

**CLASS "C"**

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**WATER AND/OR WASTEWATER UTILITIES**

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

***ANNUAL REPORT***

WS808-04-AR  
Ocala Springs Utilities Inc.  
4837 Swift Road, Suite 100  
Sarasota, FL 34231-5157

(602-W & 502-S)

\_\_\_\_\_  
Certificate Number(s)

Submitted To The

***STATE OF FLORIDA***

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FLORIDA PUBLIC SERVICE  
COMMISSION  
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DIVISION OF  
ECONOMIC REGULATION

***PUBLIC SERVICE COMMISSION***

FOR THE

**YEAR ENDED DECEMBER 31, 2004**

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**FINANCIAL**

**SECTION**

REPORT OF

Ocala Springs Utilities Inc.

(EXACT NAME OF UTILITY)

4837 Swift Rd., Suite 100 Sarasota, FL 34231	Marion County
Mailing Address	Street Address County

Telephone Number 941-925-3088 Date Utility First Organized April 10, 1998

Fax Number 941-924-7203 E-mail Address \_\_\_\_\_

Sunshine State One-Call of Florida, Inc. Member No. not as of yet, no services.

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: \_\_\_\_\_  
4837 Swift Rd., Suite 100                      Sarasota, FL 34231

Name of subdivisions where services are provided: \_\_\_\_\_  
Undeveloped subdivision, Ocala Springs in Marion County.

CONTACTS:

Name	Title	Principle Business Address	Salary Charged Utility
Person to send correspondence: <u>Dennis J. Getman</u>	<u>President</u>	<u>4837 Swift Rd., Suite 100</u> <u>Sarasota, FL 34231</u>	
Person who prepared this report: <u>Michael Murphy</u>	<u>Accountant</u>	<u>Same</u>	
Officers and Managers:			
<u>Dennis J. Getman</u>	<u>President</u>	<u>Same</u>	\$ <u>0</u>
<u>Charles McNairy</u>	<u>VP, Tres.</u>	<u>Same</u>	\$ <u>0</u>
<u>Juanita Kerrigan</u>	<u>Secretary</u>	<u>Same</u>	\$ <u>0</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	Principle Business Address	Salary Charged Utility
<u>Avatar Utilities Inc.</u>	<u>100%</u>	<u>Same</u>	\$ <u>0</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

UTILITY NAME: Ocala Springs Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2004
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INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
<b>Gross Revenue:</b>					
Residential _____		\$ _____	\$ _____	\$ _____	\$ _____
Commercial _____		_____	_____	_____	_____
Industrial _____		_____	_____	_____	_____
Multiple Family _____		_____	_____	_____	_____
Guaranteed Revenues _____		_____	_____	_____	_____
Other (Specify) _____		_____	_____	_____	_____
<b>Total Gross Revenue _____</b>		<b>\$ <u>0</u></b>	<b>\$ <u>0</u></b>	<b>\$ <u>0</u></b>	<b>\$ <u>0</u></b>
<b>Operation Expense (Must tie to pages W-3 and S-3)</b>					
Depreciation Expense _____	W-3 S-3	\$ _____	\$ _____	\$ _____	\$ _____
CIAC Amortization Expense _____	F-5	_____	_____	_____	_____
Taxes Other Than Income _____	F-8	_____	_____	_____	_____
Income Taxes _____	F-7	_____	_____	_____	_____
<b>Total Operating Expense</b>		<b>\$ <u>0</u></b>	<b><u>0</u></b>	<b><u>0</u></b>	<b>\$ <u>0</u></b>
<b>Net Operating Income (Loss)</b>		<b>\$ <u>0</u></b>	<b>\$ <u>0</u></b>	<b>\$ <u>0</u></b>	<b>\$ <u>0</u></b>
<b>Other Income:</b>					
Nonutility Income _____		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
<b>Other Deductions:</b>					
Miscellaneous Nonutility Expenses _____		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense _____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
<b>Net Income (Loss)</b>		<b>\$ <u>0</u></b>	<b>\$ <u>0</u></b>	<b>\$ <u>0</u></b>	<b>\$ <u>0</u></b>



UTILITY NAME Ocala Springs Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2004
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GROSS UTILITY PLANT

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

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

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

UTILITY NAME: Ocala Springs Utilities, Inc.

