



0000106431



**RATE APPLICATION
FOR WATER COMPANIES
WITH ANNUAL GROSS OPERATING REVENUES
(INCLUDING REQUESTED RATE RELIEF)
OF LESS THAN \$250,000
PER ARIZONA ADMINISTRATIVE CODE R14-2-103
Details at website: www.azcc.gov**

CASA GRANDE WEST WATER CO. INC
UTILITY NAME

6-30-09
TEST YEAR ENDED

W-01990A-09-0573

Required invoices to be submitted are listed in the checklist on page 1.

You must complete ALL items in the application according to the instructions provided. If you have any questions regarding the application please call (602) 542-4251 for Staff assistance or see our website at: www.azcc.gov

IN ORDER TO PROCESS YOUR APPLICATION
PLEASE FORWARD THE ORIGINAL
AND THIRTEEN COPIES OF THE
APPLICATION PLUS
THREE PACKETS WITH COPIES OF
CHECKLIST ITEMS 5-11 (PAGE 1)

ARIZONA CORPORATION COMMISSION
DOCKET CONTROL CENTER
1200 WEST WASHINGTON STREET
PHOENIX, ARIZONA 85007

RECEIVED
2009 DEC 21 P 3:45

Arizona Corporation Commission
DOCKETED

DEC 21 2009

DOCKETED
NR

GENERAL INSTRUCTIONS

Processing the request for a rate adjustment requires completion of ALL PARTS of this application. Complete the Narrative Description of the Application for Rate Adjustment on pages 2 and 4, as well as the statements on pages 5 and 6. Read the accompanying instructions and fill in the entries on pages 8 through 31. Dollar amounts should be rounded to the nearest dollar. NO ENTRY SHOULD BE LEFT BLANK. If an amount is zero, enter a zero. **Any application that is found to be insufficient will not be processed until the deficiencies are corrected per A.A.C. R14-2-103.B.7.**

A completed application also requires notification of customers of the rate request. The format of the customer notification letter is provided on page 32 of this application. Use the language and form of this letter in notifying customers. The customer notification **must** be provided to customers on the same date as the rate application is filed. A copy of this notice, together with a **notarized** cover letter stating the method of customer notification and the date the notification was sent to the customers, **must** accompany the application form.

Please provide any supplementary information the Company believes will assist in the evaluation of the rate request. For example, if expense items are substantially different from the latest annual report filed with the Commission, or if significant plant additions have been made since the prior rate increase, attach supporting explanations for those changes to the application. Clearly label any attachments and staple them to the application.

Selection of a Test Year for the utility is an important part of the application. A Test Year older than the year reflected in the most current Annual Report filed with the Utilities Division is usually considered outdated. Questions regarding the selection of a Test Year should be addressed to Staff at (602) 542-4251.

Please contact the Arizona Department of Environmental Quality (and/or its authorized county agencies) and request a compliance status report. Submit a copy of this report as part of this filing. Please refer to the appendix of this application form.

Please contact the Arizona Department of Revenue and request a certificate of compliance letter of good standing regarding taxes. Submit a copy of this compliance certificate.

After you have included all the required items from the checklist on the previous page, please submit the **original and thirteen copies** of the completed application with a cover sheet to:

Arizona Corporation Commission
Docket Control Center
1200 West Washington Street
Phoenix, Arizona 85007

Also, please include **three packets** with copies of checklist items 5-11 in your application filing.

NARRATIVE DESCRIPTION OF APPLICATION FOR RATE ADJUSTMENT

Instructions:

Please provide the reasons for your requested rate adjustment by checking the appropriate box(es) below. If desired, the Company may also attach a written narrative regarding its reasons for the requested rate adjustment. Your narrative may also include efforts made by the utility to control costs/expenses and/or mitigate the amount of rate adjustment.

- Changes in current, compared to past operations, that necessitate the rate adjustment
Please explain:
WE ARE UNDER AN ARSENEC ABATEMENT ORDER WHICH NECESSITATES PLANT ADDITIONS TO COMPLY WITH PLANT ABATEMENT APPROXIMATELY \$250,000. ADDITIONAL OPERATING COST \$20,000 PER YEAR. ADDITIONALLY UPDATE CHANGES TO REFLECT CURRENT COSTS AND RETURN IN ADJUSTMENT
- Descriptions and/or calculations of adjustments made to amounts that are included in this application that are different than amounts recorded in your books/ledgers (pro forma adjustments)
Please explain:
DIFFERENCE BETWEEN BOOK AND ACC DEPRECIATION
- Significant factors influencing your revenues, expenses and/or rate base
Please explain:
N/A
- Anticipated growth/decline in customers expected in the next two years, the amount of anticipated construction to serve those customers, and how financed; the type of customers served by the utility, e.g. residential, irrigation, small retail businesses, large commercial, etc.
Please explain:
N/A
- Anticipated construction
Please explain:
ARSENEC ABATEMENT EQUIPMENT

Efforts made to encourage conservation of water through the proposed rate design or through other means

Please explain:

N/A

Other factors

Please explain:

N/A

Attach additional pages as necessary.

COMPANY NAME: <u>SAN Geronimo Water Co. Inc</u>	Test Year Ended:
Name of System: <u>W-01990A</u>	ADEQ Public Water System Number:

AFFILIATE RELATIONSHIP

Please indicate a **yes** or **no** answer to the questions below and provide an explanation where necessary.

A parent-subsidary relationship, or affiliation, with another entity includes Corporations, Partnerships, Sole Proprietorship, Limited Liability Companies (LLCs), as well as common ownership of a water company and another entity, such as a development company or wastewater company.

Are any assets owned jointly with any affiliated or subsidiary entities?

YES NO

If **Yes**, please provide a description of each jointly owned asset, it's cost, and the percentage of the asset owned by the utility. (Please note the amounts reported on pages 12 and 15 should only include the percentage of plant owned by the utility.)

Were any of the assets constructed or acquired from an affiliated or subsidiary entity?

YES NO

If **Yes**, please identify the affiliated entity, the relationship with the utility, and a detailed listing of all transactions reflected in the Plant accounts. Also include detail for other balance sheet accounts, such as Advances, Contributions in Aid of Construction, inter-company payables and receivables, as well as affiliated revenues and expenses from the Company's Income Statement.

STATEMENTS IN SUPPORT OF RATE REQUEST

Complete the following statements in support of your rate request.

CRAGLANDER WATER CO., INC (the "Company") requests an adjustment in the existing rates charged by the Company. The information contained in this application is based upon a twelve-month Test Year ending 12-30-09 (mm/dd/yy). The Company had total operating revenues of \$ 124900, served 295 metered and 0 un-metered customers, and sold 28,645,161 gallons of water during the Test Year.

The Company is requesting a(n) increase/decrease in revenues in the amount of \$ _____.

Total annual operating revenues, if the Company is granted the rate adjustment, will be \$ _____.

The Company is current on all property taxes. YES NO

The Company is current on all sales taxes. YES NO

The Company currently has a Curtailment Plan Tariff on file with the Commission YES NO

The Company currently has a Backflow Prevention Tariff on file with the Commission. YES NO

The Company notified its customers o

f its application for a rate adjustment on 12-18-09 (mm/dd/yy). **A COPY OF THE NOTICE WITH A NOTARIZED COVER LETTER STATING THE METHOD OF CUSTOMER NOTIFICATION, AS WELL AS THE DATE OF THE NOTIFICATION, MUST BE ATTACHED. (See page 32)**

By completing this application in support of the Company's request for a rate adjustment, the Company realizes that Original Cost Less Depreciation ("OCLD") plant information will be used to determine the fair value rate base, i.e., the Company waives the right to Reconstruction Cost New.

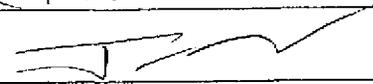
The utility company ownership is one of the following:

- Sole Proprietorship
- Partnership
- "C" Corporation
- "S" Corporation
- Limited Liability Company ("LLC")
- Association--Cooperative
- Other, please specify: _____

Note: If a corporation, please list stockholders and the respective number of shares owned below.

Stockholders	Number of Shares Owned
Estate of James Whittiz	100

I have read and completed this application, and to the best of my knowledge all of the information contained herein, and attached to this application, is true and correct.

Name of Authorized Representative (print): JEREZ HANSEN	Company Name: JEREZ HANSEN CPA
Title: CPA	Address: 109 W SECOND ST
Signature: 	City/ST/Zip: ASA GRANDE AZ 85122
Date: 9-4-09	Phone Number: 520 836-1005
E-mail Address: jhansen1@excite.com	Fax Number: 520 836-5503
Website Address:	

CURRENT AND PROPOSED RATES AND CHARGES INSTRUCTIONS

Complete the schedules on pages 8 and 10 showing rates and charges currently in effect, and those proposed by the Company. Specify the customer class or classes (i.e., residential, commercial, industrial, irrigation, all, or other classes) in the space provided.

MONTHLY CHARGE:

Enter the monthly minimum (or service) charge and gallons included in the minimum for each meter size. For example, enter "\$12.00 for zero gallons." Propose a monthly minimum (or service) charge for every meter size listed on page 9. Also, enter the commodity (or excess) charge for the gallonage the customer will be charged for gallons used over those included in the minimum charge. For example, enter "\$1.25 per 1,000 gallons." If excess charges vary with gallonage used, enter the rates and gallons covered in each tier of consumption in the space provided. For example:

First Tier	Up to 3,000 gallons	\$1.00 per 1,000 gallons
Second Tier	3,001 to 10,000 gallons	\$1.50 per 1,000 gallons
Third Tier	Over 10,000 gallons	\$2.50 per 1,000 gallons

If a flat rate, rather than a metered rate, is currently approved or proposed, enter the monthly rate in the space provided. A "flat rate" is a charge that is not based on gallons used. (For example, \$10.00 for all the water you can use.) If the Company currently has a flat rate and wishes to continue this rate, please contact Staff at (602) 542-4251. It is likely that Staff will **not** recommend the continuation of such a rate.

COMPANY NAME: Santa Ground Water Co Inc Test Year Ended: 6-30-09
 Name of System: North Santa Water ADEQ Public Water System Number: W-01440A

CURRENT AND PROPOSED RATES AND CHARGES

CUSTOMER CLASS: Residential Commercial Industrial
 Irrigation All Other, specify _____

MINIMUM OR SERVICE CHARGES	CURRENT RATES		PROPOSED RATES	
	\$	GALLONS	\$	GALLONS
5/8" x 3/4" Meter	9.00	for 1000	26.00	for 1000
3/4" Meter	22.00	for 1000	26.00	for 1000
1" Meter	29.00	for 1000	32.00	for 1000
1-1/2" Meter	40.00	for 1000	44.00	for 1000
2" Meter	60.00	for 1000	70.00	for 1000
3" Meter	100.00	for 1000	120.00	for 1000
4" Meter	175.00	for 1000	200.00	for 1000
6" Meter	300.00	for 1000	375.00	for 1000

GALLONS IN EXCESS OF MINIMUM
Commodity Charge in Excess of Minimum (Charge Per 1,000 Gallons)
First Tier
Second Tier
Third Tier
FLAT RATE

Current Rates		Proposed Rates	
Rate	Gallons	Rate	Gallons
\$ 2.40	Up to <u>100,000</u>	\$ 3.55	Up to <u>100,000</u>
\$	_____ to _____	\$	_____ to _____
\$	Over _____	\$	Over _____
\$	Per Month	\$	Per Month

Note: If rates and charges vary across customer classes, duplicate the form and complete one for each rate class. (e.g., residential, commercial) unless "All" is checked.

SERVICE CHARGES INSTRUCTIONS

Listed below are current and proposed service charges as appropriate. Commission Rules should be consulted in proposing new service charges. Please list current and proposed rates on Page 10, as well as any service charges not listed below that the Company proposes to charge.

Service Charge (Commission Rule)	Description
Service Line and Meter Installation Charge (R14-2-405.B)	A refundable Advance in Aid of Construction paid by a new customer to cover the cost of installing all customer piping up to the meter, as well as the cost of installing the meter. Propose a charge for every meter size listed on page 10.
Establishment (R14-2-403.D.1)	A charge covering the cost to establish a new account for a person requesting service when the utility needs only to install a meter for initial establishment, reestablishment, or reconnection.
Establishment (After Hours) (R14-2-403.D.2)	A charge covering the cost to establish a new account for a person requesting service during a period other than regular working hours.
Meter Test (R14-2-408.F)	A charge for testing the accuracy of a meter upon a customer's request. No charge will be levied if the meter is found to be in error by more than +/- three (3) percent.
Deposit (R14-2-403.B)	A refundable security deposit not exceeding two times the average residential class bill for residential customers, and not exceeding two and one-half times a non-residential customer's estimated maximum monthly bill.
Deposit Interest (R14-2-403.B.3)	Annual percentage interest rate applied to customer deposits. A six percent rate shall be applied if the company does not specify an interest rate with the Commission.
Re-establishment (R14-2-403.D.1)	A charge for service at the same location where the same customer had ordered a service disconnection within the preceding twelve-month period.
NSF Check (R14-2-409.F.1)	A fee for each instance where a customer tenders payment for utility service with an insufficient funds check.
Deferred Payment (R14-2-409.G.6)	Applicable monthly finance charges (interest rate) applied in a deferred payment agreement between the company and a customer.
Meter Re-read (R14-2-408.C.2)	Charge for a customer requested re-read of meter applicable when the original reading was found not to be in error.

COMPANY NAME: CASA GRANDE Water Utility Test Year Ended: 6-30-09
 Name of System: ADEQ Public Water System Number: W-01990A

CURRENT AND PROPOSED SERVICE CHARGES

CUSTOMER CLASS: Residential Commercial Industrial
 Irrigation All Other, specify _____

SERVICE LINE AND METER INSTALLATION CHARGES	CURRENT CHARGES	PROPOSED CHARGES
5/8" X 3/4" Meter	\$ 160.00	\$ 180.00
3/4" Meter	\$ 175.00	\$ 200.00
1" Meter	\$ 200.00	\$ 250.00
1-1/2" Meter	\$ 350.00	\$ 400.00
2" Meter	\$ 450.00	\$ 550.00
3" Meter	\$	\$
4" Meter	\$	\$
6" Meter	\$	\$

Establishment	\$ 20.00	\$ 50.00
Establishment (after hours)	\$ 25.00	\$ 75.00
Reconnection (delinquent)	\$ 25.00	\$ 50.00
Reconnection (delinquent) after hours	\$	\$ 75.00
Meter Test	\$ 25.00	\$ 50.00
Deposit	\$	\$ 75.00
Deposit Interest	%	%
Re-establishment (within 12 months)	\$	\$ 50.00
NSF Check	\$ 10.00	\$ 25.00
Deferred Payment	%	%
Meter Re-read	\$ 5.00	\$ 25.00
Late Fee	\$	\$ 15.00

Note: If rates and charges vary across customer classes, duplicate the form and complete one for each rate class. (e.g., residential, commercial) unless "All" is checked.

UTILITY PLANT IN SERVICE INSTRUCTIONS

Instructions for Page 12

Begin the computation of utility plant in service by completing the worksheet on page 12 labeled Plant Additions and Retirements by Year. On this worksheet insert the dollar amount of plant additions and retirements for each account by year. Provide all additions and retirements for all years beginning with the Test Year in the prior rate case and ending with the test year used in this application. If there are more than two intervening years, make copies of page 12 to report all intervening years.

Instructions for Page 144

Upon completion of the above task, please add all additions on page 12 per plant account and enter the total on page 12 (Plant Summary), column B (Total Additions). Similarly, add all retirements by plant account and enter the total on page 144 column C (Total Retirements).

To assist you in the completion of page 14, please refer to the Commission Decision issued in the Company's prior rate case. That Decision established the value for the Original Cost of the plant and accumulated depreciation at the end of the prior test year. It may be necessary to refer to the associated Staff Report for individual account detail relating to the totals listed in the Decision.

Place the original cost of the plant in service per the prior decision in column A (Plant in Service per Prior Decision).

Complete column D (Test Year End Total), of page 14, for each plant account by adding column A and B and subtracting column C.

The totals calculated by plant must then be copied to page 15 (Utility Plant in Service), in the column titled Original Cost.

Instructions for Page 15

The Test Year End Totals by plant account on page 14 must be recorded to the Utility Plant in Service worksheet on page 15, in the column titled Original Cost. The second column (Accumulated Depreciation) will include the accumulated depreciation as stated in the Commission's prior Decision plus each year's depreciation expense since the prior Test Year. The third column, Original Cost Less Depreciation is calculated by subtracting Accumulated Depreciation from Original Cost for each account.

Note: For assistance with any of the above, please contact the Staff at 602-542-4251.

COMPANY NAME: SASA GRANDE WATER WORKS CO. INC. Test Year Ended: 6-30-09
 Name of System: SASA GRANDE Water ADEQ Public Water System Number: W-01790A

Plant Additions and Retirements by Year

Acct. No.	Description	Year <u>1999</u>		Year <u>2000</u>	
		Additions	Retirements	Additions	Retirements
301	Organization				
302	Franchises				
303	Land & Land Rights				
304	Structures & Improvements				
307	Wells & Springs			54744	
311	Pumping Equipment				
320	Water Treatment Equipment				
320.1	Water Treatment Plants				
320.2	Solution Chemical Feeders				
330	Distribution Reservoirs & Standpipes				
330.1	Storage Tanks				
330.2	Pressure Tanks				
331	Transmission & Distrib. Mains				
333	Services				
334	Meters & Meter Installations				
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant & Misc. Equipment				
340	Office Furniture & Equipment				
340.1	Computers & Software				
341	Transportation Equipment				
343	Tools, Shop & Garage Equip.				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	TOTAL WATER PLANT			54744	

Note: Enter all additions and retirements, by year, from the prior test year through the end of the current test year. Enter the totals for the additions and retirements for all intervening years on page 14, Columns B and C, respectively.

