

Water Utility

Class - C

(Gross Revenue of less than \$150,000)

2022 Annual Report

to the
State of Kansas



for the year ending December 31, _____

(Exact legal name of respondent) (If name was changed during year, show previous name and date of change)

(Address of principal business office at the end of the year)

Area Code _____ Telephone _____ Federal ID Number _____

Gross operating revenues derived from Kansas intrastate operations	\$
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General Instructions

1. Prepare this report in conformity with the 1984 National Association of Regulatory Utility Commissioners Uniform System of Accounts for Water and/or Sewer Utilities.
2. Interpret all accounting words and phrases in accordance with the USOA.
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" or "NA". Do not omit any pages.
5. Where dates are called for, the month and day should be stated as well as the year.
6. Complete this report by means which result in a permanent record, such as by typewriter. Money items (except averages) throughout the report should be shown in units of dollars adjusted to accord with footings.
7. 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 with not enough room. Such a schedule should reference the appropriate schedules, state the name of the utility, and state the year of the report.
8. The report should be filled out in _____ and _____ copies returned by _____ of the year following the date of the report. The report should be returned to:

Kansas Corporation Commission
Utilities Division
1500 SW Arrowhead Road
Topeka KS 66604-4027

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REPORT OF

(Exact Name of Utility)

(Address)

(City, State, Country)

(Telephone Number)

For Year Ended _____ Date Utility First Organized: _____

Location where books and records are located: _____

Contacts

Name	Title	Principal Business Address	Salary Charged Utility
Person to send Correspondence: _____	_____	_____	
Person who prepared this report: _____	_____	_____	
Officers and Managers: _____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

INCOME STATEMENT					
Account Name	Ref. Page No.	Water	Sewer	Other	Total Company
Gross Revenue:					
Residential		\$ _____	\$ _____	\$ _____	\$ _____
Commercial		\$ _____	\$ _____	\$ _____	\$ _____
Industrial.....		\$ _____	\$ _____	\$ _____	\$ _____
Multiple Family		\$ _____	\$ _____	\$ _____	\$ _____
Guaranteed Revenues		\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify)		\$ _____	\$ _____	\$ _____	\$ _____
Total Gross Revenue	W-3	\$ _____	\$ _____	\$ _____	\$ _____
Operation Expense	S-3	\$ _____	\$ _____	\$ _____	\$ _____
Depreciation Expense	F-5	\$ _____	\$ _____	\$ _____	\$ _____
Amortization Expense		\$ _____	\$ _____	\$ _____	\$ _____
Taxes Other Than Income	F-7	\$ _____	\$ _____	\$ _____	\$ _____
Income Taxes	F-7	\$ _____	\$ _____	\$ _____	\$ _____
Total Operating Expense		\$ _____	\$ _____	\$ _____	\$ _____
Net Operating Income (Loss)		\$ _____	\$ _____	\$ _____	\$ _____
Other Income:		\$ _____	\$ _____	\$ _____	\$ _____
Nonutility Income		\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____
Other Deductions:					
Miscellaneous Nonutility Exp.....		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expenses		\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____
Net Income (Loss).....		\$ _____	\$ _____	\$ _____	\$ _____

