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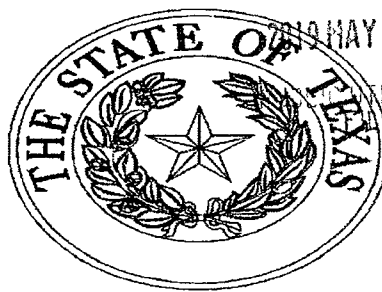


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UTILITY COMMISSION
CLERK

**CLASS "C" WATER COMPAN
PUC ANNUAL REPORT
OF**

CCN Number

10789

Official Company Name:

HEIGHTS WATER COMPANY

D/B/A Name(s)

**TO THE
PUBLIC UTILITY COMMISSION
OF TEXAS**

For the Year Ended 12/31/2018

103

Annual Report for Class C Water and/or Sewer Utilities

PUBLIC UTILITY COMMISSION OF TEXAS
1701 N. CONGRESS AVE., PO BOX 13326, AUSTIN, TX 78711-3326
pursuant to TWC § 13.136

I. NAME OF UTILITY, OFFICE MAILING ADDRESS AND AREA SERVED

1 Utility Name: HEIGHTS WATER COMPANY
List all assumed name(s) or d/b/a names: 10789
2 Certificate of Convenience and Necessity No. _____ Calendar Year Ending 12/31/2018
3 Street Address: 14397 FM 2767
4 City or Town: TYLER, TX 75705 CCN No.: 10789
5 Email Address: JACK NEELY 2015@gmail.com
6 County: SMITH Zip Code: 75705
7 TCEQ PWS Number(s) 2120051
8 Water Quality Discharge Permit Number(s) NA

II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:
Corporation: _____ Partnership: x Individual: _____ Other: _____
10 If a corporation, list names and titles of the officers. If an individual or partnership, list the name of the individual or each partner and provide the title for each. For partnerships, please provide the percentage of ownership for each partner.

11 If the controlling ownership of this utility changed during the last twelve (12) months, state the date of ownership change and the name and address of the prior owner.
NO
12 Date the utility was formed or incorporated: 10/30/1989
13 Is the utility under common ownership or control by another corporation? Y N If yes, by whom? _____

III. PERSON TO CONTACT REGARDING THE INFORMATION SUPPLIED ON THESE FORMS

14 Name and Title: JACK NEELY OWNER
15 Address: 14397 FM 2767
16 City: TYLER, TX 75705
17 Telephone Number with Area Code: 903-566-2754
18 Cell Phone Number with Area Code: 903-747-5609
19 Fax Number with Area Code: 903-566-2754
20 e-mail address: jack_neely_2015@gmail.com
21 If not an officer, owner or employee, give name of firm employed by: _____

2. Statements of Income

Name of Utility: HEIGHTS WATER COMPANY

12-31-2018

Line #

Report Calendar Year 12-31-2018

Water Report Year	Sewer Report Year	Total Report Year
A	B	C=A+B

1	Total Revenue:			
	Operating Expenses:			
2	601 O & M Salaried Labor	15876.	NA	15876.
3	604 Employee Benefits			
4	631, 635, 636 O & M Contract labor	6600.		6600.
5	620 Operating/Maint Supplies	4950.		4950.
6	610 Purchased Water			
7	615 Purchased Power	12398.		12398.
8	635 Testing Expense	4305.		4305.
9	618 Chemicals	3125.		3125.
10	656-659 Insurance	3701.		3701.
11	601 General Office Salaries	1500.		1500.
12	675 General Office Expenses	2175.		2175.
13	632 Contract Accounting			
14	633 Legal	2157.		2157.
15	634 Management			
16	666 Amortization- Rate Case Expense			
17	403 Depreciation Expense	3425.		3425.
18	667-675 Other Misc. Expenses			
	Taxes:	XXXX	XXXX	XXXX
19	409 Federal Income Taxes	3461.		3461.
20	409.0 State Franchise Taxes/Reg Assess.			
21	408 All Other Taxes	1667.		1667.
22	Total Expenses	\$ 59400. -	\$ -	\$ 59400. -
23	Net Operating Income	\$ 59400 -	\$ -	\$ 59400. -
24	421, 433 Non-Operating Income			
	Non-Operating Deductions:			
25	426 Other			
26	427 Interest			
27	Net Income	\$ -	\$ -	\$ -

1. Balance Sheet

Name of Utility: HEIGHTS WATER COMPANY

12-31-2018

Line #	ASSETS	End of Year mm/dd/yyyy	End of Prior Year mm/dd/yyyy
	<u>UTILITY PLANT</u>		
1	101 Utility Plant in Service	12-31-2018	12-31-2017
2	TOTAL UTILITY PLANT	76,350.	75,350.
3	108 Less: Accumulated Amortization		
4	110 Less: Accumulated Depreciation	3,425.	2,925.
5	NET UTILITY PLANT	72,925.	72,425.
6	<u>CURRENT ASSETS</u>	xxxx	xxxx
7	131-135 Cash	3,100.	2,600.
8	141-143 Accounts Receivable		
9	151 Plant Materials and Supplies (not previously expensed)	9,160.	7,960.
10	171-174 Other Current Assets		
11	TOTAL CURRENT ASSETS		
12	<u>TOTAL ASSETS*</u>	85,185.	82,985.
	<u>LIABILITIES & EQUITY</u>		
	<u>EQUITY</u>		
13	201 Common Stock	NA	
14	211 Other paid in capital	"	
15	215 Retained Earnings	"	
16	218 Proprietary Capital	"	
17	TOTAL STOCKHOLDERS' EQUITY	"	
	<u>LONG-TERM DEBT</u>	xxxx	xxxx
18	224 Long-term debt (more than 1 year)	"	
	<u>CURRENT LIABILITIES (less than 1 year)</u>	xxxx	xxxx
19	231 Accounts Payable	"	
20	232 Notes Payable	"	
21	241.0 Other Current Liabilities		
	TOTAL CURRENT LIABILITIES	"	
	<u>OTHER LIABILITIES and DEFERRED CREDITS</u>	xxxx	xxxx
22	253 Other Deferred Credits	"	
23	271-272 Net Contributions in Aid of Construction	"	
24	TOTAL OTHER LIABILITIES and DEFERRED CREDITS	"	
25	<u>TOTAL LIABILITIES & EQUITY*</u>	"	

Add NARUC accounts as needed, and if not shown above.

