

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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WATER MANAGEMENT ADMINISTRATION
Water Quality Infrastructure Program
(410-537-3767)

Financial Management Plan Privately Owned Water/Sewerage Systems

Article 9-510 of the Annotated Code of Maryland requires that before the issuance of a permit for water and/or sewerage construction, a Financial Management Plan (FMP) be submitted for review/approval to ensure the future fiscal health of the proposed system.

PART I

- A. Project Name: _____ County: _____
Applicant: _____ Designated Permit Number: _____
- B. System Capacity: _____ gallons/day Total Number of Users: _____
System Capital Debt: \$ _____ Annual Debt Payment: \$ _____
Source of Revenue for Debt Payment: _____

PART II

Has a financial report regarding the proposed system been provided to the Public Service Commission or any other institution? (Check "yes" or "no")

_____ State the purpose of the financial report (attach a copy), and provide information in "Part III" below that is not included in
(Yes) the report.

_____ Complete information in "PART III" below.
(No)

PART III

A. Annual Revenue and Operations, Maintenance & Replacement (OM&R) Budget

<u>OM&R Revenue Items</u>	<u>Annual Revenue</u>
• Water and/or Sewer User Fees	\$ _____
• Other Fees	\$ _____

Total OM&R Revenue:	\$ _____
<u>OM&R Items</u>	<u>Annual Budget for Expense</u>
• Operations	\$ _____
• Maintenance	\$ _____
• Replacement	\$ _____
• Other	\$ _____

Total OM&R Expense:	\$ _____

PART III - CONTINUE

B-1 Identify items that may require extraordinary repairs beyond normal annual OM&R and estimate costs for these items:

<u>Item</u>	<u>Estimated Cost</u>
-----	\$ -----
-----	\$ -----
-----	\$ -----
-----	\$ -----

B-2 Identify sources/amount of funds available to cover costs associated with the above listed extraordinary repairs (e.g., line of credit, bond, escrow account, replacement reserve, working capital etc.)

<u>Fund Source</u>	<u>Amount of Fund</u>
-----	\$ -----
-----	\$ -----
-----	\$ -----
-----	\$ -----

I certify that the information provided above is true to the best of my knowledge.

Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____

Telephone: _____

Please return this completed form and attachments to:

Maryland Department of the Environment
1800 Washington Blvd.
Baltimore, Maryland 21230
Attention: Permit Coordinator
Water Quality Infrastructure Program
Water Management Administration

FOR OFFICE USE

(Approval) Approved by _____ (signature) Date: _____

(Disapproval) Disapproved by _____ (signature) Date: _____

Comment: _____