Received	CLASS D
Examined	CLASS D
	THE CHARGE WILLITIES
U#	
	2004
A	NNUAL REPORT
	OF
	WARRING WATER SERVICE, INC. P.O. BOX 189 PIRU, CA 93040
(NAME UNDER WHICH CORPORAT	ION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)
	·
(OFFICIAL MAILING ADD	RESS) ZIP

TO THE PUBLIC UTILITIES COMMISSION STATE OF CALIFORNIA FOR THE YEAR ENDED DECEMBER 31, 2004

REPORT MUST BE FILED NOT LATER THAN MARCH 31, 2005 (FILE TWO COPIES IF THREE RECEIVED)

Received	
Examined	
	WATER UTILITIES
U#	
	2004
	2004
	ANNUAL REPORT
	OF
	O1
	Warring Water Service, Inc.
(NAME UNDER WHICH CO	RPORATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)
	P.O. Box 189 Piru. CA 93040

(OFFICIAL MAILING ADDRESS)

TO THE
PUBLIC UTILITIES COMMISSION
STATE OF CALIFORNIA
FOR THE
YEAR ENDED DECEMBER 31, 2004

ZIP

REPORT MUST BE FILED NOT LATER THAN MARCH 31, 2005 (FILE TWO COPIES IF THREE RECEIVED)

INSTRUCTIONS

1. One completed copy of this report (two copies if three received) must be filed NOT LATER THAN MARCH 31, following the year covered by the report, with:

CALIFORNIA PUBLIC UTILITIES COMMISSION WATER DIVISION ATTN: SEANEEN M WILSON 505 VAN NESS AVENUE, ROOM 3105 SAN FRANCISCO, CALIFORNIA 94102-3298

- 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 the last page, must be signed by an officer, partner or owner.
- 4. The report must be prepared in ink or by the use of a typewriter. Computer generated report forms may be substituted.
- 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 refer 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.
- 9. This report must cover a calander year, from Janauary 1 through December 31. Fiscal year reports will not be accepted.

Account Number	Operating Revenue	
470	Metered	281378
460	Unmetered	0
465	Irrigation	34963
462-480	Private Fire Protection	0
	Total Revenue	316341
	Operating Expenses	
610	Purchased Water	N/A
615	Purchased Power	39956
	Pump Taxes	8825
	Purchased Chemicals	2104
618	Other Vol. Related exp.	
630	Employee Labor	54000
640	Materials	7759
650	Contract Work	3577
,	Water Testing	1626
660	Transportation Expense	19204
664	Other Plant Maintenance	
670	Office Salaries	12000
671	Management Salaries	12000
674	Employee Pensions and Benefits	24158
676	Uncollectables	
678	Office Service and Rentals	7260
681	Office Supplies and Expense	5874
682	Professional Services	3597
684	Insurance	14266
688	Regulatory Expense	
689	General Expense	5719
	Subtotal	221925
403	Depreciation Expense	25448
	Ad Valorem Taxes	7476
	Payroll taxes	4593
408	Taxes other than income	5564
409	State Income Tax	1775
410	Federal Income Tax	N/A
	Total Deductions	266781
	Net Revenue	49560
	Rate Base	

	Average Plant	1625913
	Average Depreciation Reserve	353683
	Net Plant	1387741
	Less: Advances	447345
	Less: Contributions	0
•	Plus: Construction Work in Progress	0
	Plus: Working Cash	0
	Plus: Material & Supplies	735
	Rate Base	941131
	ROR=Net Rev/Rate Base	

.

.

CLASS D WATER UTILITIES

(HAVING LESS THAN 500 SERVICE CONNECTIONS)

