

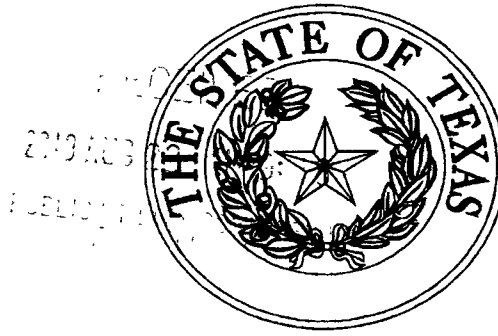


Control Number: 48918



Item Number: 265

Addendum StartPage: 0



48918

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

CCN Number

12179

Official Company Name:

NORTH UNIVERSITY ESTATES WATER CO.

D/B/A Name(s)

Olan Johnson

**TO THE
PUBLIC UTILITY COMMISSION
OF TEXAS**

For the Year Ended 2018

2018

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: North University Estates Water Co.
List all assumed name(s) or d/b/a names: Olan Johnson
2 Certificate of Convenience and Necessity No. 12179 Calendar Year Ending 2018
3 Street Address: 3704 44th Street
4 City or Town: Lubbock CCN No.: 12179
5 Email Address: ojohnson@sbcglobal.net
6 County: Lubbock Zip Code: 79413
7 TCEQ PWS Number(s) 1520-159
8 Water Quality Discharge Permit Number(s) N/A

II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:
Corporation: _____ Partnership: _____ Individual: X 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.

12 Date the utility was formed or incorporated: 1984
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: Olan Johnson Owner
15 Address: 3704 44th Street
16 City: Lubbock, TX 79413
17 Telephone Number with Area Code: (806) 799-4064
18 Cell Phone Number with Area Code: (806) 786-8578
19 Fax Number with Area Code: (806) 799-4064
20 e-mail address: ojohnson@sbcglobal.net
21 If not an officer, owner or employee, give name of firm employed by: _____

1. Balance Sheet

Name of Utility: North University Estates Water Co.

Line #		End of Year mm/dd/yyyy <i>02-31-2018</i>	End of Prior Year mm/dd/yyyy <i>12-31-2017</i>
	<u>ASSETS</u>		
	<u>UTILITY PLANT</u>		
1	101 Utility Plant in Service		
2	TOTAL UTILITY PLANT	98270.00	
3	108 Less: Accumulated Amortization	3791.00	
4	110 Less: Accumulated Depreciation		
5	NET UTILITY PLANT	94419.00	
6	<u>CURRENT ASSETS</u>	xxxx	xxxx
7	131-135 Cash working	10000.00	10000.00
8	141-143 Accounts Receivable	15,152.79	12,260.34
9	151 Plant Materials and Supplies (not previously expensed)		
10	171-174 Other Current Assets		
11	TOTAL CURRENT ASSETS		
12	<u>TOTAL ASSETS*</u>		
	<u>LIABILITIES & EQUITY</u>		
	<u>EQUITY</u>		
13	201 Common Stock	0	0
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)	0	0
	<u>CURRENT LIABILITIES (less than 1 year)</u>	xxxx	xxxx
19	231 Accounts Payable	0	0
20	232 Notes Payable	0	0
21	241.0 Other Current Liabilities	0	0
	TOTAL CURRENT LIABILITIES	0	0
	<u>OTHER LIABILITIES and DEFERRED CREDITS</u>	xxxx	xxxx
22	253 Other Deferred Credits		
23	271-272 Net Contributions in Aid of Construction	0	0
24	TOTAL OTHER LIABILITIES and DEFERRED CREDITS	0	0
25	<u>TOTAL LIABILITIES & EQUITY*</u>		

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

2. Statements of Income

Name of Utility: North University Estates Water Co.