COMPANY NAME: SASA GRANDE WATER WORKS CO INC Test Year Ended: 6-30-09
 Name of System: SASA GRANDE WATER ADEQ Public Water System Number: W-0191910B

Plant Additions and Retirements by Year

Acct. No.	Description	Year <u>2008</u>		Year <u>2007</u>	
		Additions	Retirements	Additions	Retirements
301	Organization				
302	Franchises				
303	Land & Land Rights				
304	Structures & Improvements	707		1679	
307	Wells & Springs				
311	Pumping Equipment				
320	Water Treatment Equipment				
320.1	Water Treatment Plants				
320.2	Solution Chemical Feeders				
330	Distribution Reservoirs & Standpipes				
330.1	Storage Tanks				
330.2	Pressure Tanks				
331	Transmission & Distrib. Mains	5407			
333	Services				
334	Meters & Meter Installations				
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant & Misc. Equipment				
340	Office Furniture & Equipment	525		1000	
340.1	Computers & Software				
341	Transportation Equipment				
343	Tools, Shop & Garage Equip.				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	TOTAL WATER PLANT	6639		1779	

Note: Enter all additions and retirements, by year, from the prior test year through the end of the current test year. Enter the totals for the additions and retirements for all intervening years on page 14, Columns B and C, respectively.

COMPANY NAME: SASA GRANDE WATER WORKS CO INC Test Year Ended: 6-30-09
 Name of System: SASA GRANDE WWS ADEQ Public Water System Number: W-019190A

Plant Additions and Retirements by Year

Acct. No.	Description	Year <u>2004</u>		Year <u>2005</u>	
		Additions	Retirements	Additions	Retirements
301	Organization				
302	Franchises				
303	Land & Land Rights				
304	Structures & Improvements			<u>25591</u>	
307	Wells & Springs				
311	Pumping Equipment				
320	Water Treatment Equipment				
320.1	Water Treatment Plants				
320.2	Solution Chemical Feeders				
330	Distribution Reservoirs & Standpipes				
330.1	Storage Tanks				
330.2	Pressure Tanks				
331	Transmission & Distrib. Mains	<u>16096</u>			
333	Services				
334	Meters & Meter Installations				
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant & Misc. Equipment				
340	Office Furniture & Equipment				
340.1	Computers & Software				
341	Transportation Equipment				
343	Tools, Shop & Garage Equip.				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	TOTAL WATER PLANT	<u>16096</u>		<u>25591</u>	

Note: Enter all additions and retirements, by year, from the prior test year through the end of the current test year. Enter the totals for the additions and retirements for all intervening years on page 14, Columns B and C, respectively.

COMPANY NAME: SASA GRANDE WATER WORKS CO INC Test Year Ended: 6-30-09
 Name of System: SASA GRANDE WATER ADEQ Public Water System Number: W-0199901A

Plant Additions and Retirements by Year

Acct. No.	Description	Year 2006		Year 2007	
		Additions	Retirements	Additions	Retirements
301	Organization				
302	Franchises				
303	Land & Land Rights				
304	Structures & Improvements	2471			
307	Wells & Springs	1947			
311	Pumping Equipment				
320	Water Treatment Equipment				
320.1	Water Treatment Plants				
320.2	Solution Chemical Feeders				
330	Distribution Reservoirs & Standpipes				
330.1	Storage Tanks				
330.2	Pressure Tanks				
331	Transmission & Distrib. Mains	2877		30876	
333	Services				
334	Meters & Meter Installations	493			
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant & Misc. Equipment				
340	Office Furniture & Equipment				
340.1	Computers & Software				
341	Transportation Equipment				
343	Tools, Shop & Garage Equip.				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	TOTAL WATER PLANT	7728		30876	

Note: Enter all additions and retirements, by year, from the prior test year through the end of the current test year. Enter the totals for the additions and retirements for all intervening years on page 14, Columns B and C, respectively.

COMPANY NAME: CASA GRANDE WEST WATER Test Year Ended: 630.09
 Name of System: CASA GRANDE WEST ADEQ Public Water System Number: W-01990A

Plant Summary

Acct. No.	Description	Plant in Service Per Prior Decision	Total Additions	Total Retirements	Test Year End Total
		<i>Column A</i>	<i>Column B</i>	<i>Column C</i>	<i>Column D*</i>
301	Organization				
302	Franchises				
303	Land & Land Rights				
304	Structures & Improvements		44948		44948
307	Wells & Springs		56691		56691
311	Pumping Equipment				
320	Water Treatment Equipment				
320.1	Water Treatment Plants				
320.2	Solution Chemical Feeders				
330	Distribution Reservoirs & Standpipes				
330.1	Storage Tanks				
330.2	Pressure Tanks				
331	Transmission & Distrib. Mains	42097	55196		95284
333	Services				
334	Meters & Meter Installations	2000	493		2493
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant & Misc. Equipment				
340	Office Furniture & Equipment	0	1525		1525
340.1	Computers & Software				
341	Transportation Equipment				
343	Tools, Shop & Garage Equip.				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	TOTAL WATER PLANT	42097 *	158943		200941

Note: Please refer to the checklist on page 1 for the required attachments related to this schedule
 * Column D = Column A + Column B - Column C

* Acquired company in 1979 with assistance of Corporation Commission. NO RATE CASE SINCE ACQUISITION

COMPANY NAME: CASA GRANDE WEST WATER Test Year Ended: 6-30-09
 Name of System: CASA GRANDE WEST ADEQ Public Water System Number: W-01990A

UTILITY PLANT IN SERVICE

Acct No.	Description	Original Cost	Accumulated Depreciation	OCLD
		Column A	Column B	Column C**
301	Organization			
302	Franchises			
303	Land & Land Rights		N/A	
304	Structures & Improvements	44948	7242	37706
307	Wells & Springs	56691	26345	30346
311	Pumping Equipment			
320	Water Treatment Equipment			
320.1	Water Treatment Plants			
320.2	Solution Chemical Feeders			
330	Distribution Reservoirs & Standpipes			
330.1	Storage Tanks			
330.2	Pressure Tanks			
331	Transmission & Distrib. Mains	95194	36132	59062
333	Services			
334	Meters & Meter Installations	2493	1179	1314
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant & Misc. Equipment			
340	Office Furniture & Equipment	1525	596	929
340.1	Computers & Software			
341	Transportation Equipment			
343	Tools, Shop & Garage Equip.			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTAL WATER PLANT	* 200851	* 71494	129357

* Must be the same as the amount reported on page 20
 **Column C = Column A - Column B

COMPANY NAME: CASA GRANDE WATER COMPANY Test Year Ended: 6-30-09
 Name of System: CASA GRANDE WATER ADEQ Public Water System Number: W-01990A

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-625197	15	60		3	3	
55-903097	25	120		16	4	

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
10	2		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
10000	2	25000	1
7000	1		

COMPANY NAME: CASA GRANDE WEST WATER Test Year Ended: 6-30-09
 Name of System: CASA GRANDE WEST ADEQ Public Water System Number: W-01990A

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4	PVC	329100
5		
6	PVC	14494
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	58
3/4	241
1	2
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

Continuous Chlorination

STRUCTURES:

Three Storage AND ONE PRESSURE TANK

OTHER:

COMPANY NAME: San Gabriel West Water Test Year Ended: 6-30-09
 Name of System: San Gabriel West ADEQ Public Water System Number: W-01990A

WATER USE DATA SHEET BY MONTH FOR TEST YEAR

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY 2009	291	1706	1631	0
FEBRUARY 2009	292	1534	1709	0
MARCH 2009	293	2442	1638	0
APRIL 2009	292	3766	2529	0
MAY 2009	297	3063	3151	0
JUNE 2009	298	3002	3152	0
JULY 2008	293	2910	3318	0
AUGUST 2008	294	2847	3175	0
SEPTEMBER 2008	294	2587	3069	0
OCTOBER 2008	295	2267	2733	0
NOVEMBER 2008	297	1902	2407	0
DECEMBER 2008	297	1617	2053	0
TOTALS →		* 28645	** 30665	0

What is the level of arsenic for each well on your system? _____ mg/l
 (If more than one well, please list each separately.)
 Well #1 1.019 ug/L
 2 1.019 ug/L

If system has fire hydrants, what is the fire flow requirement? _____ GPM for _____ hrs N/A

If system has chlorination treatment, does this treatment system chlorinate continuously?
 Yes () No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
 Yes () No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
 () Yes No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system. For explanation of any of the above, please contact Engineering at 602-542-7277.

* This number must be equal to the number entered on Page 6, "sold gallons."
 ** Gallons pumped cannot equal or be less than the gallons sold

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	TEST YEAR
461	Metered Water Revenue	\$ 126438	\$ 124848
460	Unmetered Water Revenue		
474	Other Water Revenues		
	TOTAL OPERATING REVENUES	\$ 139438	\$ 124898 *
	OPERATING EXPENSES		
601	Salaries and Wages (See page 1, item 4)	\$ 36469	\$ 33688
610	Purchased Water (See page 1, item 5)		
615	Purchased Power (See page 1, item 6)	15561	15645
618	Chemicals		
620	Repairs and Maintenance (See page 1, item 7) ⁵²⁵⁷ ₄₇₀₇	15930	10648
621	Office Supplies and Expense ⁴⁴⁴⁶ _{219 7025} ⁷⁷⁷ ₇₇₀₅	7705	13299
630	Outside Services (See page 1, item 8) ⁵⁵¹ _{13704 3002}	22371	17199
635	Water Testing (See page 1, item 9)	645	2320
641	Rents ²⁴⁰⁷ ₇₁₄	2100	3114
650	Transportation Expenses ⁵¹²⁹ ₁₃₄₆	3996	7485
657	Insurance - General Liability	2677	2262
659	Insurance - Health and Life		
666	Regulatory Commission Expense - Rate Case		
675	Miscellaneous Expense ⁸² _{450 336 49 70}	1030	586
403	Depreciation Expense (From page 20)	10037	10037
408	Taxes Other Than Income	11584	10629
408.11	Property Taxes (See page 1, item 10)	6694	6380
409	Income Tax	4615	50
	TOTAL OPERATING EXPENSES	\$ 142418	\$ 133331
	OPERATING INCOME/(LOSS)	\$ <3970>	\$ <9433>
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$ 7	\$ 2
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$ 7	\$ 2
	NET INCOME/(LOSS)	\$ <3973>	\$ <9431>

Note: Do not include sales tax in revenue or expense. Please refer to the checklist on page 1 for the required attachments related to this schedule.

* This number must be identical to the number entered on page 5 "total operating revenues."

COMPANY NAME: CASA GRANDE WEST WATER Test Year Ended: 6-30-09
 Name of System: CASA GRANDE WEST ADEQ Public Water System Number: W-01990A

CALCULATION OF DEPRECIATION EXPENSE

Acct. No..	Description	Original Cost	Depreciation Percentage	Depreciation Expense
		<i>Column A</i>	<i>Column B</i>	<i>Column C*</i>
301	Organization			
302	Franchises			
303	Land & Land Rights		N/A	
304	Structures & Improvements	40944	.05	2241
307	Wells & Springs	56691	.05	2835
311	Pumping Equipment			
320	Water Treatment Equipment			
320.1	Water Treatment Plants			
320.2	Solution Chemical Feeders			
330	Distribution Reservoirs & Standpipes			
330.1	Storage Tanks			
330.2	Pressure Tanks			
331	Transmission & Distrib. Mains	95194	.05	4760
333	Services			
334	Meters & Meter Installations	2493	.05	125
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant & Misc. Equipment			
340	Office Furniture & Equipment	1525	.05	76
340.1	Computers & Software			
341	Transportation Equipment			
343	Tools, Shop & Garage Equip.			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTAL WATER PLANT	200751		10037

in column 2.

* Column C = Column A x Column B

COMPANY NAME: CASA GRANDE WEST WATER

Test Year Ended: 6-30-09

Name of System: CASA GRANDE WEST ADEQ Public Water System Number: W-01990R

BALANCE SHEET

Acct. No.	ASSETS	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF TEST YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 5185	\$ 4926
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		500
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 5185	\$ 5426
	FIXED ASSETS		
101	Utility Plant in Service	\$ 199416	\$ 199416 *
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation - Utility Plant ("AD-UP")	< 60137 >	(\$ 70898)**
121	Non-Utility Property	1525	1525
122	Accumulated Depreciation - Non Utility ("AD-NU")	< 520 >	(\$ 596)
	TOTAL FIXED ASSETS	\$ 139484	\$ 129447
	TOTAL ASSETS	\$ 144669	\$ 134873

Note: Total Assets on this page should equal the sum of Total Liabilities and Total Capital on page 22. Also, numbers in parentheses should be subtracted. For example, Accounts 108 and 122 should be subtracted from Total Fixed Assets.

* Must equal page 15, original cost

** Must equal page 15, accumulated depreciation

BALANCE SHEET (CONTINUED)

	LIABILITIES	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF TEST YEAR
	CURRENT LIABILITES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		1500 ***
236	Accrued Taxes	1527	853
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities	792	102
	TOTAL CURRENT LIABILITIES	\$ 2319	\$ 2455
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction	37145	\$ *
255	Accumulated Deferred Investment Tax Credits		
271	Gross Contributions in Aid of Construction		\$ **
272	Less: Amortization of Contributions		(\$)
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$ 37645	\$ 2455
	TOTAL LIABILITIES	\$ 39964	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 100	\$ 100
211	Paid in Capital in Excess of Par Value	16926	16926
215	Retained Earnings	87679	132418 ***
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$ 104705	\$ 96273
	TOTAL LIABILITIES AND CAPITAL	\$ 144669	\$ 134773

Note: Account 272 should be subtracted from Total Deferred Credits.

* Must equal page 24, Total Advances in Aid of Constructions

** Must equal page 25, Total Advances

PROOF PERSONAL ADJUSTMENT MADE TO RECOGNIZE DEPOSITS AND PREVIOUSLY EXPENSED ADVANCES IN AID

COMPANY NAME: CARR GRANING WEST WATER Test Year Ended: 6-30-01
 Name of System: CARR GRANING WEST ADEQ Public Water System Number: W-1991 A

None GROSS CONTRIBUTIONS IN AID OF CONSTRUCTION (Acct. 271)³

Balance Per Prior Decision	N/A	\$
Additions Year	\$	
Total Additions	N/A	\$
Balance at Test Year End	N/A	\$ *

Note: Prior Decision refers to the balances per the prior Staff Report as adjusted per the final Commission Decision.

* Balance at Test Year End = Balance Per Prior Decision + Total Additions (cross reference this to the Balance Sheet on page 22)

³ Contributions in Aid of Construction refers to the following:
 (1) Non-refundable money, services, or property received for use in the provision of utility service from any source that is provided at no cost and interest free.
 (2) Unrefunded balances of expired advance contracts reclassified from Advances in Aid of Construction.

BILL COUNT INSTRUCTIONS

A quarterly Bill Count must be provided for each of the meter sizes the Company had in service during the Test Year. If you had more than one meter size in service, reproduce the forms on pages 27 through 31, inclusive, so that you will submit one set of Bill Count forms (i.e. one Bill Count for each quarter and a Bill Count Summary), for each meter size. An item such as a metered standpipe would be considered to be a different size meter, since it may have a different tariff rate than the other size meters.

A Bill Count Summary sheet is provided on page 31. Please note that each bill over 100,000 gallons should be shown separately. The number of bills in each line will be added to produce a total of all bills at the bottom of the page.

The first step in producing the Bill Count is to collect all monthly bills rendered for metered water sales during the 12 months of the Test Year. The collection of bills must include bills to part-time customers and to customers who are no longer on the system, but who were on the system for any part of the Test Year.

Only include bills for water sold during the Test Year. For example, assume that the Test Year runs from January 1st to December 31st (calendar year) and you normally bill on January 5th. The bill sent out at that time would cover December 1st through 31st usage of the prior year and should not be included. The first billing to be used for the year would be the February 5th billing and the last billing to be used would be the billing of January 5th of the succeeding year.

Sort the bills by each quarter, by meter size, so that a separate bill count is produced for each three-month period by meter size. On each quarterly Bill Count sheet, place a tally for each bill in the appropriate gallonage range. After tallying each bill, add the tallies in each gallonage range and report the tally totals in the column provided.

Note: For explanation of any of the above, please contact the Staff at 602-542-4251.