(Name under which corporation, partnership or individual is doing business) P.O. Box 189 Piru, Ca 93040 (Official mailing address) Piru, CA (Service area-town and county) GENERAL INFORMATION RETURN ORIGINAL TO COMMISSION NO PHOTOCOPIES If a corporation show: (A) Date of organization 5/20/1952 incorporated in the State of California (B) Names, titles and addresses of principal officers: If unincorporated give the name and address of owner or of each partner: Name 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: Signature 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 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. Show expiration date if state permit is temporary.		Warring Water Service Inc.			
(Official mailing address) Piru, CA (Service area-town and county) GENERAL INFORMATION RETURN ORIGINAL TO COMMISSION NO PHOTOCOPIES 1 If a corporation show: (A) Date of organization 5/20/1952 incorporated in the State of California (B) Names, titles and addresses of principal officers: (If unincorporated give the name and address of owner or of each partner: Name 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 Yes No Latest Date 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. Show expiration date if state permit is temporary.		(Name under which corporation, partnership or individual is doing busin	ess)		
Service area-lown and county		P.O. Box 189 Piru, Ca 93040			
(Service area-lown and county) GENERAL INFORMATION RETURN ORIGINAL TO COMMISSION NO PHOTOCOPIES 1 If a corporation show: (A) Date of organization 5/20/1952 incorporated in the State of California (B) Names, titles and addresses of principal officers: 2 If unincorporated give the name and address of owner or of each partner: 3 Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 12 14 1632 13 20 16 17 2 14 1632 14 16 17 2 14 1632		(Official mailing address)	•		
RETURN ORIGINAL TO COMMISSION NO PHOTOCOPIES 1 If a corporation show: (A) Date of organization 5/20/1952 incorporated in the State of California (B) Names, titles and addresses of principal officers: 2 If unincorporated give the name and address of owner or of each partner: 3 Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18120 T-2=14653		Piru, CA			
RETURN ORIGINAL TO COMMISSION NO PHOTOCOPIES If a corporation show: (A) Date of organization 5/20/1952 incorporated in the State of California (B) Names, titles and addresses of principal officers: If unincorporated give the name and address of owner or of each partner: Name 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 Yes No Latest Date 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. Show expiration date if state permit is temporary.		(Service area-town and county)			
TO COMMISSION NO PHOTOCOPIES 1 If a corporation show: (A) Date of organization 5/20/1952 incorporated in the State of California (B) Names, titles and addresses of principal officers: 2 If unincorporated give the name and address of owner or of each partner: 3 Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary.		GENERAL INFORMATION			
1 If a corporation show: (A) Date of organization 5/20/1952 incorporated in the State of California (B) Names, titles and addresses of principal officers: 2 If unincorporated give the name and address of owner or of each partner: 3 Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date Has state or local health department inspection been made during the year? Are routine laboratory tests of water being made? 4 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	RE	TURN ORIGINAL			
1 If a corporation show: (A) Date of organization 5/20/1952 incorporated in the State of California (B) Names, titles and addresses of principal officers: 2 If unincorporated give the name and address of owner or of each partner: 3 Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121					
(A) Date of organization 5/20/1952 incorporated in the State of California (B) Names, titles and addresses of principal officers: If unincorporated give the name and address of owner or of each partner: Name 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 Yes No Latest Date 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. Show expiration date if state permit is temporary.	INC	PHOTOCOPIES			
(B) Names, titles and addresses of principal officers: 2 If unincorporated give the name and address of owner or of each partner: 3 Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14663 Ron Smith D-2 #18121	1				
If unincorporated give the name and address of owner or of each partner: 3 Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121			-	•	
3 Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18120 T-2=14653 Ron Smith D-2 #18120 T-2=14653		(b) Names, these and addresses of principal embors.			
(A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	2	If unincorporated give the name and address of owner or of each partner:			
(A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4 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? 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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121					
(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 Yes No Latest Date 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. Show expiration date if state permit is temporary. List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	3				
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 Yes No Latest Date 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. Show expiration date if state permit is temporary. List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121		• • •			
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 Yes No Latest Date 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. Show expiration date if state permit is temporary. List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121					
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 Yes No Latest Date 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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	4		ce, supe	ervision	and/or
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 PUBLIC HEALTH STATUS Yes No Latest Date No Latest Date 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. Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121			whom	were	
PUBLIC HEALTH STATUS PUBLIC HEALTH STATUS Yes No Latest Date 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. Show expiration date if state permit is temporary. List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121		payments made, and to what account was each payment charged?			
PUBLIC HEALTH STATUS PUBLIC HEALTH STATUS Yes No Latest Date 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. Show expiration date if state permit is temporary. List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	5	State the names of associated companies or persons which, directly or indirectly, or through	h one c	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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121		intermediaries, control, or are controlled by, or are under common control with respondent			
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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121			[]
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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121		PUBLIC HEALTH STATUS	Yes	No	Latest Date
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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121					
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. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	6	Has state or local health department inspection been made during the year?	X		
9 If no permit has been obtained, state whether application has been made and when. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	7	Are routine laboratory tests of water being made?	x		
9 If no permit has been obtained, state whether application has been made and when. 10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	8	Has state health department water supply permit been obtained? (Indicate date)	x		
10 Show expiration date if state permit is temporary. 11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	_				
11 List Name, Grade, and License Number of all Licensed Operators: Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	9	If no permit has been obtained, state whether application has been made and when.	ļ		
Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121	10	Show expiration date if state permit is temporary.			
Joe Martinez D-2 #18120 T-2=14653 Ron Smith D-2 #18121					
Ron Smith D-2 #18121	11	List Name, Grade, and License Number of all Licensed Operators:			
					