Line #

Report Calendar Year 2018

Water Report Year	Sewer Report Year	Total Report Year
2018		
A	B	C=A+B

1	Total Revenue:			
	Operating Expenses:			
2	601 O & M Salaried Labor	12,000.00		
3	604 Employee Benefits	0		
4	631, 635, 636 O & M Contract labor	15,500.00		
5	620 Operating/Maint Supplies	3,329.00		
6	610 Purchased Water	0		
7	615 Purchased Power	8,545.00		
8	635 Testing Expense	6,275.00		
9	618 Chemicals	487.00		
10	656-659 Insurance	1,186.00		
11	601 General Office Salaries	6,000.00		
12	675 General Office Expenses	1,694.00		
13	632 Contract Accounting	0		
14	633 Legal	588.00		
15	634 Management	12,000.00		
16	666 Amortization- Rate Case Expense			
17	403 Depreciation Expense	3,791.00		
18	667-675 Other Misc. Expenses	6,082.00		
	Taxes:	xxxx	xxxx	xxxx
19	409 Federal Income Taxes			
20	409.0 State Franchise Taxes/Reg Assess.			
21	408 All Other Taxes	970.00		
22	Total Expenses	\$ 66,457.00	\$ -	\$ -
23	Net Operating Income	\$90,406.00	\$ -	\$ -
24	421, 433 Non-Operating Income			
	Non-Operating Deductions:			
25	426 Other			
26	427 Interest			
27	Net Income	\$ 23,953.00	\$ -	\$ -

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

Name of Utility: North University Estates Water Co.

[illegible]

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

Name of Utility: North University Estates Water Co.

	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							\$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

Name of Utility: North University Estates Water Co.

4. Other Operating Information

<u>Connection information</u>		<u>12-31-18</u> End of Year mm/dd/yyyy	<u>12-31-17</u> End of Prior Year mm/dd/yyyy	<u>Connection information</u>		<u>End of Year</u> mm/dd/yyyy	<u>End of Prior</u> Year
<u>WATER:</u>				<u>SEWER:</u>			
1 Number of active water connections		185	192	Number of active sewer connections			
5/8" or 3/4"		185	192	Residential			
3/4"		0	0	Non-residential			
1"		0	0				
1 1/2"		0	0				
2"		0	0				
List all additional meter sizes:		0	0	List all additional meter sizes:			
Unmetered water connections		0	0	Unmetered water connections			
2 Number of inactive water connections		40	34	Number of inactive water connections			
5/8" or 3/4"		0	0				
3/4"		0	0				
1"		0	0				
1 1/2"		0	0				
2"		0	0				
List all additional meter sizes:		0	0	List all additional meter sizes:			
Unmetered, inactive connections		0	0	Unmetered, inactive connections			
3 Number of active sewer connections		0	0	Number of active sewer connections			
4 Number of inactive sewer connections		0	0	Number of inactive sewer connections			
5 Total gallons purchased		0					
6 Total gallons pumped		18,459	140				
Total Water Produced		\$ 90,406.00					
7 Total gallons sold		15,234	263				
8 Gallons unaccounted for		3,200,000					
				Total amount of sewer treated (gallons)			
<u>Management and Operations</u>				Yes or No			
1. Do you have an Application form or formal process for new customers?				<input type="checkbox"/> Y			
2. Do you have a copy of your approved tariff and TCEQ approved drought contingency plan for customer review?				<input type="checkbox"/> Y			
3. Do you have written operating procedures for routine operations?				<input type="checkbox"/> Y			
4. Do you have a written emergency action plans?				<input type="checkbox"/> Y			
5. Do you have written personnel policies and procedures?				<input type="checkbox"/> Y			
6. Do you have risk management and safety procedures?				<input type="checkbox"/> Y			
7. Do you have customer service policies (including billing and collection)?				<input type="checkbox"/> Y			
8. Do you prepare an annual written budget for financial planning purposes?				<input type="checkbox"/> Y			
9. Provide a list of all affiliates and entities under Common Control (if any).				N/A			
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: North University Estates Water Co.

N/A

5. Affiliated Transactions

N/A

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

N/A

Name of Affiliated company: _____

N/A

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 TexasCounty of Lubbock

as.

Olan Johnson

(Name of affiant)

makes oath and says that he/she is Owner

(Official title of affiant)

of North University Estates Water Co.

(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 January 1, 2018 to and including December 31, 2018

Subscribed and sworn to and before me, a Olan Johnson
in and for the State and County above-named, this 19th day of August, 2019

Toni MatlockMy commission expires 07-31-2022

(Signature of officer authorized to administer oaths)

Olan Johnson

(Signature of affiant)

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 a 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)