Company Name: <u>WPA GRANDE WEA WATER</u>	Test Year Ended: <u>6-30-09</u>
Meter Size: <u>5/8 x 3/4</u>	1 st Quarter Ended: <u>9-30-08</u>

BILL COUNT WORKSHEET 1ST QUARTER

GALLONAGE RANGE	NUMBER OF BILLS						TOTAL BILLS FOR 1 ST QUARTER
- 0 -							
1 to 1,000	5	5	A	4	5	3	12
1,001 to 2,000	2	2	A	1	5	5	8
2,001 to 3,000	3	3	A	4	5	5	12
3,001 to 4,000	5	5	A	3	5	3	11
4,001 to 5,000	4	4	A	3	5	2	9
5,001 to 6,000	3	3	A	8	5	8	19
6,001 to 7,000	9	9	A	4	5	3	16
7,001 to 8,000	1	1	A	5	5	7	13
8,001 to 9,000	2	2	A	1	5	2	5
9,001 to 10,000	4	4	A	2	5	3	9
10,001 to 12,000	3	3	A	5	5	2	10
12,001 to 14,000	6	6	A	4	5	5	15
14,001 to 16,000	1	1	A	3	5	0	4
16,001 to 18,000	3	3	A	3	5	3	9
18,001 to 20,000	2	2	A	5	5	4	11
20,001 to 25,000	4	4	A	2	5	1	7
25,001 to 30,000	3	3	A	2	5	4	9
30,001 to 35,000	0	0	A	0	5	1	1
35,001 to 40,000	0	0	A	0	5	0	0
40,001 to 50,000	1	1	A	1	5	0	2
50,001 to 60,000	0	0	A	1	5	0	1
60,001 to 70,000							
70,001 to 80,000							
80,001 to 90,000							
90,001 to 100,000							
Over 100,000 (List actual gallons, e.g., 120,000)							
Total Bills	61	61	61	61	61	61	183

Company Name: <i>ASA (MADRID WEST WIND)</i>	Test Year Ended: <i>6-30-09</i>
Meter Size: <i>5/8 x 3/4</i>	1 st Quarter Ended: <i>9-30-09</i>

BILL COUNT WORKSHEET 1ST QUARTER

GALLONAGE RANGE	NUMBER OF BILLS						TOTAL BILLS FOR 1 ST QUARTER
- 0 -							
1 to 1,000	J	12	A	13	S	13	38
1,001 to 2,000	J	6	A	12	S	10	28
2,001 to 3,000	J	15	A	11	S	12	38
3,001 to 4,000	J	14	A	10	S	14	42
4,001 to 5,000	J	12	A	16	S	20	48
5,001 to 6,000	J	12	A	15	S	19	46
6,001 to 7,000	J	14	A	18	S	20	52
7,001 to 8,000	J	17	A	11	S	14	42
8,001 to 9,000	J	15	A	21	S	17	53
9,001 to 10,000	J	10	A	15	S	20	45
10,001 to 12,000	J	24	A	32	S	31	87
12,001 to 14,000	J	20	A	19	S	12	51
14,001 to 16,000	J	17	A	11	S	9	37
16,001 to 18,000	J	10	A	7	S	4	21
18,001 to 20,000	J	10	A	4	S	3	17
20,001 to 25,000	J	12	A	10	S	9	31
25,001 to 30,000	J	1	A	2	S	0	3
30,001 to 35,000	J	2	A	0	S	2	4
35,001 to 40,000	J	1	A	1	S	0	2
40,001 to 50,000	J	1	A	1	S	2	4
50,001 to 60,000	J	1	A	2	S	0	3
60,001 to 70,000							
70,001 to 80,000							
80,001 to 90,000							
90,001 to 100,000							
Over 100,000 (List actual gallons, e.g., 120,000)							
Total Bills		230	231		231		692

Company Name: <u>CAMA GRANDE WEST WATER</u>	Test Year Ended: <u>6-30-09</u>
Meter Size: <u>1</u>	1 st Quarter Ended: <u>9-30-08</u>

BILL COUNT WORKSHEET 1ST QUARTER

GALLONAGE RANGE	NUMBER OF BILLS					TOTAL BILLS FOR 1 ST QUARTER
- 0 -						
1 to 1,000	1		A	S		
1,001 to 2,000	1	1	A	S	1	2
2,001 to 3,000	1		A	S		1
3,001 to 4,000	1		A	S		1
4,001 to 5,000	1		A	S		
5,001 to 6,000	1		A	S		
6,001 to 7,000	1	1	A	S	1	2
7,001 to 8,000						
8,001 to 9,000						
9,001 to 10,000						
10,001 to 12,000						
12,001 to 14,000						
14,001 to 16,000						
16,001 to 18,000						
18,001 to 20,000						
20,001 to 25,000						
25,001 to 30,000						
30,001 to 35,000						
35,001 to 40,000						
40,001 to 50,000						
50,001 to 60,000						
60,001 to 70,000						
70,001 to 80,000						
80,001 to 90,000						
90,001 to 100,000						
Over 100,000 (List actual gallons, e.g., 120,000)						
Total Bills	2		2		2	6

Company Name: <i>San Grande Water Meter</i>	Test Year Ended: <i>6-30-09</i>
Meter Size: <i>5/8 x 3/4</i>	2 nd Quarter Ended: <i>12-31-08</i>

BILL COUNT WORKSHEET 2ND QUARTER

GALLONAGE RANGE	NUMBER OF BILLS						TOTAL BILLS FOR 2 nd QUARTER
- 0 -							
1 to 1,000	0	4	N	5	D	5	14
1,001 to 2,000	0	4	N	4	D	9	17
2,001 to 3,000	0	5	N	8	D	8	23
3,001 to 4,000	0	6	N	4	D	8	14
4,001 to 5,000	0	3	N	8	D	10	21
5,001 to 6,000	0	10	N	10	D	2	22
6,001 to 7,000	0	4	N	6	D	5	15
7,001 to 8,000	0	3	N	1	D	2	6
8,001 to 9,000	0	2	N	4	D	2	8
9,001 to 10,000	0	2	N	1	D	3	6
10,001 to 12,000	0	5	N	4	D	3	12
12,001 to 14,000	0	4	N	4	D	0	8
14,001 to 16,000	0	5	N	0	D	1	6
16,001 to 18,000	0	2	N	2	D	0	4
18,001 to 20,000	0	1	N	0	D	0	1
20,001 to 25,000	0	0	N	0	D	0	0
25,001 to 30,000	0	1	N	0	D	0	1
30,001 to 35,000							
35,001 to 40,000							
40,001 to 50,000							
50,001 to 60,000							
60,001 to 70,000							
70,001 to 80,000							
80,001 to 90,000							
90,001 to 100,000							
Over 100,000 (List actual gallons, e.g., 120,000)							
Total Bills		61		61		61	183

Company Name: <u>CORPORATE GRANDE WASH STATE</u>	Test Year Ended: <u>6-30-09</u>
Meter Size: <u>3/4</u>	2 nd Quarter Ended: <u>12-31-08</u>

BILL COUNT WORKSHEET 2ND QUARTER

GALLONAGE RANGE	NUMBER OF BILLS						TOTAL BILLS FOR 2 ND QUARTER
- 0 -							
1 to 1,000	0	7	N	14	D	14	35
1,001 to 2,000	0	15	N	15	D	15	45
2,001 to 3,000	0	13	N	21	D	22	56
3,001 to 4,000	0	14	N	30	D	31	79
4,001 to 5,000	0	29	N	32	D	34	95
5,001 to 6,000	0	10	N	32	D	30	72
6,001 to 7,000	0	26	N	26	D	25	77
7,001 to 8,000	0	20	N	21	D	21	62
8,001 to 9,000	0	21	N	6	D	6	33
9,001 to 10,000	0	17	N	12	D	12	41
10,001 to 12,000	0	14	N	10	D	10	38
12,001 to 14,000	0	14	N	5	D	6	25
14,001 to 16,000	0	10	N	6	D	4	20
16,001 to 18,000	0	3	N	4	D	4	11
18,001 to 20,000	0	3	N	0	D	0	3
20,001 to 25,000	0	4	N	0	D	0	4
25,001 to 30,000	0	2	N	0	D	0	2
30,001 to 35,000	0	1	N	0	D	0	1
35,001 to 40,000	0	1	N	0	D	0	1
40,001 to 50,000							
50,001 to 60,000							
60,001 to 70,000							
70,001 to 80,000							
80,001 to 90,000							
90,001 to 100,000							
Over 100,000 (List actual gallons, e.g., 120,000)							
Total Bills	232		234		234		700

Company Name: <u>City of Grandview Est. Water</u>	Test Year Ended: <u>6-30-09</u>
Meter Size: <u>1</u>	2 nd Quarter Ended: <u>12-31-08</u>

BILL COUNT WORKSHEET 2ND QUARTER

GALLONAGE RANGE	NUMBER OF BILLS					TOTAL BILLS FOR 2 ND QUARTER
- 0 -						
1 to 1,000	0		2	1	0	1
1,001 to 2,000	0		2		0	
2,001 to 3,000	0	1	2		0	1
3,001 to 4,000	0		2		1	1
4,001 to 5,000	0	1	2	1	0	2
5,001 to 6,000						
6,001 to 7,000						
7,001 to 8,000						
8,001 to 9,000						
9,001 to 10,000						
10,001 to 12,000						
12,001 to 14,000						
14,001 to 16,000						
16,001 to 18,000						
18,001 to 20,000						
20,001 to 25,000						
25,001 to 30,000						
30,001 to 35,000						
35,001 to 40,000						
40,001 to 50,000						
50,001 to 60,000						
60,001 to 70,000						
70,001 to 80,000						
80,001 to 90,000						
90,001 to 100,000						
Over 100,000 (List actual gallons, e.g., 120,000)						
Total Bills		2	2	2		6

Company Name: <i>COOR. GARAGE WASH WILSON</i>	Test Year Ended: <i>6-30-09</i>
Meter Size: <i>5/4 x 3/4</i>	3 rd Quarter Ended: <i>3-31-09</i>

BILL COUNT WORKSHEET 3RD QUARTER

GALLONAGE RANGE	NUMBER OF BILLS						TOTAL BILLS FOR 3 RD QUARTER
	<i>J</i>	<i>b</i>	<i>F</i>	<i>4</i>	<i>M</i>	<i>5</i>	
- 0 -							
1 to 1,000	<i>J</i>	<i>b</i>	<i>F</i>	<i>4</i>	<i>M</i>	<i>5</i>	<i>15</i>
1,001 to 2,000	<i>J</i>	<i>5</i>	<i>F</i>	<i>9</i>	<i>M</i>	<i>4</i>	<i>18</i>
2,001 to 3,000	<i>J</i>	<i>3</i>	<i>F</i>	<i>6</i>	<i>M</i>	<i>3</i>	<i>12</i>
3,001 to 4,000	<i>J</i>	<i>6</i>	<i>F</i>	<i>11</i>	<i>M</i>	<i>5</i>	<i>22</i>
4,001 to 5,000	<i>J</i>	<i>10</i>	<i>F</i>	<i>6</i>	<i>M</i>	<i>2</i>	<i>18</i>
5,001 to 6,000	<i>J</i>	<i>5</i>	<i>F</i>	<i>2</i>	<i>M</i>	<i>6</i>	<i>13</i>
6,001 to 7,000	<i>J</i>	<i>1</i>	<i>F</i>	<i>3</i>	<i>M</i>	<i>2</i>	<i>6</i>
7,001 to 8,000	<i>J</i>	<i>4</i>	<i>F</i>	<i>4</i>	<i>M</i>	<i>5</i>	<i>13</i>
8,001 to 9,000	<i>J</i>	<i>4</i>	<i>F</i>	<i>2</i>	<i>M</i>	<i>2</i>	<i>8</i>
9,001 to 10,000	<i>J</i>	<i>2</i>	<i>F</i>	<i>5</i>	<i>M</i>	<i>2</i>	<i>9</i>
10,001 to 12,000	<i>J</i>	<i>5</i>	<i>F</i>	<i>2</i>	<i>M</i>	<i>6</i>	<i>13</i>
12,001 to 14,000	<i>J</i>	<i>2</i>	<i>F</i>	<i>2</i>	<i>M</i>	<i>5</i>	<i>9</i>
14,001 to 16,000	<i>J</i>	<i>0</i>	<i>F</i>	<i>2</i>	<i>M</i>	<i>6</i>	<i>8</i>
16,001 to 18,000	<i>J</i>	<i>3</i>	<i>F</i>	<i>0</i>	<i>M</i>	<i>1</i>	<i>4</i>
18,001 to 20,000	<i>J</i>	<i>0</i>	<i>F</i>	<i>0</i>	<i>M</i>	<i>0</i>	<i>0</i>
20,001 to 25,000	<i>J</i>	<i>0</i>	<i>F</i>	<i>1</i>	<i>M</i>	<i>4</i>	<i>5</i>
25,001 to 30,000	<i>J</i>	<i>0</i>	<i>F</i>	<i>0</i>	<i>M</i>	<i>0</i>	<i>0</i>
30,001 to 35,000	<i>J</i>	<i>0</i>	<i>F</i>	<i>0</i>	<i>M</i>	<i>1</i>	<i>1</i>
35,001 to 40,000							
40,001 to 50,000							
50,001 to 60,000							
60,001 to 70,000							
70,001 to 80,000							
80,001 to 90,000							
90,001 to 100,000							
Over 100,000 (List actual gallons, e.g., 120,000)							
Total Bills	<i>56</i>	<i>59</i>	<i>59</i>	<i>59</i>	<i>59</i>	<i>59</i>	<i>174</i>

Company Name: <u>City of Grand Rapids West Water</u>	Test Year Ended: <u>6-30-09</u>
Meter Size: <u>3/4</u>	3 rd Quarter Ended: <u>3-31-09</u>

BILL COUNT WORKSHEET 3RD QUARTER

GALLONAGE RANGE	NUMBER OF BILLS						TOTAL BILLS FOR 3 rd QUARTER
- 0 -							
1 to 1,000	5	9	F	12	M	9	30
1,001 to 2,000	5	23	F	19	M	11	53
2,001 to 3,000	5	14	F	23	M	15	56
3,001 to 4,000	5	29	F	25	M	14	68
4,001 to 5,000	5	27	F	33	M	20	80
5,001 to 6,000	5	24	F	39	M	23	86
6,001 to 7,000	5	34	F	29	M	16	79
7,001 to 8,000	5	17	F	20	M	11	48
8,001 to 9,000	5	13	F	12	M	21	46
9,001 to 10,000	5	10	F	8	M	24	42
10,001 to 12,000	5	16	F	2	M	22	40
12,001 to 14,000	5	4	F	7	M	13	24
14,001 to 16,000	5	3	F	2	M	13	18
16,001 to 18,000	5	5	F	0	M	4	9
18,001 to 20,000	5	1	F	0	M	10	11
20,001 to 25,000	5	0	F	0	M	3	3
25,001 to 30,000	5	0	F	0	M	2	2
30,001 to 35,000	5	0	F	0	M	1	1
35,001 to 40,000							
40,001 to 50,000							
50,001 to 60,000							
60,001 to 70,000							
70,001 to 80,000							
80,001 to 90,000							
90,001 to 100,000							
Over 100,000 (List actual gallons, e.g., 120,000)							
Total Bills		233		231		232	696

Company Name: <i>Cross Creek Water</i>	Test Year Ended: <i>6-30-09</i>
Meter Size: <i>1</i>	3 rd Quarter Ended: <i>3-31-09</i>

BILL COUNT WORKSHEET 3RD QUARTER

GALLONAGE RANGE	NUMBER OF BILLS					TOTAL BILLS FOR 3 rd QUARTER
- 0 -						
1 to 1,000	<i>1</i>	<i>1</i>	<i>F</i>	<i>M</i>		<i>1</i>
1,001 to 2,000	<i>1</i>		<i>F</i>	<i>M</i>		
2,001 to 3,000	<i>1</i>		<i>F</i>	<i>M</i>		
3,001 to 4,000	<i>1</i>	<i>1</i>	<i>F</i>	<i>M</i>	<i>2</i>	<i>3</i>
4,001 to 5,000	<i>1</i>		<i>F</i>	<i>M</i>		
5,001 to 6,000	<i>1</i>		<i>F</i>	<i>M</i>	<i>1</i>	<i>1</i>
6,001 to 7,000	<i>1</i>		<i>F</i>	<i>M</i>		
7,001 to 8,000	<i>1</i>		<i>F</i>	<i>M</i>		
8,001 to 9,000	<i>1</i>		<i>F</i>	<i>M</i>	<i>1</i>	<i>1</i>
9,001 to 10,000						
10,001 to 12,000						
12,001 to 14,000						
14,001 to 16,000						
16,001 to 18,000						
18,001 to 20,000						
20,001 to 25,000						
25,001 to 30,000						
30,001 to 35,000						
35,001 to 40,000						
40,001 to 50,000						
50,001 to 60,000						
60,001 to 70,000						
70,001 to 80,000						
80,001 to 90,000						
90,001 to 100,000						
Over 100,000 (List actual gallons, e.g., 120,000)						
Total Bills	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>1</i>	<i>6</i>

Company Name: <u>ASH GRANDE WOOD WATER</u>	Test Year Ended: <u>6-30-09</u>
Meter Size: <u>5/8 X 3/4</u>	4 th Quarter Ended: <u>6-30-09</u>

BILL COUNT WORKSHEET 4TH QUARTER

GALLONAGE RANGE	NUMBER OF BILLS						TOTAL BILLS FOR 4 th QUARTER
- 0 -							
1 to 1,000	A	4	M	4	J	5	13
1,001 to 2,000	A	3	M	3	J	3	9
2,001 to 3,000	A	5	M	2	J	6	19
3,001 to 4,000	A	6	M	4	J	4	14
4,001 to 5,000	A	4	M	2	J	4	10
5,001 to 6,000	A	5	M	3	J	2	10
6,001 to 7,000	A	5	M	2	J	3	10
7,001 to 8,000	A	2	M	5	J	2	9
8,001 to 9,000	A	1	M	3	J	3	7
9,001 to 10,000	A	3	M	0	J	1	4
10,001 to 12,000	A	2	M	3	J	6	11
12,001 to 14,000	A	3	M	5	J	2	10
14,001 to 16,000	A	7	M	6	J	5	18
16,001 to 18,000	A	2	M	3	J	1	6
18,001 to 20,000	A	2	M	2	J	3	7
20,001 to 25,000	A	2	M	4	J	6	12
25,001 to 30,000	A	1	M	2	J	0	3
30,001 to 35,000	A	1	M	0	J	1	2
35,001 to 40,000	A	1	M	0	J	0	1
40,001 to 50,000	A	0	M	0	J	1	1
50,001 to 60,000							
60,001 to 70,000							
70,001 to 80,000							
80,001 to 90,000							
90,001 to 100,000							
Over 100,000 (List actual gallons, e.g., 120,000)							
Total Bills		59		59		58.	177

Company Name: <u>LA GRANDE WEST WATER</u>	Test Year Ended: <u>6-30-09</u>
Meter Size: <u>3/4</u>	4 th Quarter Ended: <u>6-30-09</u>

BILL COUNT WORKSHEET 4TH QUARTER

GALLONAGE RANGE	NUMBER OF BILLS						TOTAL BILLS FOR 4 th QUARTER
- 0 -							
1 to 1,000	A	9	M	9	J	9	27
1,001 to 2,000	A	9	M	14	J	9	32
2,001 to 3,000	A	7	M	11	J	9	27
3,001 to 4,000	A	20	M	15	J	16	51
4,001 to 5,000	A	16	M	10	J	16	42
5,001 to 6,000	A	17	M	14	J	22	53
6,001 to 7,000	A	13	M	22	J	25	60
7,001 to 8,000	A	20	M	15	J	20	55
8,001 to 9,000	A	19	M	22	J	10	51
9,001 to 10,000	A	18	M	12	J	11	41
10,001 to 12,000	A	28	M	21	J	26	75
12,001 to 14,000	A	16	M	19	J	11	46
14,001 to 16,000	A	12	M	12	J	14	38
16,001 to 18,000	A	4	M	10	J	7	21
18,001 to 20,000	A	8	M	11	J	9	28
20,001 to 25,000	A	8	M	8	J	16	32
25,001 to 30,000	A	1	M	3	J	1	5
30,001 to 35,000	A	3	M	3	J	2	8
35,001 to 40,000	A	1	M	2	J	1	4
40,001 to 50,000	A	1	M	2	J	3	6
50,001 to 60,000	A	1	M	2	J	1	4
60,001 to 70,000							
70,001 to 80,000							
80,001 to 90,000							
90,001 to 100,000							
Over 100,000 (List actual gallons, e.g., 120,000)							
Total Bills		231		237		238	706

Company Name: <u>FRAN GRANDE WRESTLING</u>	Test Year Ended: <u>6-30-09</u>
Meter Size: <u>1</u>	4 th Quarter Ended: <u>6-30-09</u>