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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 _____	_____	_____

RETAINED EARNINGS ( 215 )

	Appropriated	Un- Appropriated
Balance first of year _____	\$ 0	\$ _____
Changes during the year (Specify): _____ _____ _____	_____ _____ _____	_____ _____ _____
Balance end of year _____	\$ 0	\$ _____

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 _____			\$ _____ 0



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

(a)	Water (b)	Wastewater (c)	Total (d)
1) Balance first of year_____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2) Add credits during year_____	\$ _____	\$ _____	\$ _____
3) Total_____	_____	_____	_____
4) Deduct charges during the year_____	_____	_____	_____
5) Balance end of year_____	_____	_____	_____
6) Less Accumulated Amortization_____	_____	_____	_____
7) Net CIAC_____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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_____		\$ _____	\$ _____
Report below all capacity charges, main extension charges and customer connector charges received during the year.			
Description of Charge	Number of Connections	Charge per Connection	
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total Credits During Year (Must agree with line # 2 above.)_____			\$ <u>0</u> \$ <u>0</u>

**ACCUMULATED AMORTIZATION OF CIAC (272)**

	Water	Wastewater	Total
Balance First of Year_____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Add Credits During Year:_____	_____	_____	_____
Deduct Debits During Year:_____	_____	_____	_____
Balance End of Year (Must agree with line #6 above.)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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

UTILITY NAME Ocala Springs Utilities, Inc.

YEAR OF REPORT	
DECEMBER 31,	2004

**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	\$ <u>1000</u>	<u>100.00</u> %	0.10 %	<u>10.00</u> %
Preferred Stock	_____	_____ %	_____ %	_____ %
Long Term Debt	_____	_____ %	_____ %	_____ %
Customer Deposits	_____	_____ %	_____ %	_____ %
Tax Credits - Zero Cost	_____	_____ %	0.00 %	_____ %
Tax Credits - Weighted Cost	_____	_____ %	_____ %	_____ %
Deferred Income Taxes	_____	_____ %	_____ %	_____ %
Other (Explain)	_____	_____ %	_____ %	_____ %
Total	\$ <u><u>100</u></u>	<u><u>100.00</u></u> %		<u><u>10.00</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:	<u>none</u>



**WATER  
OPERATING  
SECTION**

UTILITY NAME: Ocala Springs Utilities, Inc.

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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_____	\$ 0	\$ _____	\$ _____	\$ 0
302	Franchises_____	0	_____	_____	0
303	Land and Land Rights_____	0	_____	_____	0
304	Structures and Improvements_____	0	_____	_____	0
305	Collecting and Impounding Reservoirs_____	0	_____	_____	0
306	Lake, River and Other Intakes_____	0	_____	_____	0
307	Wells and Springs_____	0	_____	_____	0
308	Infiltration Galleries and Tunnels_____	0	_____	_____	0
309	Supply Mains_____	0	_____	_____	0
310	Power Generation Equipment_____	0	_____	_____	0
311	Pumping Equipment_____	0	_____	_____	0
320	Water Treatment Equipment_____	0	_____	_____	0
330	Distribution Reservoirs and Standpipes_____	0	_____	_____	0
331	Transmission and Distribution Lines_____	0	_____	_____	0
333	Services_____	0	_____	_____	0
334	Meters and Meter Installations_____	0	_____	_____	0
335	Hydrants_____	0	_____	_____	0
336	Backflow Prevention Devices_____	0	_____	_____	0
339	Other Plant and Miscellaneous Equipment_____	0	_____	_____	0
340	Office Furniture and Equipment_____	0	_____	_____	0
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_____	0	_____	_____	0
348	Other Tangible Plant_____	0	_____	_____	0
	Total Water Plant_____	\$ 0	\$ _____	\$ _____	\$ 0

UTILITY NAME: Ocala Springs Utilities, Inc.