COMPARATIVE BALANCE SHEET			
Account Name	Reference Page	Current Year	Previous Year
Assets:			
Utility Plant In Service (101-105).....	F-5, W-1, S-1	\$ _____	\$ _____
Accumulated Depreciation and Amortization (108)	F-5, W-2, S-3	\$ _____	\$ _____
Net Utility Plant		\$ _____	\$ _____
Cash		\$ _____	\$ _____
Customer Accounts Receivable (141).....		\$ _____	\$ _____
Other Assets (Specify)		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
Total Assets		\$ _____	\$ _____
Liabilities and Capital:			
Common Stock Issued (201).....	F-6	\$ _____	\$ _____
Preferred Stock Issued (204)	F-6	\$ _____	\$ _____
Other Paid in Capital (211).....		\$ _____	\$ _____
Retained Earnings (215)	F-6	\$ _____	\$ _____
Proprietary Capital (Proprietary and partnership only) (218)	F-6	\$ _____	\$ _____
Total Capital.....		\$ _____	\$ _____
Long-Term Debt (224)	F-6	\$ _____	\$ _____
Accounts Payable (231)		\$ _____	\$ _____
Notes Payable (232)		\$ _____	\$ _____
Customer Deposits (235)		\$ _____	\$ _____
Accrued Taxes (236).....		\$ _____	\$ _____
Other Liabilities (Specify)		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
Advances for Construction		\$ _____	\$ _____
Contribution In Aid of Construction-Net (271-272)	F-7	\$ _____	\$ _____
Total Liabilities and Capital		\$ _____	\$ _____

NET UTILITY PLANT				
Plant Accounts (101-107) Inclusive	Water	Sewer	W & S Other Than Reporting Systems	Total
Utility Plant In Service (101).....	\$ _____	\$ _____	\$ _____	\$ _____
Construction Work in Progress (105).....	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify)_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Total Utility Plant	\$ _____	\$ _____	\$ _____	\$ _____
ACCUMULATED DEPRECIATION AND AMORTIZATION OF UTILITY PLANT				
Account 108	Water	Sewer	W & S Other Than Reporting Systems	Total
Balance First of Year	\$ _____	\$ _____	\$ _____	\$ _____
Credits During Year:				
Accruals charged to Depreciation Acct...	\$ _____	\$ _____	\$ _____	\$ _____
Salvage	\$ _____	\$ _____	\$ _____	\$ _____
Other Credits (Specify)_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Total Credits	\$ _____	\$ _____	\$ _____	\$ _____
Debits During Year:				
Book Cost of Plant Retired	\$ _____	\$ _____	\$ _____	\$ _____
Cost of Removal	\$ _____	\$ _____	\$ _____	\$ _____
Other debits (Specify)_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Total Debits	\$ _____	\$ _____	\$ _____	\$ _____
Balance End of Year	\$ _____	\$ _____	\$ _____	\$ _____

CAPITAL STOCK (201-204)			
	Common Stock	Preferred Stock	
Par or stated value per share.....	_____	_____	
Shares authorized.....	_____	_____	
Shares issued and outstanding.....	_____	_____	
Total par value of stock issued.....	_____	_____	
Dividends declared per share for year	_____	_____	
RETAINED EARNINGS (215)			
	Appropriated	Un-Appropriated	
Balance First of Year	\$ _____	\$ _____	
Changes during the year (specify)_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
Balance End of Year	\$ _____	\$ _____	
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 Nominal Date of Issue and Date of Maturity)	Interest		Principal Per Balance Sheet Date
	Rate	Payments	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total.....			\$ _____

TAXES ACCRUED (236)				
(a)	Water (b)	Sewer (c)	Other (d)	Total (e)
Balance First of Year	\$ _____	\$ _____	\$ _____	\$ _____
Accruals Charged:				
State Ad Valorem Tax	\$ _____	\$ _____	\$ _____	\$ _____
Local Property Tax	\$ _____	\$ _____	\$ _____	\$ _____
Federal Income Tax	\$ _____	\$ _____	\$ _____	\$ _____
State Income Tax	\$ _____	\$ _____	\$ _____	\$ _____
Regulatory Assessment Fee	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify) _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Total Taxes Accrued	\$ _____	\$ _____	\$ _____	\$ _____
Taxes Paid:				
State Ad Valorem Tax	\$ _____	\$ _____	\$ _____	\$ _____
Local Property Tax	\$ _____	\$ _____	\$ _____	\$ _____
Federal Income Tax	\$ _____	\$ _____	\$ _____	\$ _____
State Income Tax	\$ _____	\$ _____	\$ _____	\$ _____
Regulatory Assessment Fee	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify) _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Total Taxes Paid	\$ _____	\$ _____	\$ _____	\$ _____
Balance End of Year	\$ _____	\$ _____	\$ _____	\$ _____

PAYMENTS FOR SERVICES RENDERED BY OTHER THAN EMPLOYEES

Report all information concerning 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.

