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PUBLIC UTILITY COMMISSION  
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**SS "C" WATER COMP  
PUC ANNUAL REPORT  
OF**

4589178

CCN Number

11759

Official Company Name:

TROY G. WALLER

D/B/A Name(s)

ROCKWELL ACRES WATER SYSTEM

**TO THE  
PUBLIC UTILITY COMMISSION  
OF TEXAS**

*For the Year End*

*12/31/18*

252

# 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: Rockwell Acres Water System

List all assumed name(s) or d/b/a names: \_\_\_\_\_

2 Certificate of Convenience and Necessity No. \_\_\_\_\_ 11759 Calendar Year Ending ###

3 Street Address: 16010 Hammon St

4 City or Town: Amarillo CCN No.: 11759

5 Email Address rockwellacres1940@a gmail.com

6 County: Randall Co Tx Zip Code: 79015

7 TCEQ PWS Number(s) \_\_\_\_\_ 1910004

8 Water Quality Dicharge Permit Numb none

## II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:  
Corporation: \_\_\_\_\_ Partnership: Troy G Waller 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.  
\_\_\_\_\_  
n/a

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.  
n/a

12 Date the utility was formed or incorporated: 07/01/92

13 Is the utility under common ownership or control by another corporation? Y N If yes, by whom? n/a

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

14 Name and Title: Troy G Waller

15 Address: 16010 Hammons St

16 City: Amarillo TX 79118

17 Telephone Number with Area Code: 806-655-3261

18 Cell Phone Number with Area Code: 806-477-0419

19 Fax Number with Area Code: n/a

20 e-mail address: rockwellacres1940@a gmail.com

21 If not an officer, owner or employee, give name of firm employed by:

# 1. Balance Sheet

**Name of Utility:** Rockwell Acres Water System

Line #	ASSETS	12/31/18	12/31/17
	<u>UTILITY PLANT</u>		
1	101 Utility Plant in Service	\$70,000	\$70,000
2	TOTAL UTILITY PLANT	\$70,000	\$70,000
3	108 Less: Accumulated Amortization	\$-	\$-
4	110 Less: Accumulated Depreciation	\$70,000	\$70,000
5	NET UTILITY PLANT	\$70,000	\$70,000
6	<u>CURRENT ASSETS</u>	XXXX	XXXX
7	131-135 Cash	\$-	
8	141-143 Accounts Receivable	\$-	
9	151 Plant Materials and Supplies (not previously expensed)	\$-	
10	171-174 Other Current Assets	\$204,420	\$204,420
11	TOTAL CURRENT ASSETS	\$204,420	\$204,420
12	<u>TOTAL ASSETS*</u>	<b>\$274,420</b>	<b>\$274,420</b>
	<u>LIABILITIES &amp; EQUITY</u>		
	<u>EQUITY</u>		
13	201 Common Stock	\$-	\$-
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 &amp; EQUITY*</u>	<b>\$-</b>	<b>\$-</b>

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

## 2. Statements of Income

**Name of Utility:** Rockwell Acres Water System

Line #

Report Calendar Year

12/31/18

Water Report Year	Sewer Report Year	Total Report Year
31181	0	31181
A	B	C=A+B
\$31,181	\$-	\$31,181

1	<b>Total Revenue:</b>			
	<b>Operating Expenses:</b>			
2	601 O & M Salaried Labor			
3	604 Employee Benefits			
4	631, 635, 636 O & M Contract labor			
5	620 Operating/Maint Supplies	\$2,287		
6	610 Purchased Water			
7	615 Purchased Power			
8	635 Testing Expense	\$420		
9	618 Chemicals	\$388		
10	656-659 Insurance	\$1,579		
11	601 General Office Salaries			
12	675 General Office Expenses	\$781		
13	632 Contract Accounting	\$800		
14	633 Legal			
15	634 Management			
16	666 Amortization- Rate Case Expense			
17	403 Depreciation Expense	\$13,886		
18	667-675 Other Misc. Expenses	\$11,853		
	<b>Taxes:</b>	xxxx	xxxx	xxxx
19	409 Federal Income Taxes	\$805		
20	409.0 State Franchise Taxes/Reg Assess.	\$309		
21	408 All Other Taxes	\$228		
22	<b>Total Expenses</b>	\$33,336	\$-	\$-
23	<b>Net Operating Income</b>	\$(2,155)	\$-	\$31,181
24	421, 433 Non-Operating Income			
	<b>Non-Operating Deductions:</b>			
25	426 Other			
26	427 Interest			
27	<b>Net Income</b>	\$(2,155)	\$-	\$31,181

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

**Name of Utility:** Rockwell Acres Water System

[illegible]

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

**Name of Utility:** Rockwell Acres Water System

	Date Plant Installed/Retired mm/yyyy	Plant Additions		Plant Retirements		Plant Adjustments	Changes Since the Last Annual Report
		List Major Items by Class	Amounts	List Major Items by Class	Amounts		
WATER	none		\$-		\$-	\$-	\$0
							\$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
							\$0
TOTALS			\$0		\$0	\$0	\$0

#### 4. Other Operating Information

<u>Connection information</u>	12/31/18	12/31/17	<u>SEWER:</u>	12/31/18	12/31/17
<u>WATER:</u>					
1 Number of active water connections	\$63	\$63	Number of active sewer connections	\$-	\$-
5/8" or 3/4"	\$63	\$63	Residential	\$-	\$-
3/4"			Non-residential	\$-	\$-
1"					
1 1/2"					
2"					
List all additional meter sizes:			List all additional meter sizes:		
Unmetered water connections			Unmetered water connections		
2 Number of inactive water connections	\$9	\$9	Number of inactive water connections		
5/8" or 3/4"	\$9	\$9			
3/4"					
1"					
1 1/2"					
2"					
List all additional meter sizes:			List all additional meter sizes:		
Unmetered, inactive connections			Unmetered, inactive connections		
3 Number of active sewer connections			Number of active sewer connections		
4 Number of inactive sewer connections			Number of inactive sewer connections		
5 Total gallons purchased	\$-				
6 Total gallons pumped	\$3,109,530				
Total Water Produced	\$3,109,530				
7 Total gallons sold	\$3,109,530				
8 Gallons unaccounted for	\$-				
			Total amount of sewer treated (gallons)	\$-	

## Management and Operations

- |   |     |
|---|-----|
| 1. Do you have an Application form or formal process for new customers?   | No  |
| 2. Do you have a copy of your approved tariff and ICEQ approved drought contingency plan for customer review?                                     | Yes |
| 3. Do you have written operating procedures for routine operations?   | Yes |
| 4. Do you have a written emergency action plans?  | No  |
| 5. Do you have written personnel policies and procedures?   | No  |
| 6. Do you have risk management and safety procedures?   | No  |
| 7. Do you have customer service policies (including billing and collection)?  | Yes |
| 8. Do you prepare an annual written budget for financial planning purposes?   | Yes |
| 9. Provide a list of all affiliates and entities under Common Control (if any).   |     |
| 10. If you purchase wholesale water or sewer services, please list the name(s) of the wholesaler and describe the service(s) purchased from each. | N/A |
| 11. If you have a current capital improvement/replacement plan, please attach a copy.   | N/A |



**Name of Utility:** Rockwell Acres Water System

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## 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)
	N/A			

### 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)
	n/a			

## 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 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 \_\_\_\_\_

\_\_\_\_\_ ma \_\_\_\_\_  
(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 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)