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**CLASS "C"**

**WATER AND/OR WASTEWATER UTILITIES**

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

***ANNUAL REPORT***

WU536-14AR

SU535-14-AR

**East Marion Sanitary Systems, Inc.**

**Exact Legal Name of Respondent**

**490-W      425-S**

**Certificate Number(s)**

*Submitted To The*

RECEIVED  
PUBLIC SERVICE  
COMMISSION  
15 JUL 17 AM 9:19  
BUREAU OF  
ACCOUNTING & FINANCE

**FOR THE**

**YEAR ENDED DECEMBER 31, 2014**

## GENERAL INSTRUCTIONS

1. Prepare this report in conformity with the 1996 National Association of Regulatory Utility Commissioners (NARUC) Uniform System of Accounts for Water and Wastewater Utilities as adopted by Rule 25-30.115 (1), Florida Administrative Code.
2. Interpret all accounting words and phrases in accordance with the Uniform System of Accounts (USOA). Commission Rules and the definitions on next page.
3. Complete each question fully and accurately, even if it has been answered in a previous annual report. Enter the word "None" where it truly and completely states the fact.
4. For any question, section, or page which is not applicable to the respondent enter the words "Not Applicable." Do not omit any pages.
5. Where dates are called for, the month and day should be stated as well as the year.
6. All schedules requiring dollar entries should be rounded to the nearest dollar.
7. Complete this report by means which result in a permanent record. You may use permanent ink or a typewriter. Do not use a pencil.
8. If there is not enough room on any schedule, an additional page or pages may be added provided the format of the added schedule matches the format of the schedule in the report. Additional pages should reference the appropriate schedules, state the name of the utility, and state the year of the report.
9. If it is necessary or desirable to insert additional statements for the purpose of further explanation of schedules, such statements should be made at the bottom of the page or on an additional page. Any additional pages should state the name of the utility and the year of the report, and reference the appropriate schedule.
10. The utility shall file the original and two copies of the report with the Commission at the address below, and keep a copy for itself. Pursuant to Rule 25-30.110 (3), Florida Administrative Code, the utility must submit the report by March 31 for the preceding year ending December 31.

Florida Public Service Commission  
Division of Accounting and Finance  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

11. Pursuant to Rule 25-30.110 (7) (a), Florida Administrative Code, any utility that fails to file its annual report or extension on or before March 31, or within the time specified by any extension approved in writing by the Division of Accounting and Finance, shall be subject to a penalty. The penalty shall be based on the number of calendar days elapsed from March 31, or from an approved extended filing date, until the date of filing. The date of filing shall be included in the days elapsed.

## GENERAL DEFINITIONS

**ADVANCES FOR CONSTRUCTION** - This account shall include advances by or in behalf of customers for construction which are to be refunded either wholly or in part. (USOA)

**ALLOWANCE FOR FUNDS USED DURING CONSTRUCTION ( AFUDC )** - This account shall include concurrent credits for allowance for funds used during construction based upon the net cost of funds used for construction purposes and a reasonable rate upon other funds when so used. Appropriate regulatory approval shall be obtained for "a reasonable rate". (USOA)

**AMORTIZATION** - The gradual extinguishment of an amount in an account by distributing such amount over a fixed period, over the life of the asset or liability to which it applies, or over the period during which it is anticipated the benefit will be realized. (USOA)

**CONTRIBUTIONS IN AID OF CONSTRUCTION ( CIAC )** - Any amount or item of money, services, or property received by a utility, from any person or governmental agency, any portion of which is provided at no cost to the utility, which represents an addition or transfer to the capital of the utility, and which is utilized to offset the acquisition, improvement, or construction costs of the utility's property, facilities, or equipment used to provide utility services to the public. (Section 367.021 (3), Florida Statutes)

**CONSTRUCTION WORK IN PROGRESS ( CWIP )** - This account shall include the cost of water or wastewater plant in process of construction, but not yet ready for services. (USOA)