Name of recipient	Amount	Description of Service
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

CONTRIBUTIONS IN AID OF CONSTRUCTION (271)			
(a)	Water (b)	Sewer (c)	Total (d)
Balance First of Year	\$ _____	\$ _____	\$ _____
Add Credits During Year	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____
Deduct Charges During Year	\$ _____	\$ _____	\$ _____
Balance End of Year	\$ _____	\$ _____	\$ _____
Less Accumulated Amortization	\$ _____	\$ _____	\$ _____
Net CIAC	\$ _____	\$ _____	\$ _____
ADDITIONS TO CONTRIBUTIONS IN AID OF CONSTRUCTING 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	Sewer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Subtotal	\$ _____	\$ _____	\$ _____
Report below all capacity charges, main extension charges and customer connections charges received during the year.			
Description of Charge	Number of Connections	Charge per Connection	
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Total Credits During Year		\$ _____	\$ _____

WATER UTILITY PLANT ACCOUNTS					
Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization.....	\$ _____	\$ _____	\$ _____	\$ _____
302	Franchises.....	\$ _____	\$ _____	\$ _____	\$ _____
303	Land and Land Rights	\$ _____	\$ _____	\$ _____	\$ _____
304	Structures and Improvements	\$ _____	\$ _____	\$ _____	\$ _____
305	Collecting and Impounding Reservoirs...	\$ _____	\$ _____	\$ _____	\$ _____
306	Lake River and Other Intakes.....	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____
307	Wells and Springs	\$ _____	\$ _____	\$ _____	\$ _____
308	Infiltration Galleries and Tunnels.....	\$ _____	\$ _____	\$ _____	\$ _____
309	Supply Mains.....	\$ _____	\$ _____	\$ _____	\$ _____
310	Power Generation Equipment	\$ _____	\$ _____	\$ _____	\$ _____
311	Pumping Equipment.....	\$ _____	\$ _____	\$ _____	\$ _____
320	Water Treatment Equipment	\$ _____	\$ _____	\$ _____	\$ _____
330	Distribution Reservoirs and Standpipes .	\$ _____	\$ _____	\$ _____	\$ _____
331	Transmission and Distribution Mains	\$ _____	\$ _____	\$ _____	\$ _____
333	Services	\$ _____	\$ _____	\$ _____	\$ _____
334	Meters and Meter Installations	\$ _____	\$ _____	\$ _____	\$ _____
335	Hydrants.....	\$ _____	\$ _____	\$ _____	\$ _____
339	Other Plant and Miscellaneous Equipment	\$ _____	\$ _____	\$ _____	\$ _____
340	Office Furniture and Equipment	\$ _____	\$ _____	\$ _____	\$ _____
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	\$ _____	\$ _____	\$ _____	\$ _____
348	Other Tangible Plant	\$ _____	\$ _____	\$ _____	\$ _____
	Total Water Plant	\$ _____	\$ _____	\$ _____	\$ _____

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)	Accumulated Depreciation Balance End of Year (i)
304	Structures & Improvements.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
305	Collecting & Impounding Reservoirs.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
306	Lake River & Other Intakes	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
307	Well & Springs.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
308	Infiltration Galleries & Tunnels .	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
309	Supply Mains.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
310	Power Generating Equipment ..	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
311	Pumping Equipment.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
320	Water Treatment Equipment	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
330	Distribution Reservoirs & Standpipes	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
331	Trans. & Dist. Mains.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
333	Service	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
334	Meter & Meter Installations	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
335	Hydrants.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
339	Other Plant and Miscellaneous Equipment.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
340	Office Furniture and Equipment	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
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	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
348	Other Tangible Plant	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
	Totals				\$ _____	\$ _____	\$ _____	\$ _____

