

**LOUISIANA PUBLIC SERVICE COMMISSION**

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**ANNUAL REPORT  
OF  
OPERATIONS  
BY  
WASTEWATER PUBLIC UTILITIES**

**(Exact Legal Name of Company)**

**(END DATE REPORTED PERIOD)**

**The filing of the Annual Report and/or related correspondence should  
be directed to the:**

**Louisiana Public Service Commission  
ATTN: Utilities Division – Annual Report  
602 North 5<sup>th</sup> Street, 12<sup>th</sup> Floor  
Baton Rouge, Louisiana 70821**

**LOUISIANA, WITHIN ONE HUNDRED TWENTY DAYS (120) AFTER  
CLOSE OF REPORTED PERIOD.**

## COMPANY IDENTIFICATION AND INSTRUCTION

COMPANY DATA:

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

ADDRESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

OWNER (S):

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

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PRESIDENT:

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

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ANNUAL REPORT:

1. *TO WHOM TO BE SENT:* \_\_\_\_\_

\_\_\_\_\_

2. *WHO FILLED OUT THIS REPORT:* \_\_\_\_\_

\_\_\_\_\_

## INSTRUCTIONS

PAGE FOUR THROUGH PAGE EIGHT REPORTS FINANCIAL DATA PERTINENT TO YOUR COMPANY. IF YOU HAVE FINANCIAL STATEMENTS FOR YOUR SYSTEM (BALANCE SHEET AND INCOME STATEMENT) OR CURRENT YEARS INCOME TAX FILINGS, THESE MAY BE SUBSTITUTED INTO THE REPORT BOOKLET TO PROVIDE FINANCIAL DATA INSTEAD OF COMPLETING PAGE FOUR THROUGH PAGE EIGHT.

ON PAGE TWO OF THIS REPORT, SHOW COST OF THE PLANT ITEMS IN DOLLARS, NOT IN NUMBER OF UNITS SUCH AS FOOTAGES FOR MAINS. PAGE THREE SHOWING ACCUMULATED DEPRECIATION OF PLANT SHOULD ALSO BE SHOWN IN DOLLARS- NOT UNITS.

IF YOUR FINANCIAL STATEMENTS ARE INCORPORATED INTO THE REPORT, IN LIEU OF INDICATING THE NUMBER OF CUSTOMERS SERVED IN THE SPACE ON PAGE FOUR, PLEASE SHOW THE NUMBER OF CUSTOMERS SERVED IN THE SPACE BELOW:

### **VII. NUMBER OF CUSTOMERS/CONNECTIONS BY CLASSIFICATION**

<b>RESIDENTIAL</b>	<b>COMMERICAL</b>	<b>INDUSTRIAL</b>	<b>OTHER/GOV'T</b>	<b>TOTAL</b>

## SEWERAGE PLANT

ITEM  (A)	BALANCE BEGINNING OF YEAR  (B)	ADDITIONS DURING YEAR  (C)	RETIREMENTS DURING YEAR  (D)	ABANDONED OR REMOVED FROM SERVICE  (E)	BALANCE END OF YEAR  (F)
MAINS	\$	\$	\$	\$	\$
SERVICES					
OXIDATION PONDS					
TREATMENT PLANTS					
OTHER					
TOTAL					

MATERIALS & SUPPLIES (ON HAND)

\_\_\_\_\_

CONTRIBUTIONS FROM CUSTOMERS FOR CONSTRUCTION

\_\_\_\_\_

ADVANCES FROM CUSTOMERS FOR CONSTRUCTION

\_\_\_\_\_

CONSTRUCTION WORK IN PROGRESS (END OF YEAR)

\_\_\_\_\_

**ACCUMULATED RESERVE FOR DEPRECIATION; DEPLETION AND AMORTIZATION**

ITEM  (A)	SERVICE LIFE (YEARS)  (B)	BALANCE BEGINNING OF YEAR  (C)	ADDED DURING YEAR (CREDIT)  (D)	CHARGES DURING YEAR (DEBIT)  (E)	BALANCE END OF YEAR  (F)
MAINS		\$	\$	\$	\$
SERVICES					
OXIDATION PONDS					
TREATMENT PLANTS					
OTHER					
TOTAL					

**OPERATING REVENUES**

<b>SEWERAGE COLLECTION CHARGES</b>	<b>NO. CUST.</b>	<b>\$</b>
<b><u>OTHER SEWERAGE REVENUE</u></b>		
FORFEITED DISCOUNTS		
CONNECTION FEES		
MISC. OPERATING REVENUE		
TOTAL OTHER SEWERAGE REVENUE		
TOTAL OPERATING REVENUE		
<b><u>OTHER INCOME</u></b>		
INTEREST		
RENT		
MISC. OTHER INCOME		
TOTAL OTHER INCOME		
TOTAL INCOME		

## OPERATING EXPENSES

THE OPERATING EXPENSES OF THE RESPONDENT AS CARRIED ON ITS BOOKS SHOULD BE SHOWN ON THE FOLLOWING PAGES.