**DEPRECIATION** - The loss in service value not restored by current maintenance, incurred in connection with the consumption or prospective retirement of utility plant in the course of service from causes which are known to be in the current operation and against which the utility is not protected by insurance. (Rule 25-30.140 (i), Florida Administrative Code)

**EFFLUENT REUSE** - The use of wastewater after the treatment process, generally for reuse as irrigation water or for in plant use. (Section 367.021 (6), Florida Statutes)

**EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WATER)** - (Rule 25-30.515 (8), Florida Administrative Code.)

- (a) 350 gallons per day;
- (b) The number of gallons a utility demonstrates in the average daily flow for a single family unit; or
- (c) The number of gallons which has been approved by the DEP for a single family residential unit.

**EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WASTEWATER)** - Industry standard of 80% of Water ERC or 280 gallons per day for residential use.

**GUARANTEED REVENUE CHARGE** - A charge designed to cover the utility's costs including, but not limited to the cost of the operation, maintenance, depreciation, and any taxes, and to provide a reasonable return to the utility for facilities, a portion of which may not be used and useful to the utility or its existing customers. (Rule 25-30.515 (9), Florida Administrative Code)

**LONG TERM DEBT** - All Notes, Conditional Sales Contracts, or other evidences of indebtedness payable more than one year from date of issue. (USOA)

**PROPRIETARY CAPITAL ( For proprietorships and partnerships only )** - The investment of a sole proprietor, or partners, in an unincorporated utility. (USOA)

**RETAINED EARNINGS** - This account reflects corporate earnings retained in the business. Credits would include net income or accounting adjustments associated with correction of errors attributable to a prior period. Charges to this account would include net losses, accounting adjustments associated with correction of errors attributable to a prior period or dividends. (USOA)

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# **FINANCIAL SECTION**

REPORT OF

East Marion Sanitary Systems, Inc.

(EXACT NAME OF UTILITY)

PO Box 245 Silver Springs, Florida 34489-0245 Mailing Address	600 NE 130 Trail Street Address	Marion County
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Telephone Number 352-625-0117 Date Utility First Organized 6/24/1986

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

Sunshine State One-Call of Florida, Inc. Member No. EM 2097

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: 1112 NE 130th Terrace  
Silver Springs, Florida 34488

Name of subdivisions where services are provided: Lakeview Woods/Trails East

CONTACTS:

Name	Title	Principal Business Address	Salary Charged Utility
Person to send correspondence: Herbert Hein	President	G 4425 B4 Miller Road #190 Flint, MI 48507	\$ None
Person who prepared this report:			\$
Officers and Managers: Herbert Hein	President	G 4425 B4 Miller Road #190 Flint, MI 48507	\$ None
			\$
			\$
			\$
			\$

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
Marion Utility Trust	100%	G 4425 B4 Miller Road #190 Flint, MI 48507	\$
			\$
			\$
			\$
			\$
			\$

UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT DECEMBER 31, 2014
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INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
Gross Revenue:					
Residential_-----		\$ 22,075	\$ 33,846	\$ _____	\$ 55,921
Commercial_-----		0	0	_____	0
Industrial_-----		0	0	_____	0
Multiple Family_-----		0	0	_____	0
Guaranteed Revenues_--		0	0	_____	0
Other (Specify)_-----		1,675	1,676	_____	3,351
Total Gross Revenue_--		\$ 23,750	\$ 35,522	\$ _____	\$ 59,272
Operation Expense (Must tie to pages W-3 and S-3)	W-3 S-3	\$ 28,547	\$ 34,160	\$ _____	\$ 62,707
Depreciation Expense_--	F-5	2,991	3,464	_____	6,455
CIAC Amortization Expense_	F-8	-2,302	-1,501	_____	-3,803
Taxes Other Than Income_--	F-7	524	525	_____	1,049
Income Taxes_-----	F-7	0	0	_____	0
Total Operating Expense		\$ 29,760	36,648	_____	\$ 66,408
Net Operating Income (Loss)		\$ -6,010	\$ -1,126	\$ _____	\$ -7,136
Other Income:					
Nonutility Income_-----		\$ _____	\$ _____	\$ _____	\$ 0
-----		_____	_____	_____	_____
-----		_____	_____	_____	_____
Other Deductions:					
Miscellaneous Nonutility Expenses_-----		\$ 0	\$ 0	\$ _____	\$ 0
Interest Expense_-----		4	4	_____	8
Penalty Late Filing		36	36	_____	72
Travel & Entertainment				_____	0
Net Income (Loss)		\$ -6,050	\$ -1,166	\$ _____	\$ -7,216

UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT DECEMBER 31, 2014
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COMPARATIVE BALANCE SHEET

ACCOUNT NAME	Reference Page	Current Year	Previous Year
<b>Assets:</b>			
Utility Plant in Service (101-105) -----	F-5,W-1,S-1	\$ 403561	\$ 403561
Accumulated Depreciation and Amortization (108) -----	F-5,W-2,S-2	237162	230707
Net Utility Plant -----		\$ 166399	\$ 172854
Cash -----		1862	6444
Customer Accounts Receivable (141) -----		5329	5329
Other Assets (Specify): -----			
-----			
-----			
-----			
-----			
Total Assets -----		\$ 173590	\$ 184627
<b>Liabilities and Capital:</b>			
Common Stock Issued (201) -----	F-6	1000	1000
Preferred Stock Issued (204) -----	F-6	0	0
Other Paid in Capital (211) -----		273018	273018
Retained Earnings (215) -----	F-6	-172102	-164886
Proprietary Capital (Proprietary and partnership only) (218) -----	F-6	0	0
-----		0	0
Total Capital -----		\$ 101916	\$ 109132
Long Term Debt (224) -----	F-6	\$	\$
Accounts Payable (231) -----		614	614
Notes Payable (232) -----			
Customer Deposits (235) -----		1315	1333
Accrued Taxes (236) -----		2678	2678
Other Liabilities (Specify) -----			
Due Parent Co. -----		3579	3579
-----			
-----			
Advances for Construction -----			
Contributions in Aid of Construction - Net (271-272) -----	F-8	63488	67291
Total Liabilities and Capital -----		\$ 173590	\$ 184627



UTILITY NAME East Marion Sanitary Systems, Inc.

YEAR OF REPORT  
DECEMBER 31, 2014

GROSS UTILITY PLANT

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other Than Reporting Systems	Total
Utility Plant in Service (101)	\$ <u>146550</u>	\$ <u>257011</u>	\$ _____	\$ <u>403561</u>
Construction Work in Progress (105) _____	<u>0</u>	<u>0</u>	_____	<u>0</u>
Other (Specify) _____	<u>0</u>	<u>0</u>	_____	<u>0</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Utility Plant _____	\$ <u>146550</u>	\$ <u>257011</u>	\$ _____	\$ <u>403561</u>

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

Account 108	Water	Wastewater	Other Than Reporting Systems	Total
Balance First of Year _____	\$ <u>77277</u>	\$ <u>153430</u>	\$ _____	\$ <u>230707</u>
<b>Add Credits During Year:</b>				
Accruals charged to depreciation account _____	\$ <u>2991</u>	\$ <u>3464</u>	\$ _____	\$ <u>6455</u>
Salvage _____	<u>0</u>	<u>0</u>	_____	<u>0</u>
Other Credits (specify) _____	<u>0</u>	<u>0</u>	_____	<u>0</u>
Total Credits _____	\$ <u>2991</u>	\$ <u>3464</u>	\$ _____	\$ <u>6455</u>
<b>Deduct Debits During Year:</b>				
Book cost of plant retired _____	\$ <u>0</u>	\$ <u>0</u>	\$ _____	\$ <u>0</u>
Cost of removal _____	<u>0</u>	<u>0</u>	_____	<u>0</u>
Other debits (specify) _____	<u>0</u>	<u>0</u>	_____	<u>0</u>
Total Debits _____	\$ <u>0</u>	\$ <u>0</u>	\$ _____	\$ <u>0</u>
Balance End of Year _____	\$ <u>80268</u>	\$ <u>156894</u>	\$ _____	\$ <u>237162</u>

UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT DECEMBER 31, 2014
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CAPITAL STOCK ( 201 - 204 )

	Common Stock	Preferred Stock
Par or stated value per share _____	1	0
Shares authorized _____	1,000	0
Shares issued and outstanding _____	1,000	0
Total par value of stock issued _____	1,000	0
Dividends declared per share for year _____	0	0

RETAINED EARNINGS ( 215 )

	Appropriated	Un-Appropriated
Balance first of year _____	\$ _____	\$ -164,886
Changes during the year (Specify):		
Loss _____		-7216
_____		
_____		
Balance end of year _____	\$ _____	\$ -172102

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 _____			\$ <u>0</u>

UTILITY NAME: East Marion Sanitary Systems, Inc.

<p>YEAR OF REPORT DECEMBER 31, 2014</p>
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**TAX EXPENSE**

(a)	Water (b)	Wastewater (c)	Other (d)	Total (e)
Income Taxes:				
Federal income tax _____	\$ 0	\$ 0	\$ 0	\$ 0
State income Tax _____	109	110	0	219
Taxes Other Than Income:				
State ad valorem tax _____			0	0
Local property tax _____	415	415	0	830
Regulatory assessment fee _____			0	0
Other (Specify) _____			0	0
Marion County Utility Service Tax _____			0	0
Corporate Tax _____			0	0
Total Tax Expense _____	\$ 524	\$ 525	\$ 0	\$ 1049

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

<p>Report all information concerning outside rate, management, construction, advertising, labor relations, public relations, or other similar 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.</p>			
Name of Recipient	Water Amount	Wastewater Amount	Description of Service
Mid-Florida Lawn & Landscaping	\$ 1,087	\$ 1,088	Lawn Maintenance
Nort Trust	\$ 1294	\$ 1294	Billing & Meter Readings
Oscar Nunez	\$ 3484	\$ 3484	Contract Operations & Testing
Steve McGee	\$ 486	\$ 487	Maintenance
U.S. Water Service Corp	\$ 1912	\$ 1913	Monthly Operations
Utility Contractors	\$ 525	\$ 525	Monthly Operations
Donna Congdon	\$ 3600	\$ 3600	Management
Gary Morse	\$ 375	\$ 375	2013 Annual Report
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**CONTRIBUTIONS IN AID OF CONSTRUCTION ( 271 )**

(a)	Water (b)	Wastewater (c)	Total (d)
1) Balance first of year_____	\$ 39135	\$ 76315	\$ 115450
2) Add credits during year_____			
	\$ _____	\$ _____	\$ _____
3) Total_____	39135	76315	115450
4) Deduct charges during the year_____			
5) Balance end of year_____	39135	76315	115450
6) Less Accumulated Amortization_____	25317	26645	51962
7) Net CIAC_____	\$ 13818	\$ 49670	\$ 63488

**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_____			\$ _____	\$ _____
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		
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Credits During Year (Must agree with line # 2 above.)_____			\$ _____	\$ _____

**ACCUMULATED AMORTIZATION OF CIAC (272)**

	Water	Wastewater	Total
Balance First of Year_____	\$ 23015	\$ 25144	\$ 48159
Add Debits During Year:_____	2302	1501	3803
Deduct Credits During Year:_____			0
Balance End of Year (Must agree with line #6 above.)	\$ 25317	\$ 26645	\$ 51962

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

UTILITY NAME East Marion Sanitary Systems, Inc.