BILL COUNT WORKSHEET 4TH QUARTER

GALLONAGE RANGE	NUMBER OF BILLS	TOTAL BILLS FOR 4 th QUARTER
- 0 -		
1 to 1,000		
1,001 to 2,000		
2,001 to 3,000		
3,001 to 4,000		
4,001 to 5,000		
5,001 to 6,000	A 1 M 0 J 1	2
6,001 to 7,000	A 1 M 1 J 1	3
7,001 to 8,000	A 0 M 1 J 0	1
8,001 to 9,000		
9,001 to 10,000		
10,001 to 12,000		
12,001 to 14,000		
14,001 to 16,000		
16,001 to 18,000		
18,001 to 20,000		
20,001 to 25,000		
25,001 to 30,000		
30,001 to 35,000		
35,001 to 40,000		
40,001 to 50,000		
50,001 to 60,000		
60,001 to 70,000		
70,001 to 80,000		
80,001 to 90,000		
90,001 to 100,000		
Over 100,000 (List actual gallons, e.g., 120,000)		
Total Bills	2 2 2	6

Company Name: <i>ASA GRANDE WATER</i>	Test Year Ended: <i>6-30-09</i>
Meter Size: <i>5/8 x 3/4</i>	

BILL COUNT SUMMARY

	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total
- 0 -					
1 to 1,000	12	14	15	13	54
1,001 to 2,000	8	17	18	9	52
2,001 to 3,000	12	23	12	19	66
3,001 to 4,000	11	18	22	14	65
4,001 to 5,000	9	21	14	10	54
5,001 to 6,000	19	22	13	10	64
6,001 to 7,000	16	15	6	10	47
7,001 to 8,000	13	6	13	9	41
8,001 to 9,000	5	8	8	7	28
9,001 to 10,000	9	6	9	4	28
10,001 to 12,000	10	12	13	11	46
12,001 to 14,000	15	8	9	10	42
14,001 to 16,000	4	6	8	14	36
16,001 to 18,000	9	4	4	6	23
18,001 to 20,000	11	1	0	7	19
20,001 to 25,000	7	0	5	12	24
25,001 to 30,000	9	1	0	3	13
30,001 to 35,000	1	0	1	2	4
35,001 to 40,000	0	0	0	1	1
40,001 to 50,000	2	0	0	1	3
50,001 to 60,000	1	0	0	0	1
60,001 to 70,000					
70,001 to 80,000					
80,001 to 90,000					
90,001 to 100,000					
Over 100,000 (List actual gallons, e.g., 120,000)					
Total Bills	183	183	174	177	717

Company Name: <u>WPA GRANDE WATER WORKS</u>	Test Year Ended: <u>6-30-09</u>
Meter Size: <u>3/4</u>	

BILL COUNT SUMMARY

	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total
- 0 -					
1 to 1,000	36	35	30	27	
1,001 to 2,000	28	45	53	32	
2,001 to 3,000	38	56	56	27	
3,001 to 4,000	42	79	68	51	
4,001 to 5,000	48	95	80	42	
5,001 to 6,000	46	72	86	53	
6,001 to 7,000	52	77	79	60	
7,001 to 8,000	42	62	48	55	
8,001 to 9,000	53	33	46	51	
9,001 to 10,000	45	41	42	41	
10,001 to 12,000	87	38	40	75	
12,001 to 14,000	51	25	24	46	
14,001 to 16,000	37	20	18	38	
16,001 to 18,000	21	11	9	21	
18,001 to 20,000	17	3	11	28	
20,001 to 25,000	31	4	3	32	
25,001 to 30,000	3	2	2	5	
30,001 to 35,000	4	1	1	8	
35,001 to 40,000	2	1	0	4	
40,001 to 50,000	4	0	0	6	
50,001 to 60,000	3	0	0	4	
60,001 to 70,000					
70,001 to 80,000					
80,001 to 90,000					
90,001 to 100,000					
Over 100,000 (List actual gallons, e.g., 120,000)					
Total Bills	692	700	696	706	

Company Name: <i>COA GRANDE WATER</i>	Test Year Ended: <i>6.30.09</i>
Meter Size: <i>1</i>	

BILL COUNT SUMMARY

	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total
- 0 -					
1 to 1,000	0	2	1	4	3
1,001 to 2,000	2	0	0	5	2
2,001 to 3,000	1	1	0	0	2
3,001 to 4,000	1	1	3	0	5
4,001 to 5,000	0	2	0	0	2
5,001 to 6,000	0	0	1	2	3
6,001 to 7,000	2	0	0	3	5
7,001 to 8,000	0	0	0	1	1
8,001 to 9,000					
9,001 to 10,000					
10,001 to 12,000					
12,001 to 14,000					
14,001 to 16,000					
16,001 to 18,000					
18,001 to 20,000					
20,001 to 25,000					
25,001 to 30,000					
30,001 to 35,000					
35,001 to 40,000					
40,001 to 50,000					
50,001 to 60,000					
60,001 to 70,000					
70,001 to 80,000					
80,001 to 90,000					
90,001 to 100,000					
Over 100,000 (List actual gallons, e.g., 120,000)					
Total Bills	6	6	6	6	24

CASA GRANDE WEST/SOUTH WATER COMPANY

117 E. Second Street
Casa Grande, AZ 85222
Fax

(520) 836-0267
gordon.bobby@yahoo.com
(520) 876-0591

Arizona Corporation Commission

Rate Increase Application

The following figures were used in calculating the proposed rate increase:

Plant additions \$250,000 resulting in a monthly projected payment of \$1500
Additional expenses associated with plant addition of \$1600 a month
Increase to cover operating loss at current rates of \$750 a month
Return on investment of \$665 per month

Estimated Construction Costs for Casa Grande West ATF

Capital Costs Summary		150 GPM SYSTEM
Adsorption System		
Contractors Cost + Media	\$40,000	
Piping (including manifold piping, control valves, flow meters, backflow preventor, & chemical injection nozzles)	\$20,000	
Arsenic System Installation Costs	\$15,000	
Prefilter	\$5,000	
Foundation	\$5,000	
Residuals Handling Costs (Backwash Equalization Tank)	\$5,000	
Backwash Decant Valves and Pipe	\$5,000	
Yard Piping and Valves Allowance	\$5,000	
Electrical and Instrumentation & Controls	\$20,000	
Site Civil	\$2,500	
TOTAL ARSENIC FACILITIES COSTS	\$122,500	
CONTINGENCIES (10%)	\$12,250	
TOTAL ESTIMATED COSTS WO TAXES	\$134,750	
Taxes (6%)	\$8,085	
TOTAL ESTIMATED COSTS W/ TAXES	\$142,835	
ADDITIONAL ITEMS		
Electrical Panel at Well Site 1	\$20,000	
New Hydro pneumatic Tank	\$30,000	
New 50,000 gallon storage tank	\$70,000	
SUBTOTAL	\$120,000	

2-5' dia steel vessels 1 operation, 1 standby

By Casa Grande West??

By Casa Grande West

By Casa Grande West

By Casa Grande West

LOAN AMOUNT FOR ARSENIC

ADDITIONAL LOAN AMOUNT FOR WATER SUPPLY IMPROVEMENTS

Operating Cost

Parameter	Cost	
BW Water Disposal Cost (Pumping + Hauling + Disposal)	\$1,000	per trip
BW Water Disposal Cost Based on Four Trips Per Year	\$4,000	per year
Media Cost (to be replaced twice per year)	\$7,500	per year
Media Installation Cost	\$7,500	per year
Miscellaneous Cost	\$1,000	per year
Total Operating Cost	\$20,000	per year

CASA GRANDE WEST/SOUTH WATER COMPANY

117 E. Second Street
Casa Grande, AZ 85222
Fax

(520) 836-0267
gordon.bobby@yahoo.com
(520) 876-0591

Casa Grande West Water Company has applied to the Arizona Corporation Commission for an adjustment in rates. The current rates have been in effect since January 1, 1987. An increase in rates is necessary at this time due to the fact that the company is under an arsenic abatement order from the Arizona Department of Environmental Quality which necessitates plant additions and additional operating expenses. We are also requesting adjustments to service charges to reflect current costs. Based on the Company's un-audited Test Year results, Casa Grande West Water Company realized an operating loss of \$8,431.00. The Company is requesting a revenue increase of \$55,000 or 44% of total revenues. Please see attached pages 8 and 10 of the Company's application for the current and proposed rates.

The application is available for inspection during regular business hours at the offices of the Commission in Phoenix at 1200 West Washington Street or online at <http://edocket.azcc.gov/edocket/> and at Casa Grande West Water Company 117 E. Second Street Casa Grande, Az. Please be advised that the rates and charges ultimately approved by the Commission may be higher or lower than the rates and charges requested in the Application.

Customer input is an important part of the Commission's analysis of the requested adjustment and is a factor in determining whether a hearing will be conducted. Customers should bring to the Commission's attention any questions or concerns related to the Company's Application including service, billing procedures or other factors important in determining the reasonableness of charges. Customers may have the right to intervene in this matter. Customers wishing to communicate with the Commission, or request information on intervention in the proceeding, should contact the Commission's Consumer Services Section at 800-222-7000 (if located outside the Phoenix local calling area) or 602-542-4251 in the Phoenix local calling area. Customers may also contact the Tucson Commission office by calling 800-535-0148 (if located outside the Tucson local calling area) or 520-628-6555 in the Tucson local calling area.

Customers are advised that the Commission may act upon the Application without a hearing. Regardless of whether a formal hearing is held, customer comments submitted in writing will be placed in the office file, which the Commission reviews prior to making its final decision on the Application. It is important that customers contact the Commission within 15 days of the receipt of this notice so that the Commission's Staff can consider customer comments and concerns in developing its recommendations to the Commission.

CASA GRANDE WEST/SOUTH WATER COMPANY

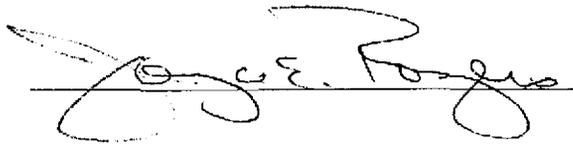
117 E. Second Street
Casa Grande, AZ 85222
Fax

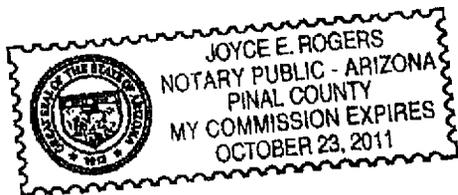
(520) 836-0267
gordon.bobby@yahoo.com
(520) 876-0591

The customer notification was mailed to the customers on December 18, 2009.


Bobby Gordon

Subscribed and Sworn before me this 17th day of December 2009





CASA GRANDE WEST/SOUTH WATER COMPANY

117 E. Second Street
Casa Grande, AZ 85222
Fax

(520) 836-0267
gordon.bobby@yahoo.com
(520) 876-0591

Arizona Corporation Commission

Rate Increase Application

Arizona Department of Environmental Quality compliance status report has not been transmitted to us. We will make available upon receipt.

CASA GRANDE WEST/SOUTH WATER COMPANY

117 E. Second Street
Casa Grande, AZ 85222
Fax

(520) 836-0267
gordon.bobby@yahoo.com
(520) 876-0591

Arizona Corporation Commission

Rate Increase Application

Letter of Good Standing. We are awaiting the letter. We have attached the resubmitted filing.

STATE OF ARIZONA

Department of Revenue



ARIZONA DEPARTMENT OF REVENUE
1600 WEST MONROE
PHOENIX AZ 85007 - 2650

Janice K. Brewer
Governor

Gale Garriott
Director

September 23, 2009
Casa Grande West Water Co, Inc.
Attn: Robert Gordon
117 E Second St
Casa Grande, AZ 85122

RE Letter of Good Standing for Casa Grande West Water Co, Inc.

Federal Employer Identification Number: 86-0275809

Dear Mr. Gordon:

Your recent request for a Letter of Good Standing is denied because of the following:

There is no record of a 2007 Arizona Corporation Tax Return (Arizona Form 120 or Form 120S) filed with the Department. If This corporation was included in combined or consolidated Arizona return, the parent corporation must submit a letter of assumption.

Monthly Transaction Privilege, Use and Severance Tax Return (TPT-1) for Transaction Privilege Tax License number 11-010120-X not on file for August 2009.

Arizona Quarterly Withholding Tax Return (Arizona Form A1-QRT) for Withholding Tax License number 86-027580-9 not on file for 1st QRT 2008 thru 2nd QRT 2009.

Please resubmit a new Tax Clearance Application once the deficiencies have been cleared.

If you have any questions regarding your Arizona corporate income tax returns, you must contact the Corporate Income Tax Audit Section at 602-716-6397. If you have returns to submit, the returns must be sent to the Corporate Income Tax Audit Section, Attn: Certificate of Compliance, 1600 West Monroe Street, Phoenix, AZ 85007-2612.

Sincerely,

Christina Canisales

Revenue Auditor II

Admin Support, Collections, 602-716-6234 www.AZDOR.gov



Arizona Department of Revenue • Collections Administrative Support

PO Box 29070 • Phoenix, AZ 85038

Telephone: (602) 716-6234

TAX CLEARANCE APPLICATION

1. Applicant Information:

APPLICANT NAME: CASA GRANDE WEST WATER CO
STREET ADDRESS: 117 E. SECOND ST.
CITY: CASA GRANDE
STATE: AZ
ZIP CODE: 85122
DAYTIME PHONE NO.: (520) 836-1005

2. Tax Clearance Purpose: Check only one box.

CERTIFICATE OF COMPLIANCE FOR DISSOLUTION OR WITHDRAWAL:

- Discontinuation of Corporation (not applicable to estate, trust, or individual application types)
Withdrawal from Arizona (not applicable to estate, trust, or individual application types)

LETTER OF GOOD STANDING:

- Gaming, Healthy Forest Certification, Motion Picture Production Incentive, Personal, Renewable Energy Tax Incentive, Residency, Sale of Business, Other:

3. Application Type: Check only one box and provide tax identification number(s).

Corporation (checked) Federal Employer I.D. No./Taxpayer I.D. No.: 860275809
S Corporation
Partnership AZ Transaction Privilege License No.: 11010120-X
Tax Exempt Organization
Limited Liability Company AZ Withholding Tax License No.
Limited Liability Partnership
Estate Federal Employer I.D. No./Social Security No.
Trust
Individual AZ Transaction Privilege License No.
AZ Withholding Tax License No.

4. Signature

ROBERT GORDON
PRINT NAME

VICE PRESIDENT
PRINT SPECIFIC TITLE (Corporate Officer, Partner, Individual)

SIGNATURE

12-17-09
DATE

5. Mail application to: Arizona Department of Revenue, Collections Administrative Support, PO Box 29070, Phoenix, AZ 85038

- Do not fax the application. Faxed applications will not be processed.
Be sure to sign the application. Unsigned applications will not be processed.
If your application cannot be approved, you must clear all deficiencies and resubmit an application.
POWER OF ATTORNEY: If this application is submitted by anyone other than a corporate officer, general partner, or individual (sole proprietor), Arizona Form 285, General Disclosure/Representation Authorization Form, is required. Visit our web site at http://www.azdor.gov and click on the Forms link to obtain Form 285.

120

For the calendar year 2007 or fiscal year beginning and ending

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE: Calendar year [X] Fiscal year []

Business telephone number, Business activity code number, Name, Number and street or PO Box, City, or town, state, and ZIP code, Employer identification number (EIN), AZ transaction privilege tax number

(68) Check box if: This is a first return, Name change, Address change, ARIZONA filing method, ARIZONA apportionment, Is this the corporation's final ARIZONA return?

(82) CHECK BOX IF: Return filed under extension, 82 F, FOR DOR USE ONLY, (81), (66)

Table with 36 rows and 3 columns: Line number, Description, Amount. Includes taxable income, adjustments, tax liability, and payments.

Schedule D – Nonapportionable Income and Expenses (Multistate Corporations Only)

D1 Nonbusiness dividends and interest income:			
a	Total nonbusiness dividends not deducted on page 2, Schedule B	D1a	
b	Interest from nonbusiness sources	D1b	
c	Total nonbusiness dividends and interest – add lines D1a and D1b	D1c	
D2	Net royalties from nonbusiness patents and copyrights – attach schedule	D2	
D3	Net income from rental of nonbusiness assets – attach schedule	D3	
D4	Net gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income – attach schedule	D4	
D5	Other income or (loss) – attach schedule	D5	
D6	Subtotal – add lines D1c through D5	D6	
D7	Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax – attach schedule	D7	
D8	Total – subtract line D7 from line D6. Enter total here and on page 1, line 7	D8	

Schedule E – Other Income Allocated to Arizona (Multistate Corporations Only)

E1	Gain or (loss) from sale or exchange of real estate and other tangible assets utilized for the production of nonbusiness income – attach schedule	E1	
E2	Net income or (loss) from rental of nonbusiness assets – attach schedule	E2	
E3	Net royalties from nonbusiness patents and copyrights – attach schedule	E3	
E4	Net income or (loss) from intangible property specifically allocable to Arizona – attach schedule	E4	
E5	Federal income tax refunds received in the taxable year – see instructions	E5	
E6	Other income or (loss) directly allocable to Arizona – attach schedule	E6	
E7	Total – add lines E1 through E6. Enter total here and on page 1, line 11	E7	

Schedule F – Schedule of Tax Payments

Name of corporation	EIN	Date of payment	Type of payment	Amount of payment
Total				

Schedule G – Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources 01/01/1999

G2 Address at which tax records are located for audit purposes: 107 W SECOND ST
CASA GRANDE, AZ 85222

G3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions)
Name and title JERE HANSEN CPA Phone number (520) 836-1005

G4 List prior taxable years for which a federal examination has been finalized _____

NOTE: ARS Section 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions)

G5 List the taxable years for which federal examinations are now in progress, or final determination of past examinations is still pending.

G6 List the taxable years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire.

G7 Amount of Arizona taxable income for prior taxable year (2006 Form 120, line 15) 454.

G8 Indicate tax accounting method: Cash Accrual Other (Specify method) _____

Multistate taxpayers:

G9 Are the nonbusiness items reported on Schedule D, lines D1 through D5, and the apportionment factor items reported on Schedule C, column B, treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?
Yes No If no, the taxpayer must disclose the nature and extent of the variance upon request by the department.

G10 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?
Yes No If yes, attach explanation.