ACCOUNT NAME	Current Year
<u>TREATMENT EXPENSES:</u>	
OPERATION SUPERVISION & ENGINEERING _____	_____
PURIFICATION LABOR _____	_____
SUPPLIES & EXPENSES _____	_____
MAINTENANCE SUPERVISION & ENGINEERING _____	_____
MAINTENANCE OF STRUCTURES & IMPROVEMENTS _____	_____
MAINTENANCE OF TREATMENT EQUIPMENT _____	_____
RENTS _____	_____
TOTAL TREATMENT EXPENSES _____	_____
<u>COLLECTION &amp; TRANSMISSION EXPENSES:</u>	
OPERATION SUPERVISION & ENGINEERING _____	_____
DEPARTMENTAL OFFICE EXPENSES _____	_____
SERVICES ON CUSTOMERS' PREMISES _____	_____
MAINTENANCE SUPERVISION & ENGINEERING _____	_____
MAINTENANCE OF STRUCTURE & IMPROVEMENTS _____	_____
MAINTENANCE OF MAINS _____	_____
MAINTENANCE OF OTHER COLLECTION PLANT _____	_____
RENTS _____	_____
OTHER _____	_____
TOTAL COLLECTION & TRANSMISSION EXPENSES	_____
<u>CUSTOMERS' ACCOUNTING &amp; COLLECTION EXPENSES:</u>	
SUPERVISION _____	_____
CUSTOMERS' BILLING & ACCOUNTING _____	_____
MISCELLANEOUS ACCOUNTING & COLLECTING EXPENSES _____	_____
UNCOLLECTIBLE ACCOUNTS _____	_____
RENTS _____	_____
TOTAL CUSTOMERS ACCOUNTING & COLLECTING EXPENSES	_____



<b>DEPRECIATION EXPENSES: (COL. D-P. 3)</b>	
<b>TAXES:</b> (OTHER THAN INCOME) -GIVE NAME & AMOUNT OF EACH TAX CLAIMED APPLICABLE TO THIS OPERATION ONLY.	
PROPERTY	
FRANCHISE	
GROSS RECEIPTS	
PAYROLL	
OTHER	
<b>TOTAL</b>	
<b><u>INCOME TAXES:</u></b>	
FEDERAL	
STATE	
<b>TOTAL</b>	

OTHER INCOME DEDUCTIONS:

INTEREST EXPENSE	\$ _____
RENT EXPENSE ON NON-UTILITY PROPERTY	\$ _____
MISCELLANEOUS OTHER INCOME DEDUCTIONS	\$ _____
TOTAL OTHER INCOME DEDUCTIONS	\$ _____

PREPAYMENTS:

INSURANCE	\$ _____
OTHER	\$ _____
TOTAL PREPAYMENTS	\$ _____
TOTAL (OTHER EXPENSES)	\$ _____
TOTAL EXPENSES	\$ _____
NET INCOME	\$ _____

**OTHER INCOME DEDUCTIONS**

INTEREST EXPENSE	
RENT EXPENSE ON NON-UTILITY PROPERTY	
MISCELLANEOUS OTHER INCOME DEDUCTIONS	
TOTAL OTHER INCOME DEDUCTIONS	
<b><u>PREPAYMENTS:</u></b>	
INSURANCE	
OTHER	
<b>TOTAL PREPAYMENTS</b>	
<b>TOTAL (OTHER EXPENSES)</b>	
<b>TOTAL EXPENSES</b>	
<b><u>NET INCOME</u></b>	

# AFFIDAVIT

State of \_\_\_\_\_

County/Parish of \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ for \_\_\_\_\_  
(Name of Affiant) (Title of Affiant) (Title or Name of Respondent)

attest that it is my duty to have supervision over the books of account of the respondent and to control the manner in which such books are kept. I know that such books have, during the period covered by the foregoing report, been kept in good faith. I carefully examined the said report and to the best of my knowledge and belief the entries contained in the said report have, so far as they related to matters of account, been accurately taken from the said books of account and are in exact accordance therewith. I believe that all other statements of fact contained in the said report are true; and that the said report is a correct and complete statement of the business and affairs of the above named respondents during the period of time.

\_\_\_\_\_  
(Signature of Affiant)

Subscribed and sworn to before me a Notary Public, in and for the State and County/Parish above named, this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)