YEAR OF REPORT DECEMBER 31, 2014
-------------------------------------

**SCHEDULE "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	_____	_____ %	%	_____ %
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, 2014
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**SCHEDULE "B"**

**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)	_____	_____	_____	_____	_____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

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

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**WATER  
OPERATING  
SECTION**

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UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT DECEMBER 31, 2014
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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	0			0
303	Land and Land Rights	35000			35000
304	Structures and Improvements	4900			4900
305	Collecting and Impounding Reservoirs	0			0
306	Lake, River and Other Intakes	0			0
307	Wells and Springs	8100			8100
308	Infiltration Galleries and Tunnels	0			0
309	Supply Mains	0			0
310	Power Generation Equipment	0			0
311	Pumping Equipment	14200			14200
320	Water Treatment Equipment	5976			5976
330	Distribution Reservoirs and Standpipes	0			0
331	Transmission and Distribution Lines	46378			46378
333	Services	8622			8622
334	Meters and Meter Installations	11143			11143
335	Hydrants	0			0
336	Backflow Prevention Devices	0			0
339	Other Plant and Miscellaneous Equipment	0			0
340	Office Furniture and Equipment	183			183
341	Transportation Equipment	0			0
342	Stores Equipment	0			0
343	Tools, Shop and Garage Equipment	0			0
344	Laboratory Equipment	0			0
345	Power Operated Equipment	0			0
346	Communication Equipment	0			0
347	Miscellaneous Equipment	474			474
348	Other Tangible Plant	10624			10624
	<b>Total Water Plant</b>	<b>\$ 146550</b>	<b>\$ 0</b>	<b>\$</b>	<b>\$ 146550</b>



UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT DECEMBER 31, 2014
-------------------------------------

**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)
301	Organization (Original Certificate)	40		2.50	541		24	564.75
304	Structures and Improvements	27	%	3.70 %	\$ 3563	\$	\$ 181	\$ 3744
305	Collecting and Impounding Reservoirs		%	%				
306	Lake, River and Other Intakes		%	%				
307	Wells and Springs	27	%	3.70 %	6285		300	6585
308	Infiltration Galleries & Tunnels		%	%				
309	Supply Mains		%	%				
310	Power Generating Equipment		%	%				
311	Pumping Equipment	17	%	5.88 %	14200			14200
320	Water Treatment Equipment	17	%	5.88 %	3913		352	4265
330	Distribution Reservoirs & Standpipes		%	%				
331	Trans. & Dist. Mains	38	%	2.63 %	25268		1220	26488
333	Services	35	%	2.86 %	5069		246	5315
334	Meter & Meter Installations	17	%	5.88 %	7175		655	7830
335	Hydrants		%	%				
336	Backflow Prevention Devices		%	%				
339	Other Plant and Miscellaneous Equipment		%	%				
340	Office Furniture and Equipment	15	%	6.67 %	165		12	177
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	15	%	6.67 %	474			474
348	Other Tangible Plant	10	%	10.00 %	10624			10624
	Totals				\$ 77277	\$	\$ 2991	\$ 80268 *

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

UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT  
DECEMBER 31, 2014

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	\$ _____
603	Salaries and Wages - Officers, Directors, and Majority Stockholders	_____
604	Employee Pensions and Benefits	_____
610	Purchased Water	_____
615	Purchased Power	4188
616	Fuel for Power Production	_____
618	Chemicals	1878
620	Materials and Supplies	786
630	Contractual Services:	
	Billing	984
	Professional	3975
	Testing	_____
	Other	7806
640	Rents	6695
645	Telephone & Internet	295
650	Transportation Expense	228
655	Insurance Expense	_____
660	License Fees	231
665	Regulatory Commission Expenses (Amortized Rate Case Expense)	1180
670	Bad Debt Expense	0
675	Miscellaneous Expenses	160
680	Repairs & Maintenance	141
	Total Water Operation And Maintenance Expense	\$ <u>28547</u> *

\* 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	100	103	103
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)	_____	_____	_____	_____	_____
<b>Total</b>			<u>100</u>	<u>103</u>	<u>103</u>

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

UTILITY NAME: \_\_\_\_\_ East Marion Sanitary Systems, Inc.