SPECIAL INSTRUCTIONS

- 1 Beginning of year balances must agree with end of year balances shown in report for previous year.

 Attach a supplementary statement to explain any differences.
- 2 Attach a supplementary statement to explain adjustments in Schedule B Water Plant in Service.
- 3 Complete all schedules, using the words "None" or "Not applicable" if appropriate.
- 4 Report must be prepared legibly in ink or by typewriter.

SELECTED FINANCIAL DATA - CLASS A, B, C AND D WATER COMPANIES 20

NAME OF UTILITY Warring Water Service, Inc.

PHONE 805-524-326;

PERSON RESPONSIBLE FOR THIS REPORT Gary G Pace

(Prepared from Information in the 2004 Annual Report)

		1/1/2004	12/31/2004	Average
E	BALANCE SHEET DATA			
1	Intangible Plant	0	0	0
2	Land and Land Rights	3970	3970	3970
3	Depreciable Plant	<u> 1501741</u>	1742144	1621943
4	Gross Plant in Service	1505711	1746114	1625913
5	Less: Accumulated Depreciation	348993	358373	353683
6	Net Water Plant in Service	1156718	1387741	1272230
7	Water Plant Held for Future Use	NA	NA	NA
8	Construction Work in Progress	253519	0	126759
9	Materials and Supplies	735	735	735
10	Less: Advances for Construction	456244	447345	451795
11	Less: Contribution in Aid of Construction	0	0	0
12	Less: Accumulated Deferred Income and Investment Tax Credits	NA	NA	NA
13	Net Plant Investment	954728	941131	947930
(CAPITALIZATION			
14	Common Stock	138100	138100	138100
15	Proprietary Capital (Individual or Partnership)	NA	NA	NA
16	Paid-in Capital	73484	82994	78239
17	Retained Earnings	25944	40421	33183
18	Common Stock and Equity (Lines 14 through 17)	237528	261515	249522
19	Preferred Stock	NA	NA	NA
20	Long-Term Debt	1127998	1071797	1099898
21	Notes Payable	71313	78232	74773
22	Total Capitalization (Lines 18 through 21)	1436839	1411544	1424192

(Revised 2/01)

SELECTED FINANCIAL DATA - CLASS A, B, C AND D WATER COMPANIES 20____ (continued)

NAME OF UTILITY Warring Water Service, Inc. PHONE 805-524-3267

		•					
				Annual			
	NCOME STATEMENT			Amount			
23	Unmetered Water Revenue			0			
24	Fire Protection Revenue			0			
25	Irrigation Revenue			34963			
26	Metered Water Revenue			281378			
27	Total Operating Revenue			316341			
28	Operating Expenses						
29	Depreciation Expense (Composite Rate)			25448			
30	Amortization and Property Losses			0			
31	Property Taxes			7476			
32	Taxes Other Than Income Taxes			5564			
33	Total Operating Revenue Deduction Before Taxes			38488			
34	California Corp. Franchise Tax			1775			
35	Federal Corporate Income Tax			0			
36	Total Operating Revenue Deduction After Taxes			1775			
37	Net Operating Income (Loss) - California Water Operations Other Operating and Nepperating and Nepperations						
38	Other Operating and Nonoper. Income and Exp Net (Exclude Interest	Expense)		226518			
39	Income Available for Fixed Charges			49560			
40	Interest Expense			35082			
41	Net Income (Loss) Before Dividends			14478			
42	Preferred Stock Dividends			0			
43	Net Income (Loss) Available for Common Stock			14478			
o	THER DATA						
44	Refunds of Advances for Construction			27094			
45	Total Payroli Charged to Operating Expenses			54000			
46	Purchased Water			0			
47	Power			39956			
				Annual			
	Active Service Connections (Exc. Fire Protect.)	Jan. 1	Dec. 31	Average			
48	Metered Service Connections	509	495	502			
49	Flat Rate Service Connections						
50	Total Active Service Connections	458	453	456			
	·						