Consolidated Return Filers:

G11 Enter the year Form(s) 122 were filed to make the Arizona consolidated election _____

Certification The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here	_____ Officer's signature	_____ Title	_____ Date
	_____ Officer's signature	_____ Title	_____ Date

Paid Preparer's Use Only	_____ Preparer's signature	_____ Date
---------------------------------	-------------------------------	---------------

<u>JERE HANSEN CPA</u>	<u>75-3114667</u>
Firm's name (or preparer's, if self-employed)	Preparer's TIN
<u>109 W SECOND ST</u>	
<u>CASA GRANDE AZ</u>	<u>85222</u>
Firm's address	Zip code

Underpayment of Estimated Tax By Corporations

220

For the calendar year 2007 or fiscal year beginning _____, and ending _____

Attach to the corporation's return

Name as shown on Forms 99T, 120, 120A, 120S CASA GRANDE WEST WATER COMPANY	Employer identification number (EIN) 86-0275809
--	---

NOTE: In most cases, the taxpayer DOES NOT HAVE TO FILE the Form 220. (See Part A below for exceptions.) The department will compute any penalty due and bill the taxpayer. (If the taxpayer does not have to file the Form 220, it may still use the form to compute the penalty. Enter the amount of the penalty on the estimated tax penalty line of the taxpayer's return. Do not check the box on that line of the return or attach the Form 220.)

Part A – Reasons for Filing Form 220

Check the boxes below that apply to the taxpayer. If any box is checked, the taxpayer must file Form 220 with the taxpayer's tax return, even though no penalty is due. See instructions.

- 1 The taxpayer is using the annualized income installment method.
- 2 The taxpayer is using the adjusted seasonal installment method.
- 3 **Forms 120 and 120A only.** The taxpayer is a 'large corporation' computing its first required installment based on the prior taxable year's tax liability.
- 4 **Form 120S only.** The taxpayer is computing its required annual payment based on an amount equal to the sum of: (a) ninety percent of the portion of the current taxable year's liability attributable to built-in gains income or certain capital gains income; plus (b) one hundred percent of the portion of the prior taxable year's tax liability attributable to excess net passive income.

Part B – Calculation of Underpayment

5 2007 Arizona tax liability – from Form 99T, page 1, line 7; or Form 120, page 1, line 24; or Form 120A, page 1, line 16; or Form 120S, page 1, line 20. Taxpayers with a claim of right tax calculation – see instructions ... 5 1,445.

6 REQUIRED ANNUAL PAYMENT.

a Enter 90 percent of line 5 6a 1,301.

b Forms 99T, 120, and 120A – enter the tax as shown on the 2006 return. See instructions 6b

c Form 120S – see instructions 6c

d Forms 99T, 120, and 120A – enter the smaller of line 6a or line 6b. Form 120S – enter the smaller of line 6a or line 6c 6d 1,301.

	(a)	(b)	(c)	(d)	
7 Installment due dates. In columns (a) through (d), enter the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year	7	04/15/07	06/15/07	09/15/07	12/15/07
8 Required installments. If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, Part III, line 52. If the box on line 3 above is checked (but not the box on line 1 or line 2), see instructions, page 3, for the amounts to enter. If the box on line 4 above is checked, or if none of these boxes are checked, enter 25 percent of line 6d above in each column	8	325.	325.	325.	326.
9 Estimated tax paid or credited for each period (see pages 3 and 4 of the instructions). For column (a) only – skip lines 10 through 12. Enter the amount from line 9 on line 13	9				
Complete lines 10 through 16 of one column before completing the next column.					
10 For columns (b) through (d) only – enter the amount, if any, from line 16 of the preceding column	10				
11 For column (b) through (d) only – add lines 9 and 10. Enter the total	11				
12 For column (b) through (d) only – add the amounts on lines 14 and 15 of the preceding column	12		325.	650.	975.
13 For column (b) through (d) only – subtract line 12 from line 11. If zero or less, enter zero	13		0.	0.	0.
14 For column (b) and (c) only – if the amount on line 13 is zero, subtract line 11 from line 12. Otherwise, enter zero	14		325.	650.	
15 Underpayment. If line 13 is less than or equal to line 8, subtract line 13 from line 8. Then go to line 10 of the next column (see instructions). Otherwise, go to line 16	15	325.	325.	325.	326.
16 Overpayment. If line 8 is less than line 13, subtract line 8 from line 13. Then go to line 10 of the next column	16				

Part C – Penalty Calculation

	(a)	(b)	(c)	(d)
17 Forms 120 and 120A: Enter the date of payment or the 15th day of the 4th month after the close of the taxable year, whichever is earlier. Form 120S: Use 3rd month instead of 4th month. Form 99T: Use 5th month instead of 4th month	04/15/08	04/15/08	04/15/08	04/15/08
18 Number of days from due date of installment on line 7 to the date shown on line 17	366	305	213	122
19 No. of days on line 18 after 4/15/2007 & before 7/1/2007	76	15		
20 Underpayment on line 15 x $\frac{\text{No. of days on line 19}}{365} \times 8\%$	\$ 5.	\$ 1.	\$	\$
21 No. of days on line 18 after 6/30/2007 & before 10/1/2007	92	92	15	
22 Underpayment on line 15 x $\frac{\text{No. of days on line 21}}{365} \times 8\%$	\$ 7.	\$ 7.	\$ 1.	\$
23 No. of days on line 18 after 9/30/2007 & before 1/1/2008	92	92	92	16
24 Underpayment on line 15 x $\frac{\text{No. of days on ln 23}}{365} \times 8\%$	\$ 7.	\$ 7.	\$ 7.	\$ 1.
25 No. of days on line 18 after 12/31/2007 & before 4/1/2008	91	91	91	91
26 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on ln 25}}{366} \times 6.00\%$	\$ 5.	\$ 5.	\$ 5.	\$ 5.
27 No. of days on line 18 after 6/31/2008 & before 7/1/2008	15	15	15	15
28 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on ln 27}}{366} \times 6.00\%$	\$ 1.	\$ 1.	\$ 1.	\$ 1.
29 No. of days on line 18 after 6/30/2008 & before 10/1/2008				
30 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on ln 29}}{366} \times \%$	\$	\$	\$	\$
31 No. of days on line 18 after 9/30/2008 & before 1/1/2009				
32 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on ln 31}}{366} \times \%$	\$	\$	\$	\$
33 No. of days on line 18 after 12/31/2008 & before 3/15/2009				
34 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on ln 33}}{365} \times \%$	\$	\$	\$	\$
35 Add lines 20, 22, 24, 26, 28, 30, 32, and 34	\$ 25.	\$ 21.	\$ 14.	\$ 7.
36 Penalty Limitation. In columns (a) through (d), list the smaller of Part B, line 15 x 10% OR the amount from Part C, line 35	\$ 25.	\$ 21.	\$ 14.	\$ 7.
37 Penalty. Add columns (a) through (d) of line 36. Enter the total here and on Form 99T, line 17; or Form 120, line 31; or Form 120A, line 23; or Form 120S, line 27	\$	\$	\$	\$ 67.

* Percentage rate to be announced

U.S. Corporation Income Tax Return
For calendar year 2007 or tax year beginning _____, 2007, ending _____, _____
▶ See separate instructions.

OMB No. 1545-0123

2007

A Check if: 1 a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co (attach Sch PH) <input type="checkbox"/> 3 Personal service corp (see instr) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	Use IRS label. Otherwise, print or type. Name CASA GRANDE WEST WATER COMPANY Number, street, and room or suite number. If a P.O. box, see instructions. 117 E SECOND ST City or town state ZIP code CASA GRANDE AZ 85222	B Employer identification number 86-0275809 C Date incorporated 01/01/1999 D Total assets (see instructions) \$ 128,693.	
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

I N C O M E	1 a	Gross receipts or sales	143,724.	b	Less returns & allowances		c	Balance	143,724.
	2	Cost of goods sold (Schedule A, line 8)					2		
	3	Gross profit. Subtract line 2 from line 1c					3		143,724.
	4	Dividends (Schedule C, line 19)					4		
	5	Interest					5		14.
	6	Gross rents					6		
	7	Gross royalties					7		
	8	Capital gain net income (attach Schedule D (Form 1120))					8		
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)					9		
	10	Other income (see instructions — attach schedule)					10		
	11	Total income. Add lines 3 through 10					11		143,738.

D E D U C T I O N S	12	Compensation of officers (Schedule E, line 4)		13	Salaries and wages (less employment credits)	31,197.
	14	Repairs and maintenance		14		9,821.
	15	Bad debts		15		
	16	Rents		16		2,400.
	17	Taxes and licenses		17		21,352.
	18	Interest		18		
	19	Charitable contributions		19		
	20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)		20		6,133.
	21	Depletion		21		
	22	Advertising		22		
	23	Pension, profit-sharing, etc, plans		23		
24	Employee benefit programs		24			
25	Domestic production activities deduction (attach Form 8903)		25			
26	Other deductions (attach schedule). See Other Deductions Statement.		26		52,147.	
27	Total deductions. Add lines 12 through 26		27		123,050.	
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28		20,688.	
29	Less: a Net operating loss deduction (see instructions)		29 a			
	b Special deductions (Schedule C, line 20)		29 b			
			29 c			

T A X A N D P A Y M E N T S	30	Taxable income. Subtract line 29c from line 28 (see instructions)	20,688.	31	Total tax (Schedule J, line 10)	3,103.
	32 a	2006 overpayment credited to 2007		32 b	2007 estimated tax payments	
	32 c	2007 refund applied for on Form 4466		32 d	d Bal	
	32 e	Tax deposited with Form 7004		32 f		
	32 g	Credits: (1) Form 2439 (2) Form 4136		33	Estimated tax penalty (see instructions). Check if Form 2220 is attached	0.
	34	Amount owed. If line 32g is smaller than the total of lines 31 and 33, enter amount owed		34		3,103.
	35	Overpayment. If line 32g is larger than the total of lines 31 and 33, enter amount overpaid		35		
	36	Enter amount from line 35 you want: Credited to 2008 estimated tax		36	Refunded	

Sign Here ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN: P00579577

Firm's name (or yours if self-employed), address, and ZIP code: JERE HANSEN CPA, 109 W SECOND ST, CASA GRANDE AZ 85222. EIN: 75-3114667. Phone no. (520) 836-1005

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of-cost or market
- (iii) Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

e If properly is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Schedule C Dividends and Special Deductions (see instructions)

	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)	80	
3	Dividends on debt-financed stock of domestic and foreign corporations		
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs	70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs	80	
8	Dividends from wholly owned foreign subsidiaries	100	
9	Total. Add lines 1 through 8. See instructions for limitation		
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958	100	
11	Dividends from affiliated group members	100	
12	Dividends from certain FSCs	100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12		
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)		
15	Foreign dividend gross-up		
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3		
17	Other dividends		
18	Deduction for dividends paid on certain preferred stock of public utilities		
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4		
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b		

Schedule E Compensation of Officers (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
			0	0	0	
			0	0	0	
			0	0	0	
			0	0	0	
			0	0	0	
2	Total compensation of officers					
3	Compensation of officers claimed on Schedule A and elsewhere on return					
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12					

Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>		
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2	3,103.
3	Alternative minimum tax (attach Form 4626)		3	
4	Add lines 2 and 3		4	3,103.
5a	Foreign tax credit (attach Form 1118)		5a	
b	Credits from Forms 5735 and 8834		5b	
c	General business credit. Check applicable box(es): <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 5884 <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 8835, Section B <input type="checkbox"/> Form 8844 <input type="checkbox"/> Form 8846		5c	
d	Credit for prior year minimum tax (attach Form 8827)		5d	
e	Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912		5e	
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	3,103.
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (att schedule)		9	
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31		10	3,103.

Schedule K Other Information (see instructions)

		Yes	No			Yes	No
1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____			7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? If 'Yes,' enter: (a) Percentage owned _____ and (b) Owner's country _____		X
2	See the instructions and enter the: a Business activity code no. <u>221300</u> b Business activity <u>WATER UTILITY</u> c Product or service <u>WATER</u>			8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If 'Yes,' attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deduction of such corporation for the tax year ending with or within your tax year.		X	9	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter name and EIN of the parent corporation _____		X	10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____		
5	At the end of the tax year, did any individual, partnership, corporation, estate or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If 'Yes,' attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter % owned <u>100.00</u> See Ques 5 Stmt	X		11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If 'Yes,' file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		X	12	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) \$ _____		
				13	Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. \$ <u>0.</u>	X	

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation				
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach schedule)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach sch)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach schedule)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
24 Retained earnings — Approp (att sch)				
25 Retained earnings — Unappropriated				
26 Adjmnt to shareholders' equity (att sch)				
27 Less cost of treasury stock				
28 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

1 Net income (loss) per books	20,598.	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books	27.	Tax-exempt interest \$	
3 Excess of capital losses over capital gains		-----	
4 Income subject to tax not recorded on books this year (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation .. \$	
a Depreciation .. \$		b Charitable contrions \$	
b Charitable contributions .. \$		-----	
c Travel & entertainment .. \$		9 Add lines 7 and 8	
See Ln 5 Stmt 63.	63.	10 Income (page 1, line 28) — line 6 less line 9	20,688.
6 Add lines 1 through 5	20,688.		

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year		5 Distributions	
2 Net income (loss) per books	20,598.	a Cash	
3 Other increases (itemize):		b Stock	
-----		c Property	
4 Add lines 1, 2, and 3	20,598.	6 Other decreases (itemize):	

		7 Add lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	20,598.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions) (Form 990-RF and Form 990-T filers, use the 15th day of 3rd month) DO NOT FILE; Search "updating forms" for Help	03/15/08			
20 Number of days from due date of installment on line 9 to the date shown on line 19	335	274	182	91
21 Number of days on line 20 after 4/15/2006 and before 7/1/2006				
22 Underpayment on line 17 \times $\frac{\text{Number of days on line 21}}{365} \times 7\%$				
23 Number of days on line 20 after 6/30/2006 and before 4/1/2007				
24 Underpayment on line 17 \times $\frac{\text{Number of days on line 23}}{365} \times 8\%$				
25 Number of days on line 20 after 3/31/2007 and before 7/1/2007	76	15		
26 Underpayment on line 17 \times $\frac{\text{Number of days on line 25}}{365} \times 6\%$	0.	0.		
27 Number of days on line 20 after 6/30/2007 and before 10/1/2007	92	92	15	
28 Underpayment on line 17 \times $\frac{\text{Number of days on line 27}}{365} \times 6\%$ DO NOT FILE; Search "updating forms" for Help	0.	0.		
29 Number of days on line 20 after 9/30/2007 and before 1/1/2008	92	92	92	16
30 Underpayment on line 17 \times $\frac{\text{Number of days on line 29}}{365} \times 6\%$	0.	0.	0.	0.
31 Number of days on line 20 after 12/31/2007 and before 2/16/2008	46	46	46	46
32 Underpayment on line 17 \times $\frac{\text{Number of days on line 31}}{366} \times 6\%$	0.	0.	0.	0.
33 Add lines 22, 24, 26, 28, 30, and 32	0.	0.	0.	0.
34 Penalty. Add columns (a) through (d) of line 33. Enter the total here and on Form 1120, line 33; Form 1120-A, line 29; or the comparable line for other income tax returns				0.

*For underpayments paid after March 31, 2007: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

DO NOT FILE; Search "updating forms" for Help

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

CASA GRANDE WEST WATER COMPANY

Identifying number

86-0275809

Business or activity to which this form relates

Form 1120 Line 20

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	5,522.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		30,536.	25 yrs	MACRS	S/L	611.
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	6,133.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Underpayment of Estimated Tax by Corporations

2006

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to the corporation's tax return.

Name: **CASA GRANDE WEST WATER COMPANY** Employer identification number: **86-0275809**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 1, line 38 of the estimated tax penalty due of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	3,103.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c	Credit for Federal tax paid on fuels (see instructions)	2c	
d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	3,103.
4	Enter the tax shown on the corporation's 2005 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.	4	38.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	38.

Part II Reasons for Filing — Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220, even if it does not owe a penalty (see instructions).

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th, 6th, 9th, and 12th months of the corporation's tax year. (Form 1007-A, <i>Others</i>) Use 5th, 6th, 9th, and 12th months of the corporation's tax year.	04/15/07	06/15/07	09/15/07	12/15/07
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Special rules apply to corporations with assets of \$1 billion or more (see instructions)	8.	10.	10.	10.
11	Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15				
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12	Enter amount, if any, from line 18 of the preceding column				
13	Add lines 11 and 12				
14	Add amounts on lines 16 and 17 of the preceding column		8.	18.	28.
15	Subtract line 14 from line 13. If zero or less, enter -0-		0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		8.	18.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	8.	10.	10.	10.
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 — no penalty is owed.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No									24 b If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use:											
27 Property used 50% or less in a qualified business use:											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No										
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions):					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form 1120, Page 1, Line 26
Other Deductions Statement

AUTOMOTIVE	2,291.
BANK SERVICE CHARGES	387.
DUES & SUBSCRIPTIONS	29.
INSURANCE	2,631.
OFFICE SUPPLIES	1,397.
PROFESSIONAL SERVICES	3,060.
TELEPHONE	4,553.
TESTING	1,015.
OUTSIDE SERVICES	20,000.
UTILITIES	13,915.
SUPPLIES	2,407.
CONTINUING EDUCATION	322.
SECURITY	140.
Total	<u>52,147.</u>

Form 1120, Schedule K, Corporation Ownership Information
Ques 5 Stmt

Name	ID No.
JAMES W LITTLE	552-56-2990

Form 1120, Page 4, Schedule M-1, Line 5
Ln 5 Stmt

PENALTIES	62.
ROUNDING	1.
Total	<u>63.</u>

120

For the calendar year 2007 or fiscal year beginning and ending

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE: Calendar year [X] Fiscal year []

Business telephone number, Business activity code number, Name, Number and street or PO Box, City, or town, state, and ZIP code, Employer identification number (EIN), AZ transaction privilege tax number

- (68) Check box if: This is a first return, Name change, Address change
A Is FEDERAL return filed on a consolidated basis?
B ARIZONA filing method: (check only one) See instructions
C If ARIZONA filing method is combined or consolidated, see Form 51 instructions.
D ARIZONA apportionment: (check only one) Multistate corporations only.
E Is this the corporation's final ARIZONA return?

