J/ 10 MA 7, 200

Received	Ynush,
Examined	CLASS D
	WATER UTILITIES
U#	
	2010
_	NNUAL REPORT
·	OF
	- 11
Pierpoint	Springs Water Co.
	,
	·
(NAME UNDER WHICH CORPOR	ATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)
Tr. 322 - 392	-490 - Tulare County
P.O. Box 85	Camp Nelson, [A 93208] L MAILING ADDRESS) ZIP
(OFFICIA	L MAILING ADDRESS) ZIP

TO THE
PUBLIC UTILITIES COMMISSION
STATE OF CALIFORNIA
FOR THE YEAR ENDED DECEMBER 31, 2010

REPORT MUST BE FILED NOT LATER THAN MARCH 31, 2011

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#### INSTRUCTIONS

1. Two completed and signed hard copies of this report and one electronic copy must be filed **NOT LATER THAN MARCH 31, 2011**, with:

CALIFORNIA PUBLIC UTILITIES COMMISSION DIVISION OF WATER AND AUDITS ATTN: KAYODE KAJOPAIYE 505 VAN NESS AVENUE, ROOM 3105 SAN FRANCISCO, CALIFORNIA 94102-3298 kok@cpuc.ca.gov

- 2. Failure to file the report on time may subject a utility to the penalties and sanctions provided by the Public Utilities Code.
- 3. The Oath on Page12, must be signed by an authorized officer, partner, or owner.
- 4. The report must be prepared in ink, typed or computer generated.
- 5. The report must be filled in, and every question answered. LEAVE NO SCHEDULE BLANK. Insert the words "none" or "not applicable" or "n/a" when appropriate.
- Certain balance sheet and income statement accounts flow to supplemental schedules. The totals of the details in the latter must agree with the balances of the accounts to which they refer.
- 7. Some schedules provide for a "balance at beginning of year." The amount shown should agree with the "balance at end of year" as shown in the report for the previous year. If there is a difference it should be explained by footnote.
- 8. When there is insufficient space in a schedule to permit a complete statement of the requested information, insert sheets should be prepared and identified by the number of the schedule to which it refers. Be certain that the inserts are securely attached to the report. If inserts are needed, prepare all inserts in one separate electronic file in Microsoft Excel format and file it with the electronic file of this report.
- 9. This report must cover the calendar year from January 1, 2010, through December 31, 2010. Fiscal year reports will not be accepted.

# **CLASS D WATER UTILITIES**

(HAVING LESS THAN 500 SERVICE CONNECTIONS)