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**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	Structures and Improvements		%	%	\$ 0			\$ 0
305	Collecting and Impounding Reservoirs		%	%	0			0
306	Lake, River and Other Intakes		%	%	0			0
307	Wells and Springs		%	%	0			0
308	Infiltration Galleries & Tunnels		%	%	0			0
309	Supply Mains		%	%	0			0
310	Power Generating Equipment		%	%	0			0
311	Pumping Equipment		%	%	0			0
320	Water Treatment Equipment		%	%	0			0
330	Distribution Reservoirs & Standpipes		%	%	0			0
331	Trans. & Dist. Mains		%	%	0			0
333	Services		%	%	0			0
334	Meter & Meter Installations		%	%	0			0
335	Hydrants		%	%	0			0
336	Backflow Prevention Devices		%	%	0			0
339	Other Plant and Miscellaneous Equipment		%	%	0			0
340	Office Furniture and Equipment		%	%	0			0
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		%	%	0			0
348	Other Tangible Plant		%	%	0			0
	Totals				\$ 0	\$	\$	\$ 0 *

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

UTILITY NAME: Ocala Springs Utilities, Inc.

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**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees_____	\$ 0
603	Salaries and Wages - Officers, Directors, and Majority Stockholders_____	0
604	Employee Pensions and Benefits_____	0
610	Purchased Water_____	0
615	Purchased Power_____	0
616	Fuel for Power Production_____	0
618	Chemicals_____	0
620	Materials and Supplies_____	0
630	Contractual Services:	0
	Billing_____	0
	Professional_____	0
	Testing_____	0
	Other_____	0
640	Rents_____	0
650	Transportation Expense_____	0
655	Insurance Expense_____	0
665	Regulatory Commission Expenses (Amortized Rate Case Expense)_____	0
670	Bad Debt Expense_____	0
675	Miscellaneous Expenses_____	0
	Total Water Operation And Maintenance Expense_____	\$ 0 *

\* 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	0	0	0
3/4"	D	1.5	0	0	0
1"	D	2.5	0	0	0
1 1/2"	D,T	5.0	0	0	0
<b>General Service</b>					
5/8"	D	1.0	0	0	0
3/4"	D	1.5	0	0	0
1"	D	2.5	0	0	0
1 1/2"	D,T	5.0	0	0	0
2"	D,C,T	8.0	0	0	0
3"	D	15.0	0	0	0
3"	C	16.0	0	0	0
3"	T	17.5	0	0	0
Unmetered Customers	_____	_____	0	0	0
Other (Specify)	_____	_____	0	0	0
Total			<u>0</u>	<u>0</u>	<u>0</u>

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

UTILITY NAME: \_\_\_\_\_ Ocala Springs Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2004
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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 _____	_____	_____	_____	_____	none _____
February _____	_____	_____	_____	_____	_____
March _____	_____	_____	_____	_____	_____
April _____	_____	_____	_____	_____	_____
May _____	_____	_____	_____	_____	_____
June _____	_____	_____	_____	_____	_____
July _____	_____	_____	_____	_____	_____
August _____	_____	_____	_____	_____	_____
September _____	_____	_____	_____	_____	_____
October _____	_____	_____	_____	_____	_____
November _____	_____	_____	_____	_____	_____
December _____	_____	_____	_____	_____	_____
Total for Year _____	_____	_____	_____	_____	_____

If water is purchased for resale, indicate the following:  
 Vendor \_\_\_\_\_  
 Point of delivery \_\_\_\_\_

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
_____	_____	_____	_____	_____	none _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

UTILITY NAME: \_\_\_\_\_ Ocala Springs Utilities, Inc.

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

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	none _____	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Depth of Wells _____	_____	_____	_____	_____
Diameters of Wells _____	_____	_____	_____	_____
Pump - GPM _____	_____	_____	_____	_____
Motor - HP _____	_____	_____	_____	_____
Motor Type * _____	_____	_____	_____	_____
Yields of Wells in GPD _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	none _____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	none _____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: \_\_\_\_\_ Ocala Springs Utilities, Inc.