YEAR OF REPORT DECEMBER 31, 2014
-------------------------------------

SYSTEM NAME: \_\_\_\_\_ Lakeview Woods/Trails East

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	(b) Water Purchased For Resale (Omit 000's)	(c) Finished Water From Wells (Omit 000's)	(d) Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's)	(e) Total Water Pumped And Purchased (Omit 000's) [ (b)+(c)-(d) ]	(f) Water Sold To Customers (Omit 000's)
January_____	_____	342	5	337	372
February_____	_____	344	6	338	411
March_____	_____	408	5	403	264
April_____	_____	496	5	491	363
May_____	_____	563	6	557	513
June_____	_____	504	5	499	498
July_____	_____	452	5	447	505
August_____	_____	492	6	486	465
September_____	_____	435	6	429	400
October_____	_____	313	5	308	427
November_____	_____	425	5	420	426
December_____	_____	403	6	397	451
Total for Year_____	0	5177	65	5112	5095

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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	None	None	200
PVC	4"	8450	None	None	8450
PVC	2"	1675	None	None	1675
PVC	1.5"	375	None	None	375
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT DECEMBER 31, 2014
-------------------------------------

SYSTEM NAME: Lakeview Woods/Trails East

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	<u>1966</u>	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Depth of Wells _____	_____	_____	_____	_____
Diameters of Wells _____	<u>6"</u>	_____	_____	_____
Pump - GPM _____	<u>250</u>	_____	_____	_____
Motor - HP _____	<u>20</u>	_____	_____	_____
Motor Type * _____	<u>Submersable</u>	_____	_____	_____
Yields of Wells in GPD _____	<u>0.36 MGD</u>	_____	_____	_____
Auxiliary Power _____	<u>None</u>	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete) _____	<u>Steel Hydro</u>	_____	_____	_____
Capacity of Tank _____	<u>6,000</u>	_____	_____	_____
Ground or Elevated _____	<u>Ground</u>	_____	_____	_____

**HIGH SERVICE PUMPING**

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

UTILITY NAME: \_\_\_\_\_ East Marion Sanitary Systems, Inc.

YEAR OF REPORT  
DECEMBER 31, 2014

**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day _____	360,000	_____	_____
Type of Source _____	Florida Aquifer	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type _____	_____	_____	_____
Make _____	_____	_____	_____
Permitted Capacity (GPD) _____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute _____	_____	_____	_____
Reverse Osmosis _____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating _____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. _____	_____	_____	_____
Gravity GPD/Sq.Ft. _____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator _____	Sodium Hypo	_____	_____
Ozone _____	_____	_____	_____
Other _____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____

UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT  
DECEMBER 31, 2014

SYSTEM NAME: Lakeview Woods/Trails East

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. \_\_\_\_\_ 103
- 2. Maximum number of ERCs \* which can be served. \_\_\_\_\_ 103
- 3. Present system connection capacity (in ERCs \*) using existing lines. \_\_\_\_\_ 103
- 4. Future connection capacity (in ERCs \*) upon service area buildout. \_\_\_\_\_ 103
- 5. Estimated annual increase in ERCs \*. \_\_\_\_\_ 0
- 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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. When did the company last file a capacity analysis report with the DEP? \_\_\_\_\_
- 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? \_ No
- 11. Department of Environmental Protection ID # \_\_\_\_\_ PW8 680-5C
- 12. Water Management District Consumptive Use Permit # \_\_ 20012584
  - 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 single family residents (SFR) gallons sold by the average number of single family residence 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**

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UTILITY NAME: East Marion Sanitary Systems, Inc.

<p>YEAR OF REPORT December 31, 2014</p>
---

**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	80832			80832
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	62173			62173
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	10625			10625
	Total Wastewater Plant	\$ 257011	\$ 0	\$ 0	\$ 257011 *

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



UTILITY NAME: East Marion Sanitary Systems, Inc.