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	\$ _____
616	Fuel for Power Production	\$ _____
618	Chemicals	\$ _____
620	Materials and Supplies	\$ _____
630	Contractual Services	\$ _____
640	Rents	\$ _____
650	Transportation Expense	\$ _____
655	Insurance Expense	\$ _____
665	Regulatory Commission Expenses	\$ _____
670	Bad Debt Expense	\$ _____
675	Miscellaneous Expense	\$ _____
Total Water Operation And Maintenance Expense		\$ _____

WATER CUSTOMERS				
Description	Number First of Year	Additions	Disconnects	Number End of Year
Metered Customers:				
5/8 x 3/4"	_____	_____	_____	_____
1"	_____	_____	_____	_____
1 1/2"	_____	_____	_____	_____
2"	_____	_____	_____	_____
2 1/2"	_____	_____	_____	_____
3"	_____	_____	_____	_____
Other (Specify): _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Unmetered Customers				
_____	_____	_____	_____	_____
Total Customers				

SYSTEM NAME _____

PUMPING AND PURCHASED WATER STATISTICS				
(a)	Water Purchased For Resale (Omit 000's) (b)	Water Pumped From Wells (Omit 000's) (c)	Total Water Pumped and Purchased (Omit 000's) [(b) + (c)] (d)	Water Sold To Customers (Omit 000's) (e)
January	_____	_____	_____	_____
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:

SYSTEM NAME _____

WELLS AND WELL PUMPS				
(a)	(b)	(c)	(d)	(e)
Year Constructed	_____	_____	_____	_____
Type of Well Construction and Casting	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Depth of Wells	_____	_____	_____	_____
Diameters of Wells	_____	_____	_____	_____
Pump – GPM	_____	_____	_____	_____
Motor – HP	_____	_____	_____	_____
Yields of Wells in GPD	_____	_____	_____	_____
Auxiliary Power	_____	_____	_____	_____
RESERVOIRS				
(a)	(b)	(c)	(d)	(e)
Description (steel, concrete, or pneumatic)	_____	_____	_____	_____
Capacity of Tank	_____	_____	_____	_____
Ground or Elevated	_____	_____	_____	_____
HIGH SERVICE PUMPING				
Motors (a)	(b)	(c)	(d)	(e)
Manufacturer	_____	_____	_____	_____
Type	_____	_____	_____	_____
Rated Horsepower	_____	_____	_____	_____
Pumps				
Manufacturer	_____	_____	_____	_____
Type	_____	_____	_____	_____
Capacity in GPM	_____	_____	_____	_____
Average Number of Hours Operated Per Day	_____	_____	_____	_____
Auxiliary Power	_____	_____	_____	_____

SOURCE OF SUPPLY

List for each source of supply:

Gallons Per Day of Source.....	_____	_____	_____
Type of Source.....	_____	_____	_____

WATER TREATMENT FACILITIES

List for each water treatment facility:

Type.....	_____	_____	_____
Make	_____	_____	_____
Gallons Per Day Capacity	_____	_____	_____
Method of Measurement	_____	_____	_____

OTHER WATER SYSTEM INFORMATION

Furnish information below for each system not physically connected with another facility. A separate page should be supplied where necessary.

1. Present ERC's * now being served _____
2. Present ERC's * that system can efficiently serve _____
3. Estimated annual increase in ERC's* _____
4. List fire fighting facilities and capacities _____

5. List percent of certificated area where service connections are installed _____

6. What is the current need for system upgrading and/or expansion? _____

7. What are plans for future system upgrading and/or expansion? _____

8. Have questions 6 and 7 been discussed with an engineer (if so, state name and address) _____

*ERC = (Total Gallons Sold / 365 days / 350 Gallons per day)

