
740	Rents	_____ 4800
750	Transportation Expense	_____
755	Insurance Expense	_____
765	Regulatory Commission Expenses (Amortized Rate Case Expense)	_____ 47
770	Bad Debt Expense	_____
775	Miscellaneous Expenses-See S-3a Attached	_____ 2108
	Total Wastewater Operation And Maintenance Expense	\$ _____ 19455 *

\* This amount should tie to Sheet F-3.

**WASTEWATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
Residential Service					
All meter sizes	D	1.0	77	94	94
General Service					
5/8"	D	1.0	_____	_____	_____
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
2"	D,C,T	8.0	_____	_____	_____
3"	D	15.0	_____	_____	_____
3"	C	16.0	_____	_____	_____
3"	T	17.5	_____	_____	_____
Unmetered Customers Other (Specify)	_____	_____	_____	_____	_____
Total			77	94	94

\*\* D = Displacement  
C = Compound  
T = Turbine

**East Marion Sanitary Systems, Inc.**

Pages W-3 and S-3, Miscellaneous Expenses

December 31, 2006

	<u>Water</u>	<u>Sewer</u>	<u>Total</u>
<b>Bank charges</b>	\$ 25	25	50
<b>Repairs &amp; maint</b>	616	1,557	2,173
<b>Dues and subscriptions</b>	63	63	126
<b>Computer expense</b>	161	54	215
<b>Office expense</b>	409	409	818
	<u>\$ 1,274</u>	<u>\$ 2,108</u>	<u>\$ 3,382</u>

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT DECEMBER 31, 2006
-------------------------------------

**PUMPING EQUIPMENT**

Lift Station Number _____	_____	_____	_____	_____	_____	_____
Make or Type and nameplate data on pump _____	_____	_____	_____	_____	_____	_____
Year installed _____	1985	_____	_____	_____	_____	_____
Rated capacity _____	_____	_____	_____	_____	_____	_____
Size _____	_____	_____	_____	_____	_____	_____
Power:						
Electric _____	_____	_____	_____	_____	_____	_____
Mechanical _____	_____	_____	_____	_____	_____	_____
Nameplate data of motor _____	_____	_____	_____	_____	_____	_____

**SERVICE CONNECTIONS**

Size (inches) _____	3'	_____	_____	_____	_____	_____
Type (PVC, VCP, etc.) _____	PVC	_____	_____	_____	_____	_____
Average length _____	40'	_____	_____	_____	_____	_____
Number of active service connections _____	94	_____	_____	_____	_____	_____
Beginning of year _____	77	_____	_____	_____	_____	_____
Added during year _____	17	_____	_____	_____	_____	_____
Retired during year _____	_____	_____	_____	_____	_____	_____
End of year _____	94	_____	_____	_____	_____	_____
Give full particulars concerning inactive connections _____	_____	_____	_____	_____	_____	_____

**COLLECTING AND FORCE MAINS**

	Collecting Mains				Force Mains			
Size (inches) _____	8"	_____	_____	_____	_____	3"	4"	_____
Type of main _____	PVC	_____	_____	_____	_____	PVC	PVC	_____
Length of main (nearest foot) _____	9680	_____	_____	_____	_____	825	950	_____
Beginning of year _____	_____	_____	_____	_____	_____	_____	_____	_____
Added during year _____	_____	_____	_____	_____	_____	_____	_____	_____
Retired during year _____	_____	_____	_____	_____	_____	_____	_____	_____
End of year _____	9680	_____	_____	_____	_____	825	950	_____

**MANHOLES**

Size (inches) _____	48"	_____	_____	_____
Type of Manhole _____	Concrete	_____	_____	_____
Number of Manholes:				
Beginning of year _____	35	_____	_____	_____
Added during year _____	_____	_____	_____	_____
Retired during year _____	_____	_____	_____	_____
End of Year _____	35	_____	_____	_____