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**SOURCE OF SUPPLY**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	none_____	_____	_____
Type of Source_____	_____	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type_____	none_____	_____	_____
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_____	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: Ocala Springs Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2004
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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.  None  
ERCs \* which can be served. \_\_\_\_\_  Not yet determined (NYD)
3. Present system connection capacity (in ERCs \*) using existing lines.  NYD
4. Future connection capacity (in ERCs \*) upon service area buildout.  NYD
5. Estimated annual increase in ERCs \*. \_\_\_\_\_ NYD
6. Is the utility required to have fire flow capacity?  NYD  
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.  
Final plans not yet determined.  
\_\_\_\_\_  
\_\_\_\_\_
9. When did the company last file a capacity analysis report with the DEP? \_\_\_\_\_ Not yet
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 # \_\_\_\_\_ NYD
12. Water Management District Consumptive Use Permit # \_\_\_\_\_ NYD
  - a. Is the system in compliance with the requirements of the CUP? \_\_\_\_\_
  - 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**

UTILITY NAME: Ocala Springs Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2004
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**WASTEWATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
351	Organization_____	\$ 0	\$ _____	\$ _____	\$ 0
352	Franchises_____	0	_____	_____	0
353	Land and Land Rights_____	0	_____	_____	0
354	Structures and Improvements_____	0	_____	_____	0
355	Power Generation Equipment_____	0	_____	_____	0
360	Collection Sewers - Force_____	0	_____	_____	0
361	Collection Sewers - Gravity_____	0	_____	_____	0
362	Special Collecting Structures_____	0	_____	_____	0
363	Services to Customers_____	0	_____	_____	0
364	Flow Measuring Devices_____	0	_____	_____	0
365	Flow Measuring Installations_____	0	_____	_____	0
370	Receiving Wells_____	0	_____	_____	0
371	Pumping Equipment_____	0	_____	_____	0
380	Treatment and Disposal Equipment_____	0	_____	_____	0
381	Plant Sewers_____	0	_____	_____	0
382	Outfall Sewer Lines_____	0	_____	_____	0
389	Other Plant and Miscellaneous Equipment_____	0	_____	_____	0
390	Office Furniture and Equipment_____	0	_____	_____	0
391	Transportation Equipment_____	0	_____	_____	0
392	Stores Equipment_____	0	_____	_____	0
393	Tools, Shop and Garage Equipment_____	0	_____	_____	0
394	Laboratory Equipment_____	0	_____	_____	0
395	Power Operated Equipment_____	0	_____	_____	0
396	Communication Equipment_____	0	_____	_____	0
397	Miscellaneous Equipment_____	0	_____	_____	0
398	Other Tangible Plant_____	0	_____	_____	0
	Total Wastewater Plant_____	\$ 0	\$ _____	\$ _____	\$ 0*

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

**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		%	%	\$ 0	\$	\$	\$ 0
355	Power Generation Equipment		%	%	0			0
360	Collection Sewers - Force		%	%	0			0
361	Collection Sewers - Gravity		%	%	0			0
362	Special Collecting Structures		%	%	0			0
363	Services to Customers		%	%	0			0
364	Flow Measuring Devices		%	%	0			0
365	Flow Measuring Installations		%	%	0			0
370	Receiving Wells		%	%	0			0
371	Pumping Equipment		%	%	0			0
380	Treatment and Disposal Equipment		%	%	0			0
381	Plant Sewers		%	%	0			0
382	Outfall Sewer Lines		%	%	0			0
389	Other Plant and Miscellaneous Equipment		%	%	0			0
390	Office Furniture and Equipment		%	%	0			0
391	Transportation Equipment		%	%	0			0
392	Stores Equipment		%	%	0			0
393	Tools, Shop and Garage Equipment		%	%	0			0
394	Laboratory Equipment		%	%	0			0
395	Power Operated Equipment		%	%	0			0
396	Communication Equipment		%	%	0			0
397	Miscellaneous Equipment		%	%	0			0
398	Other Tangible Plant		%	%	0			0
	Totals				\$ 0	\$	\$	\$ 0 *

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

UTILITY NAME: Ocala Springs Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2004
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**WASTEWATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
701	Salaries and Wages - Employees	\$ 0
703	Salaries and Wages - Officers, Directors, and Majority Stockholders	0
704	Employee Pensions and Benefits	0
710	Purchased Wastewater Treatment	0
711	Sludge Removal Expense	0
715	Purchased Power	0
716	Fuel for Power Production	0
718	Chemicals	0
720	Materials and Supplies	0
730	Contractual Services:	0
	Billing	0
	Professional	0
	Testing	0
	Other	0
740	Rents	0
750	Transportation Expense	0
755	Insurance Expense	0
765	Regulatory Commission Expenses (Amortized Rate Case Expense)	0
770	Bad Debt Expense	0
775	Miscellaneous Expenses	0
	Total Wastewater Operation And Maintenance Expense	\$ 0 *