SEWER UTILITY PLANT ACCOUNTS					
Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
351	Organization.....	\$ _____	\$ _____	\$ _____	\$ _____
352	Franchises.....	\$ _____	\$ _____	\$ _____	\$ _____
353	Land and Land Rights	\$ _____	\$ _____	\$ _____	\$ _____
354	Structures and Improvements	\$ _____	\$ _____	\$ _____	\$ _____
360	Collection Sewers – Force	\$ _____	\$ _____	\$ _____	\$ _____
361	Collection Sewers – Gravity	\$ _____	\$ _____	\$ _____	\$ _____
362	Special Collecting Structures	\$ _____	\$ _____	\$ _____	\$ _____
363	Services to Customers	\$ _____	\$ _____	\$ _____	\$ _____
364	Flow Measuring Devices	\$ _____	\$ _____	\$ _____	\$ _____
365	Flow Measuring Installations	\$ _____	\$ _____	\$ _____	\$ _____
370	Receiving Wells.....	\$ _____	\$ _____	\$ _____	\$ _____
371	Pumping Equipment.....	\$ _____	\$ _____	\$ _____	\$ _____
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	Store Equipment	\$ _____	\$ _____	\$ _____	\$ _____
393	Tools, Shop and Garage Equipment	\$ _____	\$ _____	\$ _____	\$ _____
394	Laboratory Equipment.....	\$ _____	\$ _____	\$ _____	\$ _____
395	Power Operated Equipment.....	\$ _____	\$ _____	\$ _____	\$ _____
396	Communication Equipment	\$ _____	\$ _____	\$ _____	\$ _____
397	Miscellaneous Equipment	\$ _____	\$ _____	\$ _____	\$ _____
398	Other Tangible Plant	\$ _____	\$ _____	\$ _____	\$ _____
	Total Sewer Plant.....	\$ _____	\$ _____	\$ _____	\$ _____

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - SEWER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Dept. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accumulated Depreciation Balance End of Year (i)
354	Structures and Improvements	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
360	Collection Sewers – Force	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
361	Collection Sewers – Gravity	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
362	Special Collecting Structures	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
363	Services to Customers	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
364	Flow Measuring Devices	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
365	Flow Measuring Installations	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
370	Receiving Wells.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
371	Pumping Equipment.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
380	Treatment & Disposal Equipment.	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
381	Plant Sewers.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
382	Outfall Sewer Lines	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
389	Other Plant & Miscellaneous Equipment.....	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
390	Office Furniture & 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	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
	Totals	_____	_____ %	_____ %	\$ _____	\$ _____	\$ _____	\$ _____

SEWER 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 Sewage Treatment	\$ _____
711	Sludge Removal Expense	\$ _____
715	Purchased Power	\$ _____
716	Fuel for Power Production	\$ _____
718	Chemicals	\$ _____
720	Materials and Supplies	\$ _____
730	Contractual Services	\$ _____
740	Rents	\$ _____
750	Transportation Expenses	\$ _____
755	Insurance Expense	\$ _____
765	Regulatory Commission Expenses	\$ _____
770	Bad Debt Expense	\$ _____
775	Miscellaneous Expenses	\$ _____
	Total Sewer Operation and Maintenance Expense	\$ _____

SEWER CUSTOMERS				
Description	Number First of Year	Additions	Disconnects	Number End of Year
Measure Service				
5/8" x 3/4"	_____	_____	_____	_____
1"	_____	_____	_____	_____
1 1/2"	_____	_____	_____	_____
2"	_____	_____	_____	_____
2 1/2"	_____	_____	_____	_____
3"	_____	_____	_____	_____
Other (Specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Unmetered Customers	_____	_____	_____	_____
Total Customers	_____	_____	_____	_____

PUMPING EQUIPMENT						
Lift Station Number	_____	_____	_____	_____	_____	_____
Make or type and nameplate data of pump _____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Year Installed	_____	_____	_____	_____	_____	_____
Rated Capacity	_____	_____	_____	_____	_____	_____
Size	_____	_____	_____	_____	_____	_____
Power:						
Electric.....	_____	_____	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____	_____	_____
Nameplate data of motor _____	_____	_____	_____	_____	_____	_____