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

SYSTEM NAME: \_\_\_\_\_

YEAR OF REPORT DECEMBER 31, 2006
-------------------------------------

**TREATMENT PLANT**

Manufacturer_____	<u>Marlof</u>	_____	_____
Type_____	<u>Extended air</u>	_____	_____
"Steel" or "Concrete"_____	<u>Concrete</u>	_____	_____
Total Permitted Capacity_____	<u>50,000 GPD</u>	_____	_____
Average Daily Flow_____	<u>4,700 GPD</u>	_____	_____
Method of Effluent Disposal_____	<u>Evap/Perc Ponds</u>	_____	_____
Permitted Capacity of Disposal_____	_____	_____	_____
Total Gallons of Wastewater treated_____	<u>4,700 GPD</u>	_____	_____

**MASTER LIFT STATION PUMPS**

Manufacturer_____	<u>Delzotta</u>	<u>Delzotta</u>	_____	_____	_____	_____
Capacity (GPM's)_____	<u>100</u>	<u>175</u>	_____	_____	_____	_____
Motor:						
Manufacturer_____	<u>hydramatic</u>	<u>hydramatic</u>	_____	_____	_____	_____
Horsepower_____	<u>3</u>	<u>5</u>	_____	_____	_____	_____
Power (Electric or Mechanical)_____	<u>elec</u>	<u>elec</u>	_____	_____	_____	_____

**PUMPING WASTEWATER STATISTICS**

Months	Gallons of Treated Wastewater	Effluent Reuse Gallons to Customers	Effluent Gallons Disposed of on site
January_____	_____	<b>N/A</b>	_____
February_____	_____	_____	_____
March_____	_____	_____	_____
April_____	_____	_____	_____
May_____	_____	_____	_____
June_____	_____	_____	_____
July_____	_____	_____	_____
August_____	_____	_____	_____
September_____	_____	_____	_____
October_____	_____	_____	_____
November_____	_____	_____	_____
December_____	_____	_____	_____
Total for year_____	_____	_____	_____

If Wastewater Treatment is purchased, indicate the vendor: \_\_\_\_\_

UTILITY NAME: EASTMARION SANITARY SYSTEMS, INC.

YEAR OF REPORT  
DECEMBER 31, 2006

SYSTEM NAME: \_\_\_\_\_

**GENERAL WASTEWATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present number of ERCs\* now being served. \_\_\_\_\_ 94
- 2. Maximum number of ERCs\* which can be served. \_\_\_\_\_ 179 \_\_\_\_\_
- 3. Present system connection capacity (in ERCs\*) using existing lines. \_\_\_\_\_ 1286 \_\_\_\_\_
- 4. Future connection capacity (in ERCs\*) upon service area buildout. \_\_\_\_\_ 1286 \_\_\_\_\_
- 5. Estimated annual increase in ERCs\*. \_\_\_\_\_ 10 \_\_\_\_\_
- 6. Describe any plans and estimated completion dates for any enlargements or improvements of this system  
\_\_\_\_\_ NONE \_\_\_\_\_  
\_\_\_\_\_
- 7. If the utility uses reuse as a means of effluent disposal, provide a list of the reuse end users and the amount of reuse provided to each, if known.
- 8. If the utility does not engage in reuse, has a reuse feasibility study been completed? NO \_\_\_\_\_  
If so, when? \_\_\_\_\_
- 9. Has the utility been required by the DEP or water management district to implement reuse? NO \_\_\_\_\_  
If so, what are the utility's plans to comply with this requirement? \_\_\_\_\_  
\_\_\_\_\_
- 10. When did the company last file a capacity analysis report with the DEP? NONE \_\_\_\_\_
- 11. If the present system does not meet the requirements of DEP rules, submit the following:
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
- 12. Department of Environmental Protection ID # \_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of SFR customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000)/365 days/280 gallons per day).