<b>YEAR OF REPORT</b> December 31, 2014
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**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)
351	Organizational Costs	40	%	2.50 %	\$ 542	\$	\$ 24	\$ 566
354	Structures & Improvements	27	%	3.70	528		35	563
355	Power Generation Equipment		%	%				
360	Collection Sewers - Force	27	%	3.70 %	29085		1384	30469
361	Collection Sewers - Gravity	40	%	2.50 %	41886		2021	43907
362	Special Collecting Structures		%	%				
363	Services to Customers	35	%	2.86 %	8591			8591
364	Flow Measuring Devices		%	%				
365	Flow Measuring Installations		%	%				
370	Receiving Wells		%	%				
371	Pumping Equipment	15	%	6.67 %	62173			62173
380	Treatment and Disposal Equipment		%	%				
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	10	%	10.00 %	10625			10625
	Totals				\$ 153430	\$	\$ 3464	\$ 156894 *

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

UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT  
December 31, 2014

**WASTEWATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
701	Salaries and Wages - Employees	\$ _____
703	Salaries and Wages - Officers, Directors, and Majority Stockholders	_____
704	Employee Pensions and Benefits	_____
710	Purchased Wastewater Treatment	_____
711	Sludge Removal Expense	4693
715	Purchased Power	4188
716	Fuel for Power Production	_____
718	Chemicals	1878
720	Materials and Supplies	786
730	Contractual Services:	
	Billing	983
	Professional	3975
	Testing	_____
	Other	7807
740	Rents	6695
745	Telephone & Internet	295
750	Transportation Expense	229
755	Insurance Expense	_____
760	Licenses and Fees	231
765	Regulatory Commission Expenses (Amortized Rate Case Expense)	1689
770	Bad Debt Expense	0
775	Miscellaneous Expenses	160
780	Repairs & Maintenance	551
	<b>Total Wastewater Operation And Maintenance Expense</b>	<b>\$ 34160 *</b>

\* 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 Equivalent Customers (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
All meter sizes	D	1.0	92	92	92
<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)	_____	_____	_____	_____	_____
<b>Total</b>			<b>92</b>	<b>92</b>	<b>92</b>

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

UTILITY NAME: \_\_\_\_\_ East Marion Sanitary Systems, Inc.

YEAR OF REPORT December 31, 2014
-------------------------------------

**PUMPING EQUIPMENT**

Lift Station Number _____	<u>LS-1</u>	_____	_____	_____	_____	_____
Make or Type and nameplate data on pump _____	<u>SN4</u>	_____	_____	_____	_____	_____
Year installed _____	<u>1985</u>	_____	_____	_____	_____	_____
Rated capacity _____	_____	_____	_____	_____	_____	_____
Size _____	_____	_____	_____	_____	_____	_____
Power:	_____	_____	_____	_____	_____	_____
Electric _____	_____	_____	_____	_____	_____	_____
Mechanical _____	_____	_____	_____	_____	_____	_____
Nameplate data of motor _____	_____	_____	_____	_____	_____	_____

**SERVICE CONNECTIONS**

Size (inches) _____	<u>3</u>	_____	_____	_____	_____	_____
Type (PVC, VCP, etc.) _____	<u>PVC</u>	_____	_____	_____	_____	_____
Average length _____	<u>40'</u>	_____	_____	_____	_____	_____
Number of active service connections _____	_____	_____	_____	_____	_____	_____
Beginning of year _____	<u>94</u>	_____	_____	_____	_____	_____
Added during year _____	<u>0</u>	_____	_____	_____	_____	_____
Retired during year _____	<u>0</u>	_____	_____	_____	_____	_____
End of year _____	<u>94</u>	_____	_____	_____	_____	_____
Give full particulars concerning inactive connections _____	_____	_____	_____	_____	_____	_____