SERVICE CONNECTIONS						
Size (inches)	_____	_____	_____	_____	_____	_____
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 AND MANHOLES								
	Collecting Mains				Force Mains			
Size (inches)	_____	_____	_____	_____	_____	_____	_____	_____
Type of Main	_____	_____	_____	_____	_____	_____	_____	_____
Length of Main (nearest foot) ...	_____	_____	_____	_____	_____	_____	_____	_____
Beginning of Year.....	_____	_____	_____	_____	_____	_____	_____	_____
Added During Year.....	_____	_____	_____	_____	_____	_____	_____	_____
Retired During Year.....	_____	_____	_____	_____	_____	_____	_____	_____
End of Year	_____	_____	_____	_____	_____	_____	_____	_____

Manholes				
Size	_____	_____	_____	_____
Type	_____	_____	_____	_____
Number	_____	_____	_____	_____
Beginning of Year.....	_____	_____	_____	_____
Added During Year.....	_____	_____	_____	_____
Retired During Year.....	_____	_____	_____	_____
End of Year	_____	_____	_____	_____

SYSTEM NAME: _____

TREATMENT PLANT

Manufacturer	<hr/>	<hr/>	<hr/>
Type	<hr/>	<hr/>	<hr/>
“Steel” or “Concrete”	<hr/>	<hr/>	<hr/>
Total Capacity	<hr/>	<hr/>	<hr/>
Average Daily Flow	<hr/>	<hr/>	<hr/>
Effluent Disposal	<hr/>	<hr/>	<hr/>
Total Gallons of Sewage Treated	<hr/>	<hr/>	<hr/>

MASTER LIFT STATION PUMPS

Manufacturer	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Capacity	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Motor: Mfr.....	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Horsepower.....	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Power (Electric or Mechanical)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

OTHER SEWER SYSTEM INFORMATION

1. Present number of ERC's* being served: _____
2. Maximum number of ERC's* which can be: _____
3. Estimated annual increase in ERC's* _____
4. State any plans and estimated completion dates for any enlargements of this system _____
5. If present systems do not meet present environmental requirements, submit the following:
 - (a) Evaluation of the present plant or plants in regard to meeting the requirements.
 - (b) Plans for funding and construction of the required upgrading.
 - (c) When will construction begin? _____
6. In what percent of your certificated area have service connections been installed? _____%

*ERC = (Total Gallons Treated / 365 days) / 275 Gallons Per Day

NOTE: Total Gallons Treated includes both sewage treated and purchased sewage treatment.

The KCC is in the process of updating our electronic records keeping system and we need to verify your Company's contact information is current. Please provide your general company information and one contact for each of the categories listed below. This information should be submitted along with your Annual Report to the Commission. Thank you.

Company Name _____

Principal Company Address _____

Principal Company Email Address _____

Principal Company Phone Number _____

Company Contact – Name & Title _____

Email Address _____

Phone Number _____

Regulatory Affairs Contact – Name & Title _____

Email Address _____

Phone Number _____

Assessment Contact – Name & Title _____

Email Address _____

Phone Number _____

Complaint Contact – Name & Title _____

Email Address _____

Phone Number _____

Legal Contact – Name & Title _____

Email Address _____

Phone Number _____

Consultant Contact – Name & Title _____

Email Address _____

Phone Number _____

VERIFICATION

The foregoing report must be verified by the oath of the President or chief officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State of _____)

County of _____) SS:

_____ makes oath and says that
(Insert here the name of the affiant)

he/she is _____
(Insert here the exact legal title or name of the respondent)

That he/she has examined the foregoing report; that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above named respondent in respect to each and every matter set forth therein during the period from the including.

_____, to and including _____

(Signature of affiant)

Subscribed and sworn to before me, a _____

In and for the State and county above named, this _____ day of _____.

My commission expires _____

(Signature of officer authorized to administer oaths)