(Namé under which corporation, partnership or individual is doing business)  P.O. Besx 85 Camp North Sean, CA 93208  (Official mailing address)  Tr. 322 - 392 470 Tul are County  (Service Area - Town and County)  Telephone Number: 557-542-255/ Fax Number: 1000 1000 1000 1000 1000 1000 1000 10		Pierpoint Springs Water (Name under which corporation, partnership or individual is doing business)	. o,		
(Service Area - Town and County)  Telephone Number: 557-542-255/ Fax Number: none  GENERAL INFORMATION (Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  1. If a corporation show: (A) Date of organization incorporated in the State of (B) Names, titles and addresses of principal officers:  2. If unincorporated provide the name and address of the owner(s) or the partners:    Pober 15					
(Service Area - Town and County)  Telephone Number: 557-542-255/ Fax Number: none  GENERAL INFORMATION (Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  1. If a corporation show: (A) Date of organization incorporated in the State of (B) Names, titles and addresses of principal officers:  2. If unincorporated provide the name and address of the owner(s) or the partners:    Pober 15		P.O. Bex 85 Camp Nelson, CA	732	<u> </u>	<u></u>
Telephone Number: 5 57-5 42-2 55/ Fax Number: Mone  GENERAL INFORMATION  (Attach a supplementary statement, if necessary)  RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  1. If a corporation show:  (A) Date of organization incorporated in the State of  (B) Names, titles and addresses of principal officers:  2. If unincorporated provide the name and address of the owner(s) or the partners:  **POBox*** 85** Camp Nelson, CA 93.208**  3. Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  (B) Person responsible for op					
Telephone Number: 5 57-5 42-2 55/ Fax Number: Mone  GENERAL INFORMATION  (Attach a supplementary statement, if necessary)  RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  1. If a corporation show:  (A) Date of organization incorporated in the State of  (B) Names, titles and addresses of principal officers:  2. If unincorporated provide the name and address of the owner(s) or the partners:  **POBox*** 85** Camp Nelson, CA 93.208**  3. Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  (B) Person responsible for op		Tr. 322-392-490 Tulare County	•		
GENERAL INFORMATION  (Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  1. If a corporation show: (A) Date of organization		. (Service Area - Town and County)			
GENERAL INFORMATION  (Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  1. If a corporation show: (A) Date of organization	T-1-	when Number CG CH2-2CE/ Fax Number Com			
GENERAL INFORMATION  (Attach a supplementary statement, if necessary)  RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  1. If a corporation show:  (A) Date of organization	i eie	phone Number: 557-572 2537 Tax Number: Pronz			
(Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES  1. If a corporation show: (A) Date of organization incorporated in the State of (B) Names, titles and addresses of principal officers:  2. If unincorporated provide the name and address of the owner(s) or the partners:    PORox 85 Camp Nelson CA 93208  3. Name, title, and telephone number of: (A) One person listed above to receive correspondence:   Person responsible for operations and services:   Person responsible for operations and services:   Person responsible for operations and services:   Person response covering service, supervision and/or management of your business affairs during the year? (Yes or No)   Na	Ema	nil Address: None			
(Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  1. If a corporation show: (A) Date of organization incorporated in the State of (B) Names, titles and addresses of principal officers:  2. If unincorporated provide the name and address of the owner(s) or the partners:    PORox 85 Camp Nelson CA 93208  3. Name, title, and telephone number of. (A) One person listed above to receive correspondence:   Person responsible for operations and services:   Person Responsible for operations and services:		CENEDAL INCODMATION	•		•
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(B) Names, titles and addresses of principal officers:  If unincorporated provide the name and address of the owner(s) or the partners:  POBOX 85 Camp Nelson, CA 73208  Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering service, supervision and/or management of your business affairs during the year? (Yes or No)  If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent:  PUBLIC HEALTH STATUS  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.	1.	· · · · · · · · · · · · · · · · · · ·			
If unincorporated provide the name and address of the owner(s) or the partners:    Ben + Michelle Ray   PORox 85   Camp Nelson, CA 93 2 08		(A) Date of organizationincorporated in the State of			<del></del>
Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  (C) Were any contracts or agreements in effect with any organization or person covering service, supervision and/or management of your business affairs during the year?  (Yes or No)  (Yes or N		(B) Names, titles and addresses of principal officers:			
Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  (B) Person responsible for operations and services:  (B) Person responsible for operations and services:  (C) Were any contracts or agreements in effect with any organization or person covering service, supervision and/or management of your business affairs during the year?  (Yes or No)  (Yes or No	. ,	If unincomporated provide the name and address of the owner(s) or the partners:			
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If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged?  5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent:    Public Health Status   Latest	3	(A) One person listed above to receive correspondence:	14RF 559	≨\$ ′-54.	9-542-2 2-2551
intermediaries, control, or are controlled by, or are under common control with respondent:  PUBLIC HEALTH STATUS  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when	4.	management of your business affairs during the year? (Yes or No) Na 'If so, what was the nature and the amount of each payment made under the agreement, to			and/or
PUBLIC HEALTH STATUS  6. Has state or local health department inspection been made during the year?  7. Are routine laboratory tests of water being made?  8. Has state health department water supply permit been obtained? (Indicate date)  9. If no permit has been obtained, state whether application has been made and when	· 5.			r more	
6. Has state or local health department inspection been made during the year?  7. Are routine laboratory tests of water being made?  8. Has state health department water supply permit been obtained? (Indicate date)  9. If no permit has been obtained, state whether application has been made and when			Van	N/~	t I
7. Are routine laboratory tests of water being made?  8. Has state health department water supply permit been obtained? (Indicate date)  9. If no permit has been obtained, state whether application has been made and when	_	$\cdot$	1 65		Date
8. Has state health department water supply permit been obtained? (Indicate date)  9. If no permit has been obtained, state whether application has been made and when			V	1	<del> </del>
If no permit has been obtained, state whether application has been made and when		•	<del>  ^-</del>	×	Tulare C
		• •	_		2 FA 000 17
To. Only expiration date in state permit to temperary.				-	
	IU.	CHOW expiration date it state permit is temperary.		<u> </u>	
11. List Name, Grade, and License Number of all Licensed Operators:	11.	List Name, Grade, and License Number of all Licensed Operators:			
Ben Ray, D1, 19618		Ren Ban D1 19618			
	*				