(82) CHECK BOX IF: Return filed under extension. 82 F []
FOR DOR USE ONLY
(81) (66)

Table with 36 rows and 2 columns. Rows include: 1 Taxable income - per attached federal return, 2 Additions to taxable income, 3 Total taxable income, 4 Subtractions from taxable income, 5 Adjusted income, 6 Arizona adjusted income, 7 Nonapportionable or allocable amounts, 8 Adjusted business income, 9 Arizona apportionment ratio, 10 Adjusted business income apportioned to Arizona, 11 Other income allocated to Arizona, 12 Adjusted income attributable to Arizona, 13 Arizona income before NOL, 14 Arizona basis net operating loss carryover, 15 Arizona taxable income, 16 Enter tax, 17 Tax from recapture of tax credits, 18 Subtotal, 19 Clean Elections Fund Tax Reduction, 20 Nonrefundable tax credits, 21 Credit type, 22 Tax liability, 23 Clean Elections Fund Tax Credit, 24 Tax liability after Clean Elections Fund tax credit, 25 Extension payment made with Form 120EXT, 26 Estimated tax payments, 27 Total payments, 28 Balance of tax due, 29 Overpayment of tax, 30 Penalty and interest, 31 Estimated tax underpayment penalty, 32 Donation to Citizens Clean Elections Fund, 33 TOTAL DUE, 34 OVERPAYMENT, 35 Amount of line 34 to be applied to 2008 estimated tax, 36 Amount to be refunded.

Schedule D – Nonapportionable Income and Expenses (Multistate Corporations Only)

D1 Nonbusiness dividends and interest income:			
a	Total nonbusiness dividends not deducted on page 2, Schedule B	D1a	
b	Interest from nonbusiness sources	D1b	
c	Total nonbusiness dividends and interest – add lines D1a and D1b	D1c	
D2	Net royalties from nonbusiness patents and copyrights – attach schedule	D2	
D3	Net income from rental of nonbusiness assets – attach schedule	D3	
D4	Net gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income – attach schedule	D4	
D5	Other income or (loss) – attach schedule	D5	
D6	Subtotal – add lines D1c through D5	D6	
D7	Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax – attach schedule	D7	
D8	Total – subtract line D7 from line D6. Enter total here and on page 1, line 7	D8	

Schedule E – Other Income Allocated to Arizona (Multistate Corporations Only)

E1	Gain or (loss) from sale or exchange of real estate and other tangible assets utilized for the production of nonbusiness income – attach schedule	E1	
E2	Net income or (loss) from rental of nonbusiness assets – attach schedule	E2	
E3	Net royalties from nonbusiness patents and copyrights – attach schedule	E3	
E4	Net income or (loss) from intangible property specifically allocable to Arizona – attach schedule	E4	
E5	Federal income tax refunds received in the taxable year – see instructions	E5	
E6	Other income or (loss) directly allocable to Arizona – attach schedule	E6	
E7	Total – add lines E1 through E6. Enter total here and on page 1, line 11	E7	

Schedule F – Schedule of Tax Payments

Name of corporation	EIN	Date of payment	Type of payment	Amount of payment
Total				

Schedule G – Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources 01/01/1999

G2 Address at which tax records are located for audit purposes: 107 W SECOND ST
CASA GRANDE, AZ 85222

G3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions)
 Name and title JERE HANSEN CPA Phone number (520) 836-1005

G4 List prior taxable years for which a federal examination has been finalized _____

NOTE: ARS Section 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions)

G5 List the taxable years for which federal examinations are now in progress, or final determination of past examinations is still pending. _____

G6 List the taxable years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire. _____

G7 Amount of Arizona taxable income for prior taxable year (2006 Form 120, line 15) 454.

G8 Indicate tax accounting method: Cash Accrual Other (Specify method) _____

Multistate taxpayers:

G9 Are the nonbusiness items reported on Schedule D, lines D1 through D5, and the apportionment factor items reported on Schedule C, column B, treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?
 Yes No If no, the taxpayer must disclose the nature and extent of the variance upon request by the department.

G10 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?
 Yes No If yes, attach explanation.

Consolidated Return Filers:

G11 Enter the year Form(s) 122 were filed to make the Arizona consolidated election _____

Certification The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

 Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here	_____ Officer's signature	_____ Title	_____ Date
	_____ Officer's signature	_____ Title	_____ Date

Paid Preparer's Use Only

_____ Preparer's signature	_____ Date	_____ 75-3114667 Preparer's TIN
<u>JERE HANSEN CPA</u> Firm's name (or preparer's, if self-employed)		
<u>109 W SECOND ST</u> <u>CASA GRANDE</u> Firm's address	<u>AZ</u>	<u>85222</u> Zip code

220

For the calendar year 2007 or fiscal year beginning _____, and ending _____
 Attach to the corporation's return

Name as shown on Forms 99T, 120, 120A, 120S CASA GRANDE WEST WATER COMPANY	Employer identification number (EIN) 86-0275809
--	---

NOTE: In most cases, the taxpayer DOES NOT HAVE TO FILE the Form 220. (See Part A below for exceptions.) The department will compute any penalty due and bill the taxpayer. (If the taxpayer does not have to file the Form 220, it may still use the form to compute the penalty. Enter the amount of the penalty on the estimated tax penalty line of the taxpayer's return. Do not check the box on that line of the return or attach the Form 220.)

Part A – Reasons for Filing Form 220

Check the boxes below that apply to the taxpayer. If any box is checked, the taxpayer must file Form 220 with the taxpayer's tax return, even though no penalty is due. See instructions.

- 1 The taxpayer is using the annualized income installment method.
- 2 The taxpayer is using the adjusted seasonal installment method.
- 3 **Forms 120 and 120A only.** The taxpayer is a 'large corporation' computing its first required installment based on the prior taxable year's tax liability.
- 4 **Form 120S only.** The taxpayer is computing its required annual payment based on an amount equal to the sum of: (a) ninety percent of the portion of the current taxable year's liability attributable to built-in gains income or certain capital gains income; plus (b) one hundred percent of the portion of the prior taxable year's tax liability attributable to excess net passive income.

Part B – Calculation of Underpayment

5 2007 Arizona tax liability – from Form 99T, page 1, line 7; or Form 120, page 1, line 24; or Form 120A, page 1, line 16; or Form 120S, page 1, line 20. Taxpayers with a claim of right tax calculation – see instructions ... **5** 1,445.

6 REQUIRED ANNUAL PAYMENT.

a Enter 90 percent of line 5 **6a** 1,301.
 b Forms 99T, 120, and 120A – enter the tax as shown on the 2006 return. See instructions **6b**
 c Form 120S – see instructions **6c**

d Forms 99T, 120, and 120A – enter the smaller of line 6a or line 6b. Form 120S – enter the smaller of line 6a or line 6c **6d** 1,301.

	(a)	(b)	(c)	(d)
7 Installment due dates. In columns (a) through (d), enter the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year	7 04/15/07	06/15/07	09/15/07	12/15/07
8 Required installments. If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, Part III, line 52. If the box on line 3 above is checked (but not the box on line 1 or line 2), see instructions, page 3, for the amounts to enter. If the box on line 4 above is checked, or if none of these boxes are checked, enter 25 percent of line 6d above in each column	8 325.	325.	325.	326.
9 Estimated tax paid or credited for each period (see pages 3 and 4 of the instructions). For column (a) only – skip lines 10 through 12. Enter the amount from line 9 on line 13	9			
Complete lines 10 through 16 of one column before completing the next column.				
10 For columns (b) through (d) only – enter the amount, if any, from line 16 of the preceding column	10			
11 For column (b) through (d) only – add lines 9 and 10. Enter the total	11			
12 For column (b) through (d) only – add the amounts on lines 14 and 15 of the preceding column	12		325.	650.
13 For column (b) through (d) only – subtract line 12 from line 11. If zero or less, enter zero	13		0.	0.
14 For column (b) and (c) only – if the amount on line 13 is zero, subtract line 11 from line 12. Otherwise, enter zero	14		325.	650.
15 Underpayment. If line 13 is less than or equal to line 8, subtract line 13 from line 8. Then go to line 10 of the next column (see instructions). Otherwise, go to line 16	15 325.	325.	325.	326.
16 Overpayment. If line 8 is less than line 13, subtract line 8 from line 13. Then go to line 10 of the next column	16			

Part C – Penalty Calculation

	(a)	(b)	(c)	(d)
17 Forms 120 and 120A: Enter the date of payment or the 15th day of the 4th month after the close of the taxable year, whichever is earlier. Form 120S: Use 3rd month instead of 4th month. Form 99T: Use 5th month instead of 4th month	04/15/08	04/15/08	04/15/08	04/15/08
18 Number of days from due date of installment on line 7 to the date shown on line 17	366	305	213	122
19 No. of days on line 18 after 4/15/2007 & before 7/1/2007	76	15		
20 Underpayment on line 15 x $\frac{\text{No. of days on line 19}}{365}$ x 8%	\$ 5.	\$ 1.	\$	\$
21 No. of days on line 18 after 6/30/2007 & before 10/1/2007	92	92	15	
22 Underpayment on line 15 x $\frac{\text{No. of days on line 21}}{365}$ x 8%	\$ 7.	\$ 7.	\$ 1.	\$
23 No. of days on line 18 after 9/30/2007 & before 1/1/2008	92	92	92	16
24 Underpayment on line 15 x $\frac{\text{No. of days on line 23}}{365}$ x 8%	\$ 7.	\$ 7.	\$ 7.	\$ 1.
25 No. of days on line 18 after 12/31/2007 & before 4/1/2008	91	91	91	91
26 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on line 25}}{366}$ x 6.00%	\$ 5.	\$ 5.	\$ 5.	\$ 5.
27 No. of days on line 18 after 3/31/2008 & before 7/1/2008	15	15	15	15
28 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on line 27}}{366}$ x 6.00%	\$ 1.	\$ 1.	\$ 1.	\$ 1.
29 No. of days on line 18 after 6/30/2008 & before 10/1/2008				
30 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on line 29}}{366}$ x %	\$	\$	\$	\$
31 No. of days on line 18 after 9/30/2008 & before 1/1/2009				
32 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on line 31}}{366}$ x %	\$	\$	\$	\$
33 No. of days on line 18 after 12/31/2008 & before 3/15/2009				
34 Underpayment on line 15 + compounding, if appl x $\frac{\text{No. of days on line 33}}{365}$ x %	\$	\$	\$	\$
35 Add lines 20, 22, 24, 26, 28, 30, 32, and 34	\$ 25.	\$ 21.	\$ 14.	\$ 7.
36 Penalty Limitation. In columns (a) through (d), list the smaller of Part B, line 15 x 10% OR the amount from Part C, line 35	\$ 25.	\$ 21.	\$ 14.	\$ 7.
37 Penalty. Add columns (a) through (d) of line 36. Enter the total here and on Form 99T, line 17; or Form 120, line 31; or Form 120A, line 23; or Form 120S, line 27	\$	\$	\$	\$ 67.

* Percentage rate to be announced

Arizona Form A1-QRT

Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue
PO Box 29009 - Phoenix AZ 85038-9009

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

POSTMARK DATE

I. Taxpayer Information

Name CASA GRANDE WEST WATER COMPANY
Number and street or PO Box 117 E 2ND STREET
City or town, state, and ZIP code CASA GRANDE, AZ 85122
Business telephone number

EIN: **86-0275809**

QUARTER AND YEAR *: **3** 2009

Check box if: Amended Return Address Changed Final Return
(CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account.
Complete the explanation section on page 2. (See instructions.)
Enter date final wages paid _____

II. Tax Liability Schedule

(See instructions before completing this section.)

Total Arizona Payroll for This Quarter **6440 72**

A. Quarterly Tax Liability

Tax Liability **0**

B. Monthly Tax Liability

Month 1 Liability.....		
Month 2 Liability.....		
Month 3 Liability.....		

III. Tax Computation (See instructions.)

1. Liability (amount from A or total of three months in B).....	1	0
2. Prior Payments made for this Quarter.....	2	
3. Total Amount Due - Subtract line 2 from line 1. <i>Enter the result. Bracket negative amount.</i>	3	0

Daily Tax Liability Schedule

A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

Month 1 Liability - Enter total here and Part II B above.....

B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

Month 2 Liability - Enter total here and Part II B above.....

C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

Month 3 Liability - Enter total here and Part II B above.....

AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for cancellation of employer's withholding account (check the applicable box):

- 1. Reorganization or change in business entity (example: from corporation to partnership)
- 2. Business sold
- 3. Business stopped paying wages and will not have any employees in the future
- 4. Business permanently closed
- 5. Business has only leased or temporary agency employees
- 6. Other (specify reason) _____

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)**

Send return and payment to: **Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009**

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here	Signature	Date	Business telephone number
---------------------	-----------	------	---------------------------

Paid Preparer's Use Only	Preparer's signature	Date	Business telephone number
--------------------------------	----------------------	------	---------------------------

	JERE HANSEN CPA	12/17/2009	(520) 836-1005
	Firm's name (or preparer's, if self-employed)		Preparer's EIN, SSN, or PTIN
	109 W SECOND ST CASA GRANDE, AZ		75-3114668
	Firm's address		Zip code

Arizona Form A1-QRT

Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue
 PO Box 29009 - Phoenix AZ 85038-9009

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

POSTMARK DATE

I. Taxpayer Information

Name
CASA GRANDE WEST WATER COMPANY INC.

Number and street or PO Box
117 E 2nd STREET

City or town, state, and ZIP code
CASA GRANDE AZ 85122

Business telephone number

EIN: **86-0275809**

QUARTER AND YEAR *: **2** | **2009**

Check box if: Amended Return Address Changed Final Return
(CANCEL ACCOUNT)

* Quarter (1, 2, 3 or 4) and four digits of year

If this is your final return, the department will cancel your withholding account.
 Complete the explanation section on page 2. (See Instructions.)
 Enter date final wages paid _____

II. Tax Liability Schedule

(See Instructions before completing this section.)

Total Arizona Payroll for This Quarter **5583 18**

A. Quarterly Tax Liability

Tax Liability **0**

B. Monthly Tax Liability

Month 1 Liability		
Month 2 Liability		
Month 3 Liability		

III. Tax Computation (See Instructions.)

1. Liability (amount from A or total of three months in B)	1	0
2. Prior Payments made for this Quarter	2	0
3. Total Amount Due - Subtract line 2 from line 1 Enter the result. Bracket negative amount.	3	0

Daily Tax Liability Schedule

A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

Check gray boxes for one-banking day withholding obligations only.

Month 1 Liability - Enter total here and Part II B above

B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

Check gray boxes for one-banking day withholding obligations only.

Month 2 Liability - Enter total here and Part II B above

C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

Check gray boxes for one-banking day withholding obligations only.

Month 3 Liability - Enter total here and Part II B above

AMENDED RETURN INFORMATION:

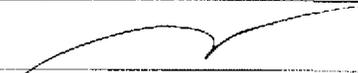
Explain why an amended return is being filed.

Reason for cancellation of employer's withholding account (check the applicable box):

- 1. Reorganization or change in business entity (example: from corporation to partnership)
- 2. Business sold
- 3. Business stopped paying wages and will not have any employees in the future
- 4. Business permanently closed
- 5. Business has only leased or temporary agency employees
- 6. Other (specify reason) _____

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)**
 Send return and payment to: **Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009**

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here	Signature	Date	Business telephone number
Paid Preparer's Use Only	Preparer's signature 	07/09/2009	(520) 836-1005
	JERE HANSEN, CPA		75-3114668
	Firm's name (or preparer's, if self-employed)		Preparer's EIN, SSN, or PTIN
	109 W SECOND STREET CASA GRANDE AZ		85122
	Firm's address		Zip code

Arizona Form A1-QRT

Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue
PO Box 29009 - Phoenix AZ 85038-9009

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

POSTMARK DATE

I. Taxpayer Information

Name CASA GRANDE WEST WATER COMPANY
Number and street or PO Box 117 E 2ND STREET
City or town, state, and ZIP code CASA GRANDE, AZ 85122
Business telephone number

EIN: **86-0275809**

QUARTER AND YEAR *: **1** 2009

Check box if: Amended Return Address Changed Final Return
(CANCEL ACCOUNT)

* Quarter (1, 2, 3 or 4) and four digits of year

If this is your final return, the department will cancel your withholding account.
Complete the explanation section on page 2. (See Instructions.)
Enter date final wages paid _____.

II. Tax Liability Schedule

(See Instructions before completing this section.)

Total Arizona Payroll for This Quarter **5821** 25

A. Quarterly Tax Liability

Tax Liability **0**

B. Monthly Tax Liability

Month 1 Liability.....		
Month 2 Liability.....		
Month 3 Liability.....		

III. Tax Computation (See Instructions.)

1. Liability (amount from A or total of three months in B).....	1	0
2. Prior Payments made for this Quarter.....	2	
3. Total Amount Due - Subtract line 2 from line 1. Enter the result. Bracket negative amount.....	3	0

Daily Tax Liability Schedule

A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One-Banking Day)														
1			8			15			22			29		
2			9			16			23			30		
3			10			17			24			31		
4			11			18			25					
5			12			19			26					
6			13			20			27					
7			14			21			28					

Check gray boxes for one-banking day withholding obligations only.

Month 1 Liability - Enter total here and Part II B above.....

B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One-Banking Day)														
1			8			15			22			29		
2			9			16			23			30		
3			10			17			24			31		
4			11			18			25					
5			12			19			26					
6			13			20			27					
7			14			21			28					

Check gray boxes for one-banking day withholding obligations only.

Month 2 Liability - Enter total here and Part II B above.....

C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One-Banking Day)														
1			8			15			22			29		
2			9			16			23			30		
3			10			17			24			31		
4			11			18			25					
5			12			19			26					
6			13			20			27					
7			14			21			28					

Check gray boxes for one-banking day withholding obligations only.

Month 3 Liability - Enter total here and Part II B above.....

AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for cancellation of employer's withholding account (check the applicable box):

- 1. Reorganization or change in business entity (example: from corporation to partnership)
- 2. Business sold
- 3. Business stopped paying wages and will not have any employees in the future
- 4. Business permanently closed
- 5. Business has only leased or temporary agency employees
- 6. Other (specify reason) _____

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE (include EIN on payment.)**
 Send return and payment to: **Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009**

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here	Signature	Date	Business telephone number
Paid Preparer's Use Only	Preparer's signature JERE HANSEN CPA	Date 12/17/2009	Business telephone number (520) 836-1005
	Firm's name (or preparer's, if self-employed) 109 W SECOND ST CASA GRANDE, AZ		Preparer's EIN, SSN, or PTIN 75-3114668
	Firm's address		Zip code 85122

Arizona Form A1-QRT

Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue
PO Box 29009 - Phoenix AZ 85038-9009

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

POSTMARK DATE

I. Taxpayer Information

Name CASA GRANDE WEST WATER COMPANY
Number and street or PO Box 117 E 2ND STREET
City or town, state, and ZIP code CASA GRANDE, AZ 85122
Business telephone number

EIN:	86-0275809
QUARTER AND YEAR *:	4 2008

Check box if: Amended Return Address Changed Final Return
(CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account.
Complete the explanation section on page 2. (See Instructions.)
Enter date final wages paid _____

* Quarter (1, 2, 3 or 4) and four digits of year

II. Tax Liability Schedule

(See Instructions before completing this section.)

Total Arizona Payroll for This Quarter 9874 38

A. Quarterly Tax Liability

Tax Liability 0

B. Monthly Tax Liability

Month 1 Liability.....		
Month 2 Liability.....		
Month 3 Liability.....		

III. Tax Computation (See Instructions.)

1. Liability (amount from A or total of three months in B)	1	0
2. Prior Payments made for this Quarter	2	
3. Total Amount Due - Subtract line 2 from line 1. Enter the result. Bracket negative amount.....	3	0

Daily Tax Liability Schedule

A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One-Banking Day)														
1			8			15			22			29		
2			9			16			23			30		
3			10			17			24			31		
4			11			18			25					
5			12			19			26					
6			13			20			27					
7			14			21			28					

Month 1 Liability - Enter total here and Part II B above.....

B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One-Banking Day)														
1			8			15			22			29		
2			9			16			23			30		
3			10			17			24			31		
4			11			18			25					
5			12			19			26					
6			13			20			27					
7			14			21			28					

Month 2 Liability - Enter total here and Part II B above.....

C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One-Banking Day)														
1			8			15			22			29		
2			9			16			23			30		
3			10			17			24			31		
4			11			18			25					
5			12			19			26					
6			13			20			27					
7			14			21			28					

Month 3 Liability - Enter total here and Part II B above.....

AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for cancellation of employer's withholding account (check the applicable box):

- 1. Reorganization or change in business entity (example: from corporation to partnership)
- 2. Business sold
- 3. Business stopped paying wages and will not have any employees in the future
- 4. Business permanently closed
- 5. Business has only leased or temporary agency employees
- 6. Other (specify reason) _____

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE (include EIN on payment.)**

Send return and payment to: **Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009**

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here	Signature	Date	Business telephone number
Paid Preparer's Use Only	Preparer's signature JERE HANSEN CPA	12/17/2009	(520) 836-1005
	Firm's name (or preparer's, if self-employed) 109 W SECOND ST CASA GRANDE, AZ		Preparer's EIN, SSN, or PTIN 75-3114668
	Firm's address		Zip code 85122

Arizona Form A1-QRT

Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue
PO Box 29009 - Phoenix AZ 85038-9009

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

POSTMARK DATE

I. Taxpayer Information

Name CASA GRANDE WEST WATER COMPANY
Number and street or PO Box 117 E 2ND STREET
City or town, state, and ZIP code CASA GRANDE, AZ 85122
Business telephone number

EIN: **86-0275809**

QUARTER AND YEAR *: **3** | **2008**

Check box if: Amended Return Address Changed Final Return
(CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account.

Complete the explanation section on page 2. (See Instructions.)

Enter date final wages paid _____.

II. Tax Liability Schedule

(See Instructions before completing this section.)

Total Arizona Payroll for This Quarter..... **12409** | **85**

A. Quarterly Tax Liability

Tax Liability..... **0**

B. Monthly Tax Liability

Month 1 Liability.....		
Month 2 Liability.....		
Month 3 Liability.....		

III. Tax Computation (See Instructions.)

1. Liability (amount from A or total of three months in B).....	1	0	
2. Prior Payments made for this Quarter.....	2		
3. Total Amount Due - Subtract line 2 from line 1. <i>Enter the result. Bracket negative amount.</i>	3	0	

Daily Tax Liability Schedule

A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29		
2	9	16	23	30		
3	10	17	24	31		
4	11	18	25			Check gray boxes for one-banking day withholding obligations only.
5	12	19	26			
6	13	20	27			
7	14	21	28			

Month 1 Liability - Enter total here and Part II B above.....

B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29		
2	9	16	23	30		
3	10	17	24	31		
4	11	18	25			Check gray boxes for one-banking day withholding obligations only.
5	12	19	26			
6	13	20	27			
7	14	21	28			

Month 2 Liability - Enter total here and Part II B above.....

C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29		
2	9	16	23	30		
3	10	17	24	31		
4	11	18	25			Check gray boxes for one-banking day withholding obligations only.
5	12	19	26			
6	13	20	27			
7	14	21	28			

Month 3 Liability - Enter total here and Part II B above.....

AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for cancellation of employer's withholding account (check the applicable box):

- 1. Reorganization or change in business entity (example: from corporation to partnership)
- 2. Business sold
- 3. Business stopped paying wages and will not have any employees in the future
- 4. Business permanently closed
- 5. Business has only leased or temporary agency employees
- 6. Other (specify reason) _____

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)**
 Send return and payment to: **Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009**

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here	Signature	Date	Business telephone number
Paid Preparer's Use Only	Preparer's signature JERE HANSEN CPA	12/17/2009	(520) 836-1005
	Firm's name (or preparer's, if self-employed) 109 W SECOND ST CASA GRANDE, AZ		75-3114668
	Firm's address		85122
			Zip code

Arizona Form A1-QRT

Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue
PO Box 29009 - Phoenix AZ 85038-9009

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

POSTMARK DATE

I. Taxpayer Information

Name CASA GRANDE WEST WATER COMPANY
Number and street or PO Box 117 E 2ND STREET
City or town, state, and ZIP code CASA GRANDE, AZ 85122
Business telephone number

EIN: **86-0275809**

QUARTER AND YEAR *: **2** | **2008**

Check box if: Amended Return Address Changed Final Return
(CANCEL ACCOUNT)

* Quarter (1, 2, 3 or 4) and four digits of year

If this is your final return, the department will cancel your withholding account.
Complete the explanation section on page 2. (See Instructions.)
Enter date final wages paid _____.

II. Tax Liability Schedule

(See Instructions before completing this section.)

Total Arizona Payroll for This Quarter **9283** | **70**

A. Quarterly Tax Liability

Tax Liability **0**

B. Monthly Tax Liability

Month 1 Liability.....		
Month 2 Liability.....		
Month 3 Liability.....		

III. Tax Computation (See Instructions.)

1. Liability (amount from A or total of three months in B).....	1	0
2. Prior Payments made for this Quarter	2	
3. Total Amount Due - Subtract line 2 from line 1. <i>Enter the result. Bracket negative amount.</i>	3	0

Daily Tax Liability Schedule

A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One-Banking Day)														
1			8			15			22			29		
2			9			16			23			30		
3			10			17			24			31		
4			11			18			25					
5			12			19			26					
6			13			20			27					
7			14			21			28					

Check gray boxes for one-banking day withholding obligations only.

Month 1 Liability - Enter total here and Part II B above.....

B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One-Banking Day)														
1			8			15			22			29		
2			9			16			23			30		
3			10			17			24			31		
4			11			18			25					
5			12			19			26					
6			13			20			27					
7			14			21			28					

Check gray boxes for one-banking day withholding obligations only.

Month 2 Liability - Enter total here and Part II B above.....

C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One-Banking Day)														
1			8			15			22			29		
2			9			16			23			30		
3			10			17			24			31		
4			11			18			25					
5			12			19			26					
6			13			20			27					
7			14			21			28					

Check gray boxes for one-banking day withholding obligations only.

Month 3 Liability - Enter total here and Part II B above.....

AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for cancellation of employer's withholding account (check the applicable box):

- 1. Reorganization or change in business entity (example: from corporation to partnership)
- 2. Business sold
- 3. Business stopped paying wages and will not have any employees in the future
- 4. Business permanently closed
- 5. Business has only leased or temporary agency employees
- 6. Other (specify reason) _____

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)**
 Send return and payment to: **Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009**

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here	Signature	Date	Business telephone number
Paid Preparer's Use Only	Preparer's signature JERE HANSEN CPA	Date 12/17/2009	Business telephone number (520) 836-1005
	Firm's name (or preparer's, if self-employed) 109 W SECOND ST CASA GRANDE, AZ		Preparer's EIN, SSN, or PTIN 75-3114668
	Firm's address		Zip code 85122

Arizona Form A1-QRT

Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue
 PO Box 29009 - Phoenix AZ 85038-9009

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

POSTMARK DATE

I. Taxpayer Information

Name CASA GRANDE WEST WATER COMPANY INC.
Number and street or PO Box 117 E 2nd STREET
City or town, state, and ZIP code CASA GRANDE AZ 85122
Business telephone number

EIN: 86-0275809

QUARTER AND YEAR *: 1 | 2008

* Quarter (1, 2, 3 or 4) and four digits of year

Check box if: Amended Return Address Changed Final Return
(CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account.
 Complete the explanation section on page 2. (See Instructions.)
 Enter date final wages paid _____

II. Tax Liability Schedule

(See Instructions before completing this section.)

Total Arizona Payroll for This Quarter..... 10509 | 63

A. Quarterly Tax Liability

Tax Liability..... 0

B. Monthly Tax Liability

Month 1 Liability.....		
Month 2 Liability.....		
Month 3 Liability.....		

III. Tax Computation (See Instructions.)

1. Liability (amount from A or total of three months in B).....	1	0
2. Prior Payments made for this Quarter.....	2	0
3. Total Amount Due - Subtract line 2 from line 1. Enter the result. Bracket negative amount.....	3	0

Daily Tax Liability Schedule

A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

Check gray boxes for one-banking day withholding obligations only.

Month 1 Liability - Enter total here and Part II B above.....

B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

Check gray boxes for one-banking day withholding obligations only.

Month 2 Liability - Enter total here and Part II B above.....

C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One-Banking Day)

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

Check gray boxes for one-banking day withholding obligations only.

Month 3 Liability - Enter total here and Part II B above.....

AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for cancellation of employer's withholding account (check the applicable box):

- 1. Reorganization or change in business entity (example: from corporation to partnership)
- 2. Business sold
- 3. Business stopped paying wages and will not have any employees in the future
- 4. Business permanently closed
- 5. Business has only leased or temporary agency employees
- 6. Other (specify reason) _____

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)**
 Send return and payment to: **Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009**

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here	Signature	Date	Business telephone number
Paid Preparer's Use Only	 Preparer's signature JERE HANSEN, CPA Firm's name (or preparer's, if self-employed) 109 W SECOND STREET CASA GRANDE AZ Firm's address	04/22/2008 Date	(520) 836-1005 Business telephone number 75-3114668 Preparer's EIN, SSN, or PTIN 85222 Zip code



**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
MONITORING ASSISTANCE PROGRAM
ANNUAL SAMPLING FEE INVOICE**



Pursuant to A.R.S. § 49-113, interest will be charged if full payment is not received by the specified due date. If you dispute the amount listed, please contact ADEQ as soon as possible. To reduce interest costs on an unpaid invoice, you may remit an amount that you believe is not in dispute. However, if nonpayment is due to willful neglect, you may suffer an additional five percent penalty of up to twenty-five percent of the amount due for each month or fraction of a month the amount is past due.

If you have any questions about your invoice, contact W. Scott Steinhagen at (602) 771-4445 or toll-free within Arizona at (800) 234-5677, extension 771-4445.

Pursuant to A.R.S. § 49-360 F and A.A.C. R18-4-224 through R18-4-226, "The director shall establish fees for the monitoring assistance program to be collected from all public water systems..."

Owner Id #: 6221	Invoice Number 65836
To: CASA GRANDE WEST WC STE 101 501 N FLORENCE ST CASA GRANDE AZ 85222	Public Water System ID #: 11024
	Billing for Calendar Year: 2010
	Due Date: December 11, 2009
	Total Amount Due\$ 1,021.00
	Amount Paid\$ 1,021.00

↑ Keep the top portion for your records. ↑ ADEQ Federal Tax #866004791

↓ **This entire bottom portion must be returned to ADEQ.** ↓

Annual Sampling Fee Invoice

ADEQ Federal Tax #866004791
Invoice # 65836

CASA GRANDE WEST WC 501 N FLORENCE ST STE 101 CASA GRANDE AZ 85222	Owner Id #: 6221	MAP
	Billing for Calendar Year: 2010	
	Due Date: 12/11/2009	
11024 - Casa Grande West Wc		

ANNUAL SAMPLING FEE WORKSHEET

*pd 12-15-09
CG-W
ck #3010
amt. \$1021*

Base Fee (all MAP systems)	\$ 250.00
Fee per Connection in 2010. 300 connections X \$ 2.57	\$ 771.00
Total Sampling Fee	\$ 1,021.00
Plus Paid Interest Charges and/or Other Adjustments	\$ 0.00
Plus Unpaid Interest Charges as of 10/27/2009	\$ 0.00
Minus Payments Received and/or Other Adjustments	\$ 0.00
Amount Due	\$ 1,021.00
Amount received by ADEQ (Make check payable to State of Arizona)	\$



A \$12 fee will be charged for any check not honored by the bank.

Do not write below this line

Make your check or money order payable to State of Arizona
THIS FORM MUST ACCOMPANY YOUR REMITTANCE.

Check Number: 3010
Received:
Postmarked:
Entered:

Mail to: Arizona Department of Environmental Quality
PO Box 18228
Phoenix, AZ 85005

CASA GRANDE WEST/SOUTH WATER COMPANY

117 E. Second Street
Casa Grande, AZ 85222
Fax

(520) 836-0267
gordon.bobby@yahoo.com
(520) 876-0591

Arizona Corporation Commission

Rate Increase Application

Plant Asset Purchase. No purchases for the test year. A detail report of the prior purchases has been provided. The owner of the company has died and the estate is in litigation between potential heirs. Some of the back up data to substantiate purchase has not been located. If the Commission will tell us what vendors to contact we will attempt to get copies of the invoices. It is our hope that a sampling will be requested.

Casa Grande West Water Co
Transactions by Account
As of June 30, 2009

Type	Date	Num	Adj	Name	Debit	Credit	Balance
Plant & Equipment							
General Journal	12/31/1999						0.00
Check	1/31/2000	341		Kenco	53,223.00		53,223.00
Check	2/29/2000	355		Arizona Blue Stake	3,905.60		57,128.60
Check	2/29/2000	356		C&V Services	10.00		57,138.60
Check	2/29/2000	357		John Hoover Well D...	813.66		57,952.26
Check	2/29/2000	358		Arizona Water Works	4,900.00		62,852.26
Check	4/30/2000	367		C&V Services	634.56		63,486.82
Check	4/30/2000	368		Anderson Electric	135.00		63,621.82
Check	4/30/2000	370		John Hoover Well D...	2,000.00		65,621.82
Check	4/30/2000	374		C&V Services	1,000.00		66,621.82
Check	4/30/2000	379		Arizona Water Works	900.00		67,521.82
Check	4/30/2000	380		Arizona Water Works	578.62		68,100.44
Check	6/30/2000	380		C&V Services	458.81		68,559.25
Check	6/30/2000	400		C&V Services	452.50		69,011.75
Check	6/30/2000	405		C&V Services	110.00		69,121.75
Check	6/30/2000	406		Anderson Electric	7,232.25		76,354.00
Check	6/30/2000	410		Arizona Water Works	262.68		76,616.68
Check	6/30/2000	411		Kenco	5,866.16		82,482.84
Check	7/31/2000	415		Arizona Water Works	678.49		83,161.33
Check	7/31/2000	416		Kenco	2,000.00		85,161.33
Check	7/31/2000	425		Martinez Dairy	2,640.00		87,801.33
Check	7/31/2000	429		Kenco	1,076.00		88,877.33
Check	8/31/2000	437		Kenco	250.00		89,127.33
Check	9/30/2000	450		Kenco	676.96		89,804.29
Check	9/30/2000	454		Kenco	2,344.26		92,148.55
Check	9/30/2000	456		Arizona Water Works	526.45		92,675.00
Check	9/30/2000	459		C&V Services	325.00		93,000.00
Check	10/31/2000	485		Anderson Electric	600.00		93,600.00
Check	10/31/2000	500		Anderson Electric	1,731.32		95,331.32
Check	10/31/2000	510		DNA Engineering	510.36		96,331.32
Check	12/31/2000	529		Casa Grande Fence	706.94		96,841.68
Check	1/31/2001	537		C&V Services	1,493.16		97,548.62
Check	6/30/2001	645		Arizona Water Works	1,838.07		99,041.78
Check	7/31/2001	652		Kenco	2,075.25		100,879.85
Check	7/31/2001	665		C&V Services	1,645.00		102,955.10
Check	2/28/2002	774		Arizona Water Works	919.02		104,600.10
Check	4/1/2002	816		Kenco	1,843.43		105,519.12
Check	6/30/2002	861		America West Pump	1,500.00		107,362.55
Check	7/31/2002	880		America West Pump	3,547.29		108,862.55
Check	8/31/2002	898		C&V Services	300.00		112,409.84
Check	9/30/2002	901		C&V Services	720.00		112,709.84
Check	11/30/2002	928		America West Pump	2,100.00		113,429.84
Check	12/31/2002	968		Chemical Feeding ...	554.35		115,529.84
Check	12/31/2002	1004		Arizona Water Works	688.60		116,084.19
Check	12/31/2002	1005		America West Pump	861.67		116,772.79
Check	12/31/2002	1007		America West Pump	1,500.00		117,634.46
Check	12/31/2002	1016		America West Pump	250.00		119,134.46
General Journal	3/31/2004			Final County Treas...		3,687.00	115,447.46
Check	4/30/2004	1360					115,697.46