UTILITY NAME: EAST MARION SANITARY SYSTEMS, INC

YEAR OF REPORT  
DECEMBER 31, 2006

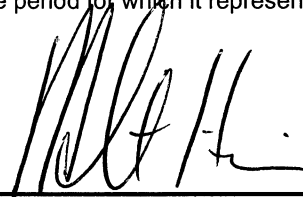
# CERTIFICATION OF ANNUAL REPORT

I HEREBY CERTIFY, to the best of my knowledge and belief:

- |  |                                |    |  |
|--|--------------------------------|----|--|
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 1. | The utility is in substantial compliance with the Uniform System of Accounts prescribed by the Florida Public Service Commission in Rule 25-30.115 (1), Florida Administrative Code.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 2. | The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission.  |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 3. | There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial statement of the utility.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 4. | The annual report fairly represents the financial condition and results of operations of the respondent for the period presented and other information and statements presented in the report as to the business affairs of the respondent are true, correct, and complete for the period for which it represents. |

**Items Certified**

- |   |   |   |   |
|---|---|---|---|
| 1.<br><input checked="" type="checkbox"/> | 2.<br><input checked="" type="checkbox"/> | 3.<br><input checked="" type="checkbox"/> | 4.<br><input checked="" type="checkbox"/> |
|---|---|---|---|

  
\_\_\_\_\_  
(signature of Chief Executive Officer of the utility) \*

Date: x 8-13-07

- |                                |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1.<br><input type="checkbox"/> | 2.<br><input type="checkbox"/> | 3.<br><input type="checkbox"/> | 4.<br><input type="checkbox"/> |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

\_\_\_\_\_  
(signature of Chief Financial Officer of the utility) \*

Date: \_\_\_\_\_

\* Each of the four items must be certified YES or NO. Each item need not be certified by both officers. The items being certified by the officer should be indicated in the appropriate area to the left of the signature.

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.

**Reconciliation of Revenue to  
Regulatory Assessment Fee Revenue  
Water Operations  
Class C**

Company: *EAST MARION SANITARY SYSTEMS, INC*  
For the Year Ended December 31, 2006

(a)	(b)	(c)	(d)
Accounts	Gross Water Revenues Per Sch. F-3	Gross Water Revenues Per RAF Return	Difference (b) - (c)
Gross Revenue:			
Residential	\$ 23,694	\$ 23,694	\$ _____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Multiple Family	_____	_____	_____
Guaranteed Revenues	_____	_____	_____
Other	540	540	_____
<b>Total Water Operating Revenue</b>	<b>\$ 24,234</b>	<b>\$ 24,234</b>	<b>\$ _____</b>
<b>LESS: Expense for Purchased Water from FPSC-Regulated Utility</b>	_____	_____	_____
<b>Net Water Operating Revenues</b>	<b>\$ 24,234</b>	<b>\$ 24,234</b>	<b>\$ _____</b>

Explanations:

Instructions:

For the current year, reconcile the gross water revenues reported on Schedule F-3 with the gross water revenues reported on the company's regulatory assessment fee return. Explain any differences reported in column (d).



**Reconciliation of Revenue to  
Regulatory Assessment Fee Revenue  
Wastewater Operations  
Class C**

Company: *EAST MARION SANITARY SYSTEMS, INC*  
For the Year Ended December 31, 2006

(a)	(b)	(c)	(d)
Accounts	Gross Wastewater Revenues Per Sch. F-3	Gross Wastewater Revenues Per RAF Return	Difference (b) - (c)
Gross Revenue:			
Residential	\$ <u>37,263</u>	\$ <u>37,263</u>	\$ _____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Multiple Family	_____	_____	_____
Guaranteed Revenues	_____	_____	_____
Other	<u>540</u>	<u>540</u>	_____
<b>Total Wastewater Operating Revenue</b>	<b>\$ <u>37,803</u></b>	<b>\$ <u>37,803</u></b>	<b>\$ _____</b>
<b>LESS: Expense for Purchased Wastewater from FPSC-Regulated Utility</b>	_____	_____	_____
<b>Net Wastewater Operating Revenues</b>	<b>\$ <u>37,803</u></b>	<b>\$ <u>37,803</u></b>	<b>\$ _____</b>

Explanations:

**Instructions:**

For the current year, reconcile the gross wastewater revenues reported on Schedule F-3 with the gross wastewater revenues reported on the company's regulatory assessment fee return. Explain any differences reported in column (d).