# **Excess Capacity and Non-Tariffed Services**

NOTE: In D.00-07-018, D.03-04-028, and D. 04-12-023, the CPUC set forth rules and requirements regarding water utilities provision of non-tariffed services using excess capacity. These decisions require water utilities to: 1) file an advice letter requesting Commission approval of that service, 2) provide information regarding non-tariffed goods/services in each company's Annual Report to the Commission.

Based on the information and filings required in D.00-07-018, D.03-04-028, and D.04-12-023, provide the following information by each individual non-tariffed goods and services provided in calendar year 2010:

								egulated	Asset	Account	Number
		Gross	Value of	Regulated	Assets	Used in the	Income   Provision of a	Non-Tariffed Regulated	Goods/	Services	Services (by Account) Number (by Account)
							Income	Тах	Liability	Account	Number
26605	allei	Total	Income	Тах	Liability	Incurred	Because of	Approving Non-Tariffed	Goods/	Services	(by Account)
Line Action	Dy Advice Le		Advice	Letter	and/or	Resolution	Number	Approving	Expense Non-Tariffed	Goods/	Services
- A -	e Approva	-					•		Expense	Account	Number
Ma - A	Applies to All Non-Tanified Goods/Services that require Approval by Advice Letter		•	Total	Expenses	Incurred	to Provide	Non-Tariffed	Goods/	Services	account) Number (by Account) Number
9	ods/Servi								Revenue	Account	Number
	on-Tariffed Go			Total	Revenue	Derived	From	Non-Tariffed	Goods/	Services	(by account)
	es to All M								Active	6	Passive (by a
	Applik										No. Description of Non-Tariffed Good/Service
										7000	<u> 2</u>

# FOR ALL WATER COMPANIES SAFE DRINKING WATER BOND ACT/STATE REVOLVING FUND DATA

Please provide the following information relating to each Safe Drinking Water Bond Act (SDWBA) or Safe Drinking Water State Revolving Fund loan surcharge collection for the calendar year. Please use one page per loan.

N	lame:			
	Address:			
Ρ	Phone Number:			
. Ч	Account Number:	· · · · · · · · · · · · · · · · · · ·		
	Date Hired:			
2. Т	Total surcharge collected from customers during the	e 12 month reporting period:		
		Meter Size	No. of Metered	Monthly Surcharge Per
	\$		Customers	Customer
	<u></u>	3/4 inch		
		1 inch		
		1 1/2 inch		
		2 inch		
	•	3 inch	<u> </u>	
•	•	4 inch 6 inch		
		lo inch		
		Number of Flat		
		Rate		
		Customers		
		Total	····	
		<u> </u>		
2 5	Summary of the bank account activities showing:			
J. C	•			
	Balance at beginning of year		;	\$
	Deposits during the year	•		
	Interest earned for calendar year			<u> </u>
	Withdrawals from this account			
	Balance at end of year			-
4. F	Reason or Purpose of Withdrawal from this bank ac	count:		
_	·	<u></u>	<del></del>	

# FOR ALL WATER COMPANIES SAFE DRINKING WATER BOND ACT/STATE REVOLVING FUND DATA (Continued)

5. Plant amounts included in Schedule A-1a, Account No. 101--Water Plant in Service which were funded using SDWBA or SRF funds:

	-		Balance	Plant Additions	Plant Retirements	Other Debits*	Balance
II		THE IS A DESCRIPT	Beginning of Year			or (Credits)	End of Year
Line	Acct.	Title of Account	1	During Year	During Year		(f)
No.	No.	(a)	(b)	(c)	(d)	(e)	
1		NON-DEPRECIABLE PLANT				,	
2	301	Intangible plant					
3	303	Land					
4		Total non-depreciable plant					
5		DEPRECIABLE PLANT					
6	304	Structures	I				
7	307	Wells	,	<u></u>			
8	317	Other water source plant					
9	311	Pumping equipment					
10	320	Water treatment plant					
11	330	Reservoirs, tanks and sandpipes					
12	331	Water mains			. <u></u> _		
13	333	Services and meter installations					
14	334	Meters				<u> </u>	
15	335	Hydrants					<u></u>
16	339	Other equipment					
17	340	Office furniture and equipment					
18	341	Transportation equipment					
19		Total depreciable plant					
20		Total water plant in service					

# SCHEDULE A - BALANCE SHEET (AS OF DECEMBER 31, 2010)

Line	Acct.	Assets	Balance	Acct.	Equity and Liabilities	Balance
1		Water plant in service	71.819	201	Common Stock (Corporations only)	<u> </u>
2		SDWA Plant	7	211	Other paid-in capital (Corporations only)	
3		Water plant held for future use		215	Retained earnings -	2427
4		Water plant purchased or sold		218	Proprietary capital	80198
5		Water plant construction work in progress		224	Long term debt .	
6		Accumulated depreciation of water plant	<u> </u>		Current Liabilities	
7		Water plant acquisition adjustments		252	Advances for construction	
8		Other investments		253	Other deferred credits	
9	· · · · ·	Cash	180	255	Accumulated deferred investment tax credits	
10		Accounts receivable - customers		282	Accumulated deferred income taxes - ACRS	
11	142	Receivables from associated companies			depreciation	
12	151	Materials and supplies	620	283	Accumulated deferred income taxes - other	
13	174	Other current assets	10,000	271	Contributions in aid of construction	
14		Deferred charges	1	272	Accumulated amortization of contributions	
15	1.00	Total Assets	82.619		Total Equity and Liabilities	82,619

## SCHEDULE B - WATER PLANT IN SERVICE

- 1			Balance	Plt Additions	Plt Retirements	Other Debits	Balance
Line	Acct	Title of Account	Beg of Year	During year	During year	or (Credits)	End of year
1	301	Intangible plant					<u> </u>
2	303	Land	10,000				10,000
3	304	Structures			<u> </u>		
4	307	Wells	21,160				21,160
5	317	Other water source plant			<u> </u>		
6	311	Pumping equipment			<u> </u>		
7		Water treatment plant			<del> </del>		
8	330	Reservoirs tanks and sandpipes	12,124		<u> </u>		12,124
9	331	Water mains	24,865				24,865
10	333	Services and meter installations	1,781		<u> </u>		1,781
11	334	Meters				· <del></del> -	
12	335	Hydrants	389			· · · · · · · · · · · · · · · · · · ·	389
13	339	Other equipment	1,000		.		1,000
14	340	Office furniture and equipment	500		<u> </u>		500
15	341	Transportation equipment			1		Transfer Co.
16		Total water plant in service	71,819	<u> </u>			71,819

<sup>\*</sup> Debit or credit entries should be explained by footnotes or supplementary schedules

# SCHEDULE C - RESERVE FOR DEPRECIATION OF UTILITY PLANT

		Account 106	Account 106.1	
Line	Item	Water Plant	SDWBA Loans	
	Balance in reserves at beginning of year			Method used to compute depreciation
	Add: Credits to reserves during year	, , , , , , , , , , , , , , , , , , ,		expense (Acct. 403) and rate.
3	(a) Charged to Account No. 272	. 73		
4	(b) Charged to Account No. 403			
5	(c) Charged to Account No. 407			Amount of depreciation expense claimed
6	(d) Salvage recovered			or to be claimed on utility property in
7	(e) All other credits			your federal income tax return for the year
8	Total credits			covered by this report \$
9	Deduct: Debits to reserves during year			<u> </u>
10	(a) Book cost of property retired			
11	(b) Cost of removal			C. State method used to compute tax
12	(c) All other debits			depreciation.
13	Total debits			
14	Balance in reserve at end of year			
15	(1) Explanation of all other credits		į.	
16	(2) Explanation of all other debits			