\* 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)	
Residential Service				0	
All meter sizes	D	1.0	0	0	0
General Service					
5/8"	D	1.0	0	0	0
3/4"	D	1.5	0	0	0
1"	D	2.5	0	0	0
1 1/2"	D,T	5.0	0	0	0
2"	D,C,T	8.0	0	0	0
3"	D	15.0	0	0	0
3"	C	16.0	0	0	0
3"	T	17.5	0	0	0
Unmetered Customers			0	0	0
Other (Specify)			0	0	0
			0	0	0
Total			0	0	0

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

UTILITY NAME: \_\_\_\_\_ Ocala Springs Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2004
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**PUMPING EQUIPMENT**

Lift Station Number _____	none					
Make or Type and nameplate data on pump _____						
_____						
_____						
Year installed _____						
Rated capacity _____						
Size _____						
Power:						
Electric _____						
Mechanical _____						
Nameplate data of motor _____						
_____						

**SERVICE CONNECTIONS**

Size (inches) _____	none					
Type (PVC, VCP, etc.) _____						
Average length _____						
Number of active service connections _____						
Beginning of year _____						
Added during year _____						
Retired during year _____						
End of year _____						
Give full particulars concerning inactive connections _____						
_____						

**COLLECTING AND FORCE MAINS**

	Collecting Mains				Force Mains			
Size (inches) _____	none					none		
Type of main _____								
Length of main (nearest foot) _____								
Beginning of year _____								
Added during year _____								
Retired during year _____								
End of year _____								

**MANHOLES**

Size (inches) _____	none			
Type of Manhole _____				
Number of Manholes:				
Beginning of year _____				
Added during year _____				
Retired during year _____				
End of Year _____				

UTILITY NAME: \_\_\_\_\_ Ocala Springs Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2004
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SYSTEM NAME: \_\_\_\_\_

**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 _____	none _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
---	--	---	---

**MASTER LIFT STATION PUMPS**

Manufacturer _____ Capacity (GPM's) _____ Motor: Manufacturer _____ Horsepower _____ Power (Electric or Mechanical) _____	none _____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
--	--	---	---	---	---

**PUMPING WASTEWATER STATISTICS**

Months	Gallons of Treated Wastewater	Effluent Reuse Gallons to Customers	Effluent Gallons Disposed of on site
January _____	none _____	_____	_____
February _____	_____	_____	_____
March _____	_____	_____	_____
April _____	_____	_____	_____
May _____	_____	_____	_____
June _____	_____	_____	_____
July _____	_____	_____	_____
August _____	_____	_____	_____
September _____	_____	_____	_____
October _____	_____	_____	_____
November _____	_____	_____	_____
December _____	_____	_____	_____
Total for year _____	_____	_____	_____

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

\_\_\_\_\_

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. \_\_\_ None
2. Maximum number of ERCs\* which can be served. \_\_\_\_\_ Not yet determined (NYD)
3. Present system connection capacity (in ERCs\*) using existing lines. \_\_\_\_\_ NYD
4. Future connection capacity (in ERCs\*) upon service area buildout. \_\_\_\_\_ NYD
5. Estimated annual increase in ERCs\*. \_\_\_\_\_ NYD
6. Describe any plans and estimated completion dates for any enlargements or improvements of this system  
 \_\_\_\_\_ Final plans not determined.  
 \_\_\_\_\_  
 \_\_\_\_\_
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. \_\_\_\_\_ N/A
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? \_\_\_\_\_ No
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 # \_\_\_ NYD

\* 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).

UTILITY NAME: Ocala Springs Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2004

# 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.	2.	3.	4.	x <u>Dennis J. Getman</u> *
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
(signature of chief executive officer of the utility)				
<b>DENNIS J. GETMAN President</b>				
1.	2.	3.	4.	x <u>Charles L. McRary, TREASURER</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(signature of chief financial officer of the utility)				

\* 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.