

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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(410) 537-3000 • 1-800-633-6101 • <http://www.mde.state.md.us>

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")

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

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

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

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

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

Comment: _____