#### SCHEDULE D - CAPITAL STOCK OUTSTANDING (AS OF DECEMBER 31, 2010)

Line	<u> </u>	SCHEDULE D - CAPITAL STOCK OUTSTANDING (AS OF DECEMBER 31, 2010)							
. 🔼	Common - (Shares	 , \$	par)	List persons owning more than 5% of outstanding stock					
2	Preferred - (Shares	, \$	par)	and number of shares owned by each:					
3	Dividends - Common	Rate - \$							
4	· - Preferred	Rate - \$							

#### SCHEDULE E - LONG-TERM DEBTS

		Date of	Date of	Principal Amount	Outstanding Per Balance	Rate of	Interest Accrued	Interest Paid
	Class	Issue	Maturity	Authorized		Interest	During Year	During Year
1								
2								
3					``			
4	Total							

#### SCHEDULE F - INCOME STATEMENT

_		SCHEDULE F - INCOME STATEMENT	:
1		Operating revenues	
2_		Unmetered water revenue	23,818
3		Fire protection revenue	
4		Irrigation revenue	
5		Metered water revenue	
6		Approved Total Surcharge Revenue(s)	
7	480	Other water revenue	13
8		Total Revenue Received	23831
9		Less: Revenue Deductions	
10	L	SDWBA/SRF surcharge revenue	
11		Total Operating Revenue	23.871
12		Operating expenses	
13	610	Purchased water	
14		Purchased power	4.285
15		Other volume related expenses Testing	1328
16	630	Employee labor	,
17	640	Materials	2.66
18	650	Contract work	
19		Transportation expenses	8,192
20	664	Other plant maintenance expense	627
21	670	Office salaries	1000
22	671	Management salaries	2,000
23	674	Employee pensions and benefits	2,000
24		Uncollectible accounts expense	8 <b>1</b> 3
25	678	Office services and rentals	
26	681	Office supplies and expense	396
27	682	Professional services	505
28	684	Insurance	2,707
29	688	Regulatory commission expense	949
30	689	General expenses	401
31		Total Operating Expenses	25.478
32	403	Depreciation expense	
33		SDWBA loan amortization expense	
34		Taxes other than income taxes	780
35		State income tax expense	
36	410	Federal income tax expense	1
37		Total Operating Revenue Deductions	2 780
38		Utility Operating Income	
39	421	Non-utility income	
40	426	Miscellaneous non-utility expense	
41	427	Interest expense	<u> </u>
42	<del></del>	Net Income	-2427
7~			<u> </u>

SCHEDULE G -SOURCES OF SUPPLY AND WATER DEVELOPED WELLS.

		Diam.	Depth to Water	Pumping Capacity	Annual Quantities
Location	No.	Inch	Feet	(g.p.m.)	Pumped
458 John Lewis De	1	8*	100	24	4,779,250
424 Mariposa Da	2	8"	150'	12	1.465,100
					6,244,350

47 79,250

OTHER

Streams or Springs Location of Diversion Point		ow in ty Right	(Unit) Diversions		Annual Quantities Diverted
	Claim	Capacity	Max	Min	Unit
				· · · · · · · · · · · · · · · · · · ·	
Purchased water (unit)					
Supplier:				Annual Quantity	
			<u> </u>		,

## SCHEDULE H - WATER DELIVERED TO METERED CUSTOMERS

(If figures are available) (specify unit)

	Month	of Year	
Classification of Service	Maximum	Minimum	Total for Year
Residential			
Commercial			
Industrial			
Fire Protection			
Irrigation			
Other (specify)			
Total			<u> </u>