**COLLECTING AND FORCE MAINS**

	Collecting Mains				Force Mains			
Size (inches) _____	<u>8"</u>	_____	_____	_____	<u>4"</u>	<u>3"</u>	_____	_____
Type of main _____	<u>PVC</u>	_____	_____	_____	<u>PVC</u>	<u>PVC</u>	_____	_____
Length of main (nearest foot) _____	_____	_____	_____	_____	_____	_____	_____	_____
Beginning of year _____	<u>9880</u>	_____	_____	_____	<u>950</u>	<u>825</u>	_____	_____
Added during year _____	_____	_____	_____	_____	_____	_____	_____	_____
Retired during year _____	_____	_____	_____	_____	_____	_____	_____	_____
End of year _____	<u>9880</u>	_____	_____	_____	<u>950</u>	<u>825</u>	_____	_____

**MANHOLES**

Size (inches) _____	<u>48"</u>	_____	_____	_____
Type of Manhole _____	<u>concrete</u>	_____	_____	_____
Number of Manholes:	_____	_____	_____	_____
Beginning of year _____	<u>35</u>	_____	_____	_____
Added during year _____	_____	_____	_____	_____
Retired during year _____	_____	_____	_____	_____
End of Year _____	<u>35</u>	_____	_____	_____

UTILITY NAME: \_\_\_\_\_ East Marion Sanitary Systems, Inc.

SYSTEM NAME: \_\_\_\_\_ Lakeview Woods/Trails East

<b>YEAR OF REPORT</b> December 31, 2014
--

**TREATMENT PLANT**

Manufacturer _____ Type _____ "Steel" or "Concrete" _____ Total Permitted Capacity _____ Average Daily Flow _____ Method of Effluent Disposal _____ Permitted Capacity of Disposal _____ Total Gallons of Wastewater treated _____	McNeill Extended Aeration Concrete 50,000 10,704 Evap. Ponds/RIB 99,000 3,670,000		
---	--	--	--

**MASTER LIFT STATION PUMPS**

Manufacturer _____ Capacity (GPM's) _____ Motor: Manufacturer _____ Horsepower _____ Power (Electric or Mechanical) _____						
--	--	--	--	--	--	--

**PUMPING WASTEWATER STATISTICS**

Months	Gallons of Treated Wastewater	Effluent Reuse Gallons to Customers	Effluent Gallons Disposed of on site
January _____	279		
February _____	300		
March _____	289		
April _____	300		
May _____	275		
June _____	263		
July _____	278		
August _____	255		
September _____	258		
October _____	287		
November _____	425		
December _____	461		
Total for year _____	<u>3,670</u>	<u>0</u>	<u>0</u>

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

UTILITY NAME: East Marion Sanitary Systems, Inc.

YEAR OF REPORT  
DECEMBER 31, 2014

SYSTEM NAME Lakeview Woods/Trails East

**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. \_\_\_\_\_ 92
- 2. Maximum number of ERCs\* which can be served. \_\_\_\_\_ 179
- 3. Present system connection capacity (in ERCs\*) using existing lines. \_\_\_\_\_ 92
- 4. Future connection capacity (in ERCs\*) upon service area buildout. \_\_\_\_\_ 92
- 5. Estimated annual increase in ERCs\*. \_\_\_\_\_ 0

6. Describe any plans and estimated completion dates for any enlargements or improvements of this system N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_ N/A

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? \_\_\_\_\_ N/A

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? \_\_\_\_\_ No

12. Department of Environmental Protection ID # \_\_\_ DO01-176465

\* 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 single family residents (SFR) gallons sold by the average number of single family residence 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).

# CERTIFICATION OF ANNUAL REPORT

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

YES  NO

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  NO

2. The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission.

YES  NO

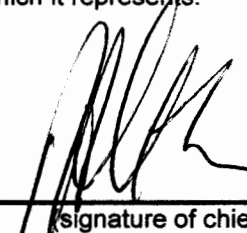
3. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial statement of the utility.

YES  NO

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.  2.  3.  4.

  
\_\_\_\_\_  
(signature of chief executive officer of the utility) \*

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

1.  2.  3.  4.

\_\_\_\_\_  
(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.