Casa Grande West Water Co
Transactions by Account
As of June 30, 2009

Type	Date	Num	Adj	Name	Debit	Credit	Balance
Check	6/30/2004	1424		Brite-Lite Barricade	93.01		115,790.47
Check	6/30/2004	1425		Arizona Water Works	5,209.47		120,999.94
Check	7/31/2004	1427		Brite-Lite Barricade	110.87		121,110.81
Check	7/31/2004	1433		Arizona Water Works	664.68		121,775.49
Check	7/31/2004	1443		Peralta Investments	2,700.00		124,475.49
Check	7/31/2004	1445		DNA Engineering	8,106.96		132,582.45
Check	8/31/2004	1459		C&V Services	6,225.60		138,808.05
Check	11/30/2004	1570		Brite-Lite Barricade	141.46		138,949.51
General Journal	12/31/2004					3,478.59	135,470.92
Check	7/22/2005	1763		America West Pump	5,000.00		140,470.92
Check	9/1/2005	1801		Arizona Water Works	1,338.67		141,809.59
Check	9/1/2005	1804		Intertwine Environm...	425.00		142,234.59
Check	9/9/2005	1813		Arizona Water Works	3,254.30		145,488.89
Check	9/9/2005	1814		Intertwine Environm...	1,457.50		146,946.39
Check	9/9/2005	1815		Intertwine Environm...	390.00		147,336.39
Check	9/16/2005	1822		Intertwine Environm...	1,000.00		148,336.39
Check	10/4/2005	1826		Intertwine Environm...	3,430.00		151,766.39
Check	10/4/2005	1832		Arizona Water Works	1,398.84		153,165.23
Check	11/3/2005	1852		Intertwine Environm...	255.00		153,420.23
Check	11/16/2005	1865		Arizona Water Works	1,342.03		154,762.26
Check	12/7/2005	1878		America West Pump	5,000.00		159,762.26
Check	12/23/2005	1890		Intertwine Environm...	300.00		160,062.26
Check	12/29/2005	1898		America West Pump	1,000.00		161,062.26
Check	1/19/2006	1908		Arizona Water Works	493.47		161,555.73
Check	3/31/2006	1919		America West Pump	1,946.94		163,502.67
Check	3/3/2006	1946		Arizona Blue Stake	27.34		163,530.01
Check	6/16/2006	2046		Intertwine Environm...	1,447.61		164,977.62
Check	6/29/2006	2052		Intertwine Environm...	3,000.00		167,977.62
Check	7/7/2006	2060		Intertwine Environm...	840.00		168,817.62
Check	2/12/2007	2263		Arizona Blue Stake	29.14		168,846.76
Check	3/14/2007	2287		Intertwine Environm...	340.00		169,186.76
Check	3/30/2007	2299		America West Pump	5,000.00		174,186.76
Check	4/10/2007	2305		Arizona Water Works	811.98		174,998.74
Check	5/7/2007	2321		Arizona Water Works	496.10		175,494.84
Check	5/18/2007	2326		America West Pump	5,000.00		180,494.84
Check	5/18/2007	2332		Pinai County Treas...	90.00		181,584.84
Check	5/30/2007	2333		Pinai County Treas...	1,000.00		182,523.08
Check	6/1/2007	2344		Arizona Water Works	938.24		182,523.08
Check	6/1/2007	2349		Intertwine Environm...	340.00		182,863.08
Check	6/6/2007	2355		Intertwine Environm...	4,460.00		187,323.08
Check	7/3/2007	2371		Intertwine Environm...	2,340.00		189,663.08
Check	7/3/2007	2372		Arizona Water Works	1,677.53		191,340.61
Check	8/27/2007	2412		Chemical Feeding ...	1,042.08		192,382.69
Check	9/7/2007	2420		America West Pump	5,000.00		197,382.69

Casa Grande West Water Co
Transactions by Account
 As of June 30, 2009

Type	Date	Num	Adj	Name	Debit	Credit	Balance
Check	10/2/2007	2439		America West Pump	2,000.00		199,382.69
Check	4/1/2008	2584		Arizona Blue Stake	32.92		199,415.61
Total Plant & Equipment					206,581.20	7,165.59	199,415.61
TOTAL					206,581.20	7,165.59	199,415.61

CASA GRANDE WEST/SOUTH WATER COMPANY

117 E. Second Street
Casa Grande, AZ 85222
Fax

(520) 836-0267
gordon.bobby@yahoo.com
(520) 876-0591

Arizona Corporation Commission

Rate Increase Application

The following are list of employees duties and salaries:

	Position	Salary	
Robert Gordon	Manager	\$20.00	*
Steve Smith	System Maintenance	12.00	
Jacob Wheeler	Administrative Services	12.00	**

* Now being paid as an independent contractor as Pure Water Consulting

** Temporary position no longer being filled



THE POWER TO MAKE IT HAPPEN®



Your electricity bill

Bill date: June 17, 2008

Summary of what you owe

Amount owing on your previous bill	\$1,039.82
Less Payment made on Jun 4, thank you	-\$1,039.82
Equals Your balance forward	\$0.00
Plus Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$991.44
Equals Total amount due	\$991.44

Due date: June 30, 2008

Thank you for your consistent and timely payments. We value your business.

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com
Para servicio en español llame al:
602-371-6861 (Phoenix) o
1-800-252-9410 (Otras areas)

Important News About Your Bill

On 5-23-08, APS filed an application with the Arizona Corporation Commission ("ACC") requesting to increase the Transmission Cost Adjustor ("TCA") charge. If approved, a small general service customer bill would increase by approximately \$2.35 per month or 0.26% based on monthly energy usage of 8717 kWh's. The TCA is a separate line item on your bill under Transmission Cost Adjustment.

For information or questions, please contact APS. The application is available for review at ACC's or APS' offices or ACC's website under Docket No. E-01345A-08-0265. ACC contact information is noted on this bill for intervention purposes or filing of public comments.

Page 1 of 3

See page 2 for more information.

When paying in person, please bring the bottom portion of your bill.



Your account number
967633286

Bill date
June 17, 2008

Mailing address or phone number change?
Please call 1-800-253-9407.

1357.3.96.20120 1 AV 0.324



CASA GRANDE WEST WATER CO INC
117 E 2 ST
CASA GRANDE AZ 85222-5212

Total amount due: \$ **991.44**

Your optional contribution to SHARE: \$ _____

Total amount paid: \$ _____

Due date: Jun 30, 2008

You can pay by phone or online at aps.com using a free electronic check, 24-hours-a-day, 7-days-a-week. Go to aps.com or call 602-371-6555 or 1-800-253-9405.



10 N 1 97



000000009676332866020080617000000000000009914431 000



THE POWER TO MAKE IT HAPPEN™

Your electricity bill

Bill date: July 17, 2008

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Summary of what you owe

Amount owing on your previous bill	\$991.44
<i>Less</i> Payment made on Jul 1, thank you	-\$991.44
<i>Equals</i> Your balance forward	\$0.00
<i>Plus</i> Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$1,336.25
<i>Equals</i> Total amount due	\$1,336.25

Due date: July 30, 2008

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com
Para servicio en español llame al:
602-371-8861 (Phoenix) o
1-800-252-9410 (Otras areas)

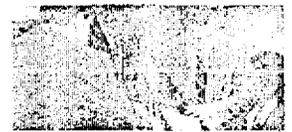
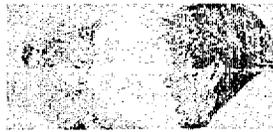
Important News About Your Bill

On July 1, 2008, the Arizona Corporation Commission authorized an increase in the Transmission Cost Adjustor charge which is shown as a separate line item on your bill. For small general service customers using 8,717 kWh per month, this will increase their monthly bill by \$2.35 per month or 0.26%. However, effective July 2008, the Power Supply Adjustor Surcharge will **decrease** by approximately \$10.25 per month or 1.1%. As a result, the net impact of these changes will result in a decrease in monthly charges of \$7.90 or 0.9%. For more information or questions please visit aps.com or contact APS at 602-371-6767.

pd 7-30-08
CG-W CK# 2674
AMT. \$ 1502.00



THE POWER TO MAKE IT HAPPEN®



Your electricity bill

Bill date: July 17, 2008

Summary of what you owe

Amount owing on your previous bill	\$262.23
<i>Less</i> Payment made on Jul 1, thank you	-\$262.23
<i>Equals</i> Your balance forward	\$0.00
<i>Plus</i> Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$165.75
<i>Equals</i> Total amount due	\$165.75

Due date: July 30, 2008

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm

Website: aps.com

Para servicio en español llame al:

602-371-6861 (Phoenix) o

1-800-252-9410 (Otras areas)

Important News About Your Bill

On July 1, 2008, the Arizona Corporation Commission authorized an increase in the Transmission Cost Adjustor charge which is shown as a separate line item on your bill. For small general service customers using 8,717 kWh per month, this will increase their monthly bill by \$2.35 per month or 0.26%. However, effective July 2008, the Power Supply Adjustor Surcharge will decrease by approximately \$10.25 per month or 1.1%. As a result, the net impact of these changes will result in a decrease in monthly charges of \$7.90 or 0.9%. For more information or questions please visit aps.com or contact APS at 602-371-6767.



THE POWER TO MAKE IT HAPPEN®



Your electricity bill

Bill date: August 15, 2008

Summary of what you owe

Amount owing on your previous bill	\$165.75
Less Payment made on Jul 30, thank you	-\$165.75
Equals Your balance forward	\$0.00
Plus Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$196.50
Equals Total amount due	\$196.50

Due date: August 28, 2008

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Questions?

Call 602-371-6767 or 1-800-253-9407,

Mon - Fri, 7:30am - 5:00pm

Website: aps.com

Para servicio en español llame al:

602-371-6861 (Phoenix) o

1-800-252-9410 (Otras areas)

IMPORTANT NOTICE ABOUT A DECREASE TO YOUR BILL

Pursuant to an order of the Arizona Corporation Commission and effective with this bill, the Power Supply Adjustor surcharge will decrease by \$.003987/kWh. For small business customers using 8,663 kWh per month, the average monthly bill decrease will be approximately \$34.54 or 3.88% and the decrease for the average industrial customers using 4,008,132 kWh per month will be \$15,980.42 per month or 5.67%. The impact on your individual bill will depend on your actual energy consumption and the applicable rate plan. For more information or questions please visit aps.com or contact APS at 1-800-253-9405 or 602-371-7171 (in metro Phoenix).

*Pd 9-2-08
CG-W CK# 2700
AMT. \$ 1270.21*



THE POWER TO MAKE IT HAPPEN®



Your electricity bill

Bill date: August 15, 2008

Summary of what you owe

	Amount owing on your previous bill	\$1,336.25
<i>Less</i>	Payment made on Jul 30, thank you	-\$1,336.25
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$1,073.71
<i>Equals</i>	Total amount due	\$1,073.71

Due date: August 28, 2008

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com
Para servicio en español llame al:
602-371-6861 (Phoenix) o
1-800-252-9410 (Otras areas)

IMPORTANT NOTICE ABOUT A DECREASE TO YOUR BILL

Pursuant to an order of the Arizona Corporation Commission and effective with this bill, the Power Supply Adjustor surcharge will **decrease** by \$.003987/kWh. For small business customers using 8,663 kWh per month, the average monthly bill decrease will be approximately \$34.54 or 3.88% and the decrease for the average industrial customers using 4,008,132 kWh per month will be \$15,980.42 per month or 5.67%. The impact on your individual bill will depend on your actual energy consumption and the applicable rate plan. For more information or questions please visit aps.com or contact APS at 1-800-253-9405 or 602-371-7171 (in metro Phoenix).



THE POWER TO MAKE IT HAPPEN™



Your electricity bill

Bill date: October 17, 2008

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Summary of what you owe

Amount owing on your previous bill	\$1,083.78
<i>Less</i> Payment made on Oct 6, thank you	-\$1,083.78
<i>Equals</i> Your balance forward	\$0.00
<i>Plus</i> Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$1,109.94
<i>Equals</i> Total amount due	\$1,109.94

Due date: October 30, 2008

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com
Para servicio en español llame al:
602-371-6861 (Phoenix) o
1-800-252-9410 (Otras areas)

PREDICT YOUR PAYMENTS WITH EQUALIZER

Manage the highs and low of your monthly bills with our Equalizer program. Sign up this month by mailing in your first Equalizer payment of \$963.00. Then enjoy more equal bills moving forward.

See page two to learn more about Equalizer.

*pd
11-3-08
LG-W CASH
2755*



THE POWER TO MAKE IT HAPPEN®



Your electricity bill

Bill date: October 17, 2008

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Summary of what you owe

Amount owing on your previous bill	\$151.86
<i>Less</i> Payment made on Oct 6, thank you	-\$151.86
<i>Equals</i> Your balance forward	\$0.00
<i>Plus</i> Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$170.66
<i>Equals</i> Total amount due	\$170.66

Due date: October 30, 2008

Thank you for your consistent and timely payments. We value your business.

Questions?

Call 602-371-6767 or 1-800-253-9407,

Mon - Fri, 7:30am - 5:00pm

Website: aps.com

Para servicio en español llame al:

602-371-6861 (Phoenix) o

1-800-252-9410 (Otras areas)

PREDICT YOUR PAYMENTS WITH EQUALIZER

Manage the highs and low of your monthly bills with our Equalizer program. Sign up this month by mailing in your first Equalizer payment of \$264.00. Then enjoy more equal bills moving forward.

See page two to learn more about Equalizer.

*pd 11-3-08
CG-W
CK# 2753*



THE POWER TO MAKE IT HAPPEN[®]



Your electricity bill

Bill date: November 18, 2008

Summary of what you owe

	Amount owing on your previous bill	\$1,109.94
<i>Less</i>	Payment made on Nov 3, thank you	-\$1,109.94
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$934.55
<i>Equals</i>	Total amount due	\$934.55

Due date: December 3, 2008

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com
Para servicio en español llame al:
602-371-6861 (Phoenix) o
1-800-252-9410 (Otras areas)

PREDICT YOUR PAYMENTS WITH EQUALIZER

Manage the highs and low of your monthly bills with our Equalizer program. Sign up this month by mailing in your first Equalizer payment of \$965.00. Then enjoy more equal bills moving forward.

See page two to learn more about Equalizer.

Pd 12-1-08

CG-W ck# 2776

AMT. \$1087.16



THE POWER TO MAKE IT HAPPEN®



Your electricity bill

Bill date: November 18, 2008

Summary of what you owe

	Amount owing on your previous bill	\$170.66
<i>Less</i>	Payment made on Nov 3, thank you	-\$170.66
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$152.61
<i>Equals</i>	Total amount due	\$152.61

Due date: December 3, 2008

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Questions?

Call 602-371-6767 or 1-800-253-9407,
 Mon - Fri, 7:30am - 5:00pm
 Website: aps.com
 Para servicio en español llame al:
 602-371-6861 (Phoenix) o
 1-800-252-9410 (Otras areas)

PREDICT YOUR PAYMENTS WITH EQUALIZER

Manage the highs and low of your monthly bills with our Equalizer program. Sign up this month by mailing in your first Equalizer payment of \$254.00. Then enjoy more equal bills moving forward.

See page two to learn more about Equalizer.



THE POWER TO MAKE IT HAPPEN™



Your electricity bill

Bill date: December 19, 2008

Summary of what you owe

Amount owing on your previous bill	\$934.55
<i>Less</i> Payment made on Dec 1, thank you	-\$934.55
<i>Equals</i> Your balance forward	\$0.00
<i>Plus</i> Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$835.06
<i>Equals</i> Total amount due	\$835.06

Due date: January 5, 2009

Pd 1-6-09

CG-W CK #2807

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com
Para servicio en español llame al:
602-371-8861 (Phoenix) o
1-800-252-9410 (Otras areas)

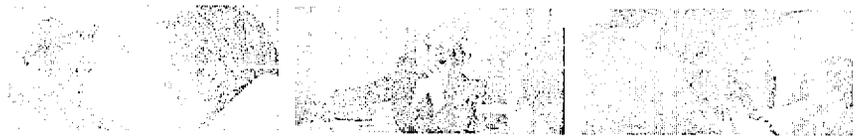
PREDICT YOUR PAYMENTS WITH EQUALIZER

Manage the highs and low of your monthly bills with our Equalizer program. Sign up this month by mailing in your first Equalizer payment of \$972.00. Then enjoy more equal bills moving forward.

See page two to learn more about Equalizer.



THE POWER TO MAKE IT HAPPEN[®]



Your electricity bill

Bill date: December 19, 2008

Summary of what you owe

	Amount owing on your previous bill	\$152.61
<i>Less</i>	Payment made on Dec 1, thank you	-\$152.61
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$160.80
<i>Equals</i>	Total amount due	\$160.80

Due date: January 5, 2009

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Questions?

Call 602-371-6767 or 1-800-253-9407,

Mon - Fri, 7:30am - 5:00pm

Website: aps.com

Para servicio en español llame al:

602-371-6861 (Phoenix) o

1-800-252-9410 (Otras areas)

PREDICT YOUR PAYMENTS WITH EQUALIZER

Manage the highs and low of your monthly bills with our Equalizer program. Sign up this month by mailing in your first Equalizer payment of \$234.00. Then enjoy more equal bills moving forward.

See page two to learn more about Equalizer.



THE POWER TO MAKE IT HAPPEN®



Your electricity bill

Bill date: January 22, 2009

Summary of what you owe

Amount owing on your previous bill	\$835.06
<i>Less</i> Payment made on Jan 7, thank you	-\$835.06
<i>Equals</i> Your balance forward	\$0.00
<i>Plus</i> Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$735.34
<i>Equals</i> Total amount due	\$735.34

Due date: February 4, 2009

pd 02-03-09
 CG-W CK# 2833
 AMT. \$ 876.51

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Questions?

Call 602-371-6767 or 1-800-253-9407,
 Mon - Fri, 7:30am - 5:00pm
 Website: aps.com
 Para servicio en español llame al:
 602-371-6861 (Phoenix) o
 1-800-252-9410 (Otras areas)

Register at aps.com and enjoy added convenience and benefits.

- Schedule automatic, online payments for peace of mind
- Stop your paper bill and get e-billing to reduce clutter and save paper
- View your account balance, usage history and prior bills anytime
- Sign up for AutoPay, our direct debit program, and get a discount every month
- Easily view and manage your account without hunting for the bills

Register now at aps.com, and enjoy your benefits as an online customer.



THE POWER TO MAKE IT HAPPEN



Your electricity bill

Bill date: January 22, 2009

Summary of what you owe

	Amount owing on your previous bill	\$160.80
<i>Less</i>	Payment made on Jan 7, thank you	-\$160.80
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$141.17
<i>Equals</i>	Total amount due	\$141.17

Due date: February 4, 2009

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Questions?

Call 602-371-6767 or 1-800-253-9407,
 Mon - Fri, 7:30am - 5