## SCHEDULE I - EMPLOYEES AND THEIR COMPENSATION

Line _	Acct	Account	Number at End of Year	Salaries Charged to Plant Accounts	Total Salaries and Wages Paid
1	630	Employee Labor			
2	. 670	Office salaries			
3	671	Management salaries			
4		Total			`

#### SCHEDULE J - ADVANCES FOR CONSTRUCTION

Balance beginning of year	
Additions during year	
Subtotal - Beginning balance plus additions during year	
Refunds	
Transfers to Acct. 271 - Contributions in Aid of Construction	
Balance end of year	

SCHEDULE K - TOTAL METERS
AND SERVICES (Active and Inactive)

WIND SEKI	ICES (ACUVE AND	macuve)
Size	Meters	Services
5/8 x 3/4-in		
3/4-in		85
1-in		
-in		
⊬-in		i 3
Total		100

#### SCHEDULE L - METER-TESTING DATA

Number of meters tested during year	
<ol> <li>Used, before repair</li> </ol>	
2 Used, after repair	
3 Fast, requiring refund	
Numbers of meters in service requiring	test
per General Order No. 103	

SCHEDULE M - SERVICE CONNECTIONS AT END OF YEAR

		Active Inactive			Total connections			
Classification	Metered	Flat	Total	Metered	Flat	Total	Metered	Flat
Residences		81			3	•		84
Industrial/Commercial		2						2
Irrigation		7					l i	1
Fire Protection (public)		13						13
Fire Protection (private)				•				
Other (specify)	. ]	_					j l	
	_	l l						•
Total		97			3		1	100
								4

NOTE: Total connections (metered plus flat) should agree with total services in Schedule K.

SCHEDL	SCHEDULE N - STORAGE FACILITIES			0 - F001	TAGES (	OF PIPE	(EXCLI	JDING	SERVI	CE PIPES)
		Combined capacity	·	2" and	2 1/4 to					
Description	No.	in gallons	Description	under	3 1/4	4"	Other s	izes (:	specify)	Totals
Concrete			Cast Iron							
Earth			Welded steel							
Wood			Standard screw							
Steel	3	63,000	Cement-asbestos			8265				8265
Other			Plastic	425	115					425
			Other (specify)							
	<u> </u>	<del></del> -				<u> </u>		╁	<del>                                     </del>	
Total	3	63,000	Total	425		8265				8,690

#### **FACILITY FEES DATA**

Please provide the following information relating to Facility Fees collected for the calendar year 2010, pursuant to Resolution No. W-4110

1.	Trust Account Information		
6	Bank Name:	Citibank	
	Address:		orterville, CA. 93257
	Account Number:	9454072936	·
[	Date Opened:	· · · · · · · · · · · · · · · · · · ·	
2. F	Facilities Fees collected fo	or new connections during the calendar ye	ear:
,	A. Commercial		
	NAME		AMOUNT
			<b>\$</b>
			\$ <u>\$.</u> 
	<del></del>		<u>\$</u>
	_ <del></del>		
l	B. Residential		
	NAME		AMOUNT
			\$
			<u>\$</u>
			<del> </del>
3. \$	Summary of the bank acco	ount activities snowing.	AMOUNT
	Balance at beginning		\$ j1,511.6
	. Deposits during the y		<u> 23, 817, 9</u>
	Interest earned for ca		12,6
	Withdrawals from this		25,662,6
	Balance at end of yea	ar	10,179.5
4. !	Reason or Purpose of Wit	hdrawal from this bank account:	•
-			
-			·
-			

DECLARATION	
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)	
the undersigned $BenRay$ Officer, Partner, or Owner (Please Print)	
Officer, Partner, or Owner (Please Print)	
of Pierpoint Springs Water Co. Name of Utility	
Name of Utility	
under penalty of perjury do declare that this report has been prepared by me, or under my direction, from the books, papers and records of the respondent; that I have carefully examined the same, and declare the same to be a complete and correct statement of the business and affairs of the above-named respondent and the operations of its property for the period of January 1, 2010, through December 31, 2010.	
Title (Please Print)  Signature  Signature	
Title (Please Print) Signature	
559-542-2551 2-10-11	
Telephone Number Date	