3. Water Plant-in-Service - changes since the last Annual Report

Name of Utility: HEIGHTS WATER COMPANY

12-31-2018

NO

[illegible]

3-S. Sewer Plant-in-Service - Changes since the last Annual Report

Name of Utility: HEIGHTS WATER COMPANY 12-31-2018 NA

	Date Plant Installed/Retired mm/yyyy	Plant Additions		Plant Retirements		Changes Since the Last Annual Report	
		List Major Items by Class	Amount	List Major Items by Class	Amount	Plant Additions	Plant Retirements
WATER							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
SEWER							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTALS			\$0		\$0	\$0	\$0

4. Other Operating Information

Connection information		End of Year mm/dd/yyyy	End of Prior Year mm/dd/yyyy	Connection information	End of Year mm/dd/yyyy	Year mm/dd/yyyy
WATER:				SEWER: NA		
1 Number of active water connections		12-31-18	12-31-17	Number of active sewer connections		
5/8" or 3/4"		84	86	Residential		
3/4"		5/8	5/8	Non-residential		
1"						
1 1/2"						
2"		1				
List all additional meter sizes:				List all additional meter sizes:		
Unmetered water connections		0	0	Unmetered water connections		
2 Number of inactive water connections		7	5	Number of inactive water connections		
5/8" or 3/4"		5/8	5/8			
3/4"						
1"						
1 1/2"						
2"						
List all additional meter sizes:				List all additional meter sizes:		
Unmetered, inactive connections		0	0	Unmetered, inactive connections		
3 Number of active sewer connections		NA	NA	Number of active sewer connections		
4 Number of inactive sewer connections		NA	NA	Number of inactive sewer connections		
5 Total gallons purchased						
6 Total gallons pumped		44,540,000				
Total Water Produced		\$ 4,540,000.00				
7 Total gallons sold		44,510,000.00				
8 Gallons unaccounted for		30,000.00				
				Total amount of sewer treated (gallons)		

Management and Operations

- Do you have an Application form or formal process for new customers?
- Do you have a copy of your approved tariff and TCEQ approved drought contingency plan for customer review?
- Do you have written operating procedures for routine operations?
- Do you have a written emergency action plans?
- Do you have written personnel policies and procedures?
- Do you have risk management and safety procedures?
- Do you have customer service policies (including billing and collection)?
- Do you prepare an annual written budget for financial planning purposes?
- Provide a list of all affiliates and entities under Common Control (if any).
- If you purchase wholesale water or sewer services, please list the name(s) of the wholesaler and describe the service(s) purchased from each.
- If you have a current capital improvement/replacement plan, please attach a copy.

Yes or No

yes
yes
yes
yes
yes
yes
yes
no

Name of Utility: HEIGHTS WATER COMPANY NONE

5. Affiliated Transactions

Charges by an Affiliate to the Reporting Utility

Name of Affiliated company: _____

NARUC Account and/or type of service		Total Affiliated Company	Total Texas	Total for reporting entity
Account #	Account name or type of service	(Dollars transacted)	(Dollars transacted)	(Dollars transacted)

Charges by an Reporting Utility to Affiliates

Name of Affiliated company: _____

NARUC Account and/or type of service		Total Affiliated Company	Total Texas	Total for reporting entity
Account #	Account name or type of service	(Dollars transacted)	(Dollars transacted)	(Dollars transacted)

(Company Name) _____

VERIFICATION**OATH**

(To be made by the officer having control of the accounting of the respondent)

State of _____

as

County of _____

_____ makes oath and says that he/she is _____

(Name of affiant)

(Official title of affiant)

of _____

(Exact legal title or name of the respondent)

The signed officer has reviewed the report.

Based on the officer's knowledge, the report does not contain any untrue statements of a material fact or omit to state a material fact necessary in order to make the statements made, in light of the circumstances under which such statements were made, not misleading.

Based on such officer's knowledge, the financial statements, and other financial information included in the report, fairly present in all material respects the financial condition and results of operations of the issuer as of, and for, the periods presented in the report.

He/she swears that all other statements 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 respondent during the period of time from and including _____ to and including _____

Subscribed and sworn to and before me, a _____

in and for the State and County above-named, this _____ day of _____

(Signature of affiant)

My commission expires _____

(Signature of officer authorized to administer oaths)

SUPPLEMENTAL OATH

(By the president or other chief officer of the respondent)

State of _____

as:

County of _____

_____ makes oath and say _____

(Name of affiant)

(Official title of affiant)

of _____

(Exact legal title or name of the respondent)

that he/she has carefully examined the foregoing report; that he/she swears that all 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 respondent during the period of time from and including _____ to and including _____

Subscribed and sworn to before me, a _____

in and for the State and County above-named, this _____ day of _____

(Signature of affiant)

My commission expires _____

(Signature of officer authorized to administer oaths)