	Exces	s Capacity a	nd Non-Tark	Excess Capacity and Non-Tariffed Services	H										
	NOTE: In D provision of Commission Report to the	.00-07-018, D non-tarified su approval of th Commission	.03-04-028, a ervices using tel service, 2)	ind D. 04-12-03 excess capacit provide inform	23 the Ci ly. These ustion reg	PUC set forth i decisions rec	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-tanified services using excess capacity. These decisions require water utilities for 1 file an advice letter requesting Commission approval of that service, 2) provide information regarding non-tanified goods/services in each companies. Annual Report to the Commission.	nts regarding wat 3: 1 file an advice 5 in each compani	ter utilities I letter requesting ies Annual						
	Based on the	s information a	and filings req	puired in D.00-C	27-018. D	1.03-04-028, el	Based on the information and filings required in D.00-07-018, D.03-04-028, and D.04-12-023, provide the stations in sector by each individual non-Jarifed morel and service considered in 200	wide the		Anolies to	All Non-Tanified G	Analies to All Non-Tariffed Goods/Services that require Approval by Advice Letter	equire Approva	il by Advice Letter	
Row Number	Description	Description of Non-Tariffed Good/Service	1 Good/Servic	8		Adive or Passive	Total Revenue derived from Non- Tarified Good/Serrice (by sccount)	Revenue Account Number	Total Expenses incurred to provide Non-Tariffed Good/Sevice (by Account)	Expense Account Number	Advice Letter and/or Resolution Number approving Non- Tarified Good/Service	Total Income Tax Liability incurred because of non- tariffed Good/Service (by Account)	Income Tax Liabitity Account Number	Gross Value of Regutated Assets used in the provision of a Non-Tarifled Good/Service (by eccount).	Regulated Asset Account Number
	N/A				···········										
						-									
															i
					<u> </u>										
					<u> </u>										
;		1 1	+-		1-	Ţ.		1	A	1 1		, ,			
· !	! !		1							· · · ·		;	:	i 	
					-										

.

.

CLASS B, C AND D WATER COMPANIES SAFE DRINKING WATER BOND ACT DATA

Please provide the following information relating to each Safe Drinking Water Bond Act (SDWBA) loan outstanding during the 12 month reporting period. (Use one sheet for each loan.)

١.	Current Fiscal Agent:	
	Nami Not Applicable	
	Address:	
	Phone Number:	
	Date Hired:	
2.	Former Fiscal Agent:	
	Name:	
	Address:	
	Phone Number:	
	Date Hired:	
3.	Total surcharge collected from customers during the	12 month reporting period:
	\$	
4.	Summary of the trust bank account activities showing	g:
	Balance at beginning of year	\$
	Deposits during the year	
	Withdrawals made for loan payments	
	Other withdrawals from this account	
	Balance at end of year	
5.	Account information:	
	Bank Name:	
	Account Number:	
	Date Opened:	

6. Plant amounts included in Schedule A, Account No. 101--Water Plant in Service which were funded using SDWBA funds:

	_		I	<u> </u>		<u></u>	
			Balance	Plant	Plant		
			Beginning	Additions		Other Debits*	
Line	Acct.	Title of Account	of Year	During Year	During Year	or (Credits)	End of Year
No.	No.	(a)	(b)	(c)	(d)	(e)	(f)
1		NON-DEPRECIABLE PLANT					
2	301	Intangible plant					
3	303	Land					
4		Total non-depreciable plant		1			
5		DEPRECIABLE PLANT		Not Applicab	ile		
6	304	Structures			}		
7	307	Wells					
8	317	Other water source plant]]	
9	311	Pumping equipment					
10	320	Water treatment plant]	
_11	330	Reservoirs, tanks and sandpipes				Ì	
12	331	Water mains					
13	333	Services and meter installations					
14	334	Meters					
15	335	Hydrants					
16		Other equipment					
17		Office furniture and equipment					
18	341	Transportation equipment					
19		Total depreciable plant					
20		Total water plant in service					

SCHEDULE A - BALANCE SHEET (DECEMBER 31, 20___)

Line	Acct.	Assets	Balance	Acct.	Equity and Liabilities	Balance
1	101	Water plant in service	1746114	201	Common Stock (Corporations only)	138100
2	103	Water plant held for future use	0	211	Other paid-in capital (Corporations only)	82994
3	104	Water plant purchased or sold	0	215	Retained earnings	40422
4	105	Water plant construction work in progress	0	218	Proprietary capital	0
5	108	Accumulated depreciation of water plant	358373	224	Long term debt	1071797
6	114	Water plant acquisition adjustments	0		Current Liabilities	78231
7	124	Other investments	500	252	Advances for construction	
8	131	Cash	-9486	253	Other deferred credits	
9	141	Accounts receivable - customers	31797	255	Accumulated deferred investment tax credits	
10	142	Receivables from associated companies	0	282	Accumulated deferred income taxes - Acrs	
11	151	Materials and supplies	735		depreciation	
12	174	Other current assets	257	283	Accumulated deferred income taxes - other	
13	180	Deferred charges		271	Contributions in aid of construction	
14			T	272	Accumulated amortization of contributions	-
15		Total Assets	1411544		Total Equity and Liabilities	1411544

SCHEDULE B - WATER PLANT IN SERVICE

			Balance	Plt Additions	Pit Retirements	Other Debits	Balance
Line	Acct	Title of Account	Beg of Year	During year	During year	or (Credits)	End of year
16	301	Intangible plant					
17	303	Land	3970				3970
18	304	Structures	16203				16203
19	307	Wells	42727	186121		· · ·	2288848
20	317	Other water source plant	4301			-	4301
21		Pumping equipment	41152	67398			108550
22	320	Water treatment plant	12429	-			12429
23	330	Reservoirs tanks and sandpipes	487966				487966
24	331	Water mains	736116		Ī		736116
25	333	Services and meter installations	38064			<u></u>	38064
26	334	Meters	34559	1060			35620
27	335	Hydrants	17073				17073
28	339	Other equipment	10455				10455
29	340	Office furniture and equipment	18428	2392			20319
30	341	Transportation equipment	26250		1		26250
31		Total water plant in service	1489693	256971			1746114

^{*} 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	ltem	Water Plant	SDWBA Loans	
32	Balance in reserves at beginning of year	332974		A. Method used to compute depreciation
33	Add: Credits to reserves during year			expense (Acct. 403) and rate.
34	(a) Charged to Account No. 403	25448		
35	(b) Charged to Account No. 272			
36	(c) Charged to clearing accounts			B. Amount of depreciation expense daimed
37	(d) Salvage recovered			or to be claimed on utility property in
38	(e) All other credits			your federal income tax return for the year
39	Total credits			covered by this report \$
40	Deduct: Debits to reserves during year			
41	(a) Book cost of property retired			
42	(b) Cost of removal			C. State method used to compute tax
43	(c) All other debits			depreciation.
44	Total debits			
45	Balance in reserve at end of year	358422		
46	(1) Explanation of all other credits			
47	(2) Explanation of all other debits			

SCHEDULE D - CAPITAL STOCK OUTSTANDING (DECEMBER 31, 20___)

1 Common	(Shares 1381	, \$100 par	138100	List persons owning more than 5% of outstanding stock
2 Preferred	- (Shares	, \$ par){	and number of shares owned by each:
3 Dividends	- Common Rate	- \$		Jill Giddings 690.5
4	Preferred Rate	- \$		Gary G Pace 690.5

SCHEDULE E - LONG TERM DEBT

		Date	Date	Principal	Outstanding		Interest	Interest
		of	of	Amount	Per Balance	Rate of	Accrued	Paid
	Class	_ Issue	Maturity	Authorized	Sheet	Interest	During Year	During Year
_ 5	\$BA Loan	1994	2024	580000	451095	4		
6	SC∨B	2002/03	2012	182000	164798	8.75		
7								
8	Totals				•			

SCHEDULE F - INCOME STATEMENT

Line

	SCHEDULE F - INCOME STATEMENT								
9		Operating revenues	xxxxxxxxx						
10	460	Unmetered water revenue							
11	462	Fire protection revenue							
12	465	Irrigation revenue	34963						
13	470	Metered water revenue	281378						
14	480	Other water revenue							
15		Total Operating Revenue	316341						
16		Operating revenue deductions	xxxxxxxx						
17		Operating expenses	XXXXXXXXXXX						
18		Purchased water	NA						
19		Power	39956						
20		Other volume related expenses	10929						
21		Employee labor	54000						
22		Materials	7759						
23		Contract work	5203						
24	660	Transportation expenses	19204						
	664	Other plant maintenance expense	<u> </u>						
26		Office salaries	12000						
27		Management salaries	12000						
28		Employee pensions and benefits	24158						
29		Uncollectible accounts expense							
30		Office services and rentals	7260						
31	681	Office supplies and expense	5874						
32		Professional services	3597						
33		Insurance	14266						
34	688	Regulatory commission expense							
35	689	General expenses	5719						
36		Total Operating Expenses	221925						
37		Depreciation expense	25448						
38		SDWBA loan amortization expense							
39		Taxes other than income taxes	17634						
40		State corporate income tax expense	1775						
41	410	Federal corporate income tax expense							
42		Total Operating Revenue Deductions	44857						
43		Utility Operating Income	49559						
44	421	Non-utility income							
45	426	Miscellaneous non-utility expense							
46	427	Interest expense	35082						
1		NI NI	11155						

Net Income

SCHEDULE G -SOURCES OF SUPPLY AND

WATER	DEVEL	OPED W	VELL:	5

Location	No.	Diam. Inch	١	epth to water feet	Pumpin capacit (g.p.m.	Annual quantities pumped
3880 Camulos	1	18	129	400		-
3880 Camulos	2	18	129	470	Ì	
3880 Camulos	3	20	140	1500		
		OT	HER			

OTHER

		VIDER				
Streams or springs	F	Flow In		it)	Annual	
location of	Pric	Priority right		ions	quantities	
diversion point					diverted	
	Claim	Capacity	Max	Min	(Unit)	
Purchased water (unit)						
Supplier:				Annual quantity		
-						

SCHEDULE H - OPTIONAL WATER DELIVERED TO METERED CUSTOMERS

(If figures are available) (specify unit)

	nes are ava	liabie) (specity	unit)
Classification	Max. mo.	Min. mo.	
of service	Mo. of	Mo. of	Total for year
Residential & business	1.	ļ	
Industrial			
Public authorities			
Irrigation			
Other (specify)	1		
Total		[1

SCHEDULE I - EMPLOYEES AND THEIR COMPENSATION

			Number at	Salaries Charge	Salaries Charged	Total Salaries
Line	Acct	Account	end of year	to Expense	to Plant Accounts	and Wages Paid
48	630	Employee Labor		54000		5400
49	670	Office salaries		12000		12000
50	671	Management salaries		12000		12000
51		Total		78000		78000

14477

SCHEDULE J - ADVANCES FOR CONSTRUCTION Balance beginning of year Additions during year Subtotal - Beginning balance plus additions during year 474439 37094 Refunds Transfers to Acct. 271 - Contributions in Aid of Construction Balance end of year 447356 **SCHEDULE K - TOTAL METERS** AND SERVICES (active and inactive) SCHEDULE L - METER-TESTING DATA Size Meters Services Number of meters tested during year 5/8 x 3/4-in 1 Used, before repair... 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 Flat Total Metered Classification Metered Flat Total Metered Flat 448 448 42 42 490 3 3 3 2 2 2 Fire protection (Hydrants) 453 453 42 42 495 NOTE: Total connections (metered plus flat) should agree with total services in Schedule K. **SCHEDULE N - STORAGE FACILITIES** SCHEDULE O - FOOTAGES OF PIPE (EXCLUDING SERVICE PIPES) Combined capacity 2" and 2 1/4 to 6" No. in gallons under | 3 1/4 Description Other sizes (specify) Totals Cast Iron Welded steel Standard screw 1.1 MG Cement-asbestos 6230 9050 16325 2669 11643 Plastic Other (specify) 10" PVC 13900 12" PVC 5171 1.1 MG Total DECLARATION (BEFORE SIGNING PLEASE CHECK TO SEE THAT ALL SCHEDULES HAVE BEEN COMPLETED) I, the undersigned (officer, partner or owner) of Warring Water Service, Inc. 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 From and including ________, 20<u>04</u>, to and including Title

Date

3/4-in

1-in -in

-in Total

Residences

Other (specify)

Irrigation

Subtotal

Description

Concrete

Earth

Wood Steel

Other

Total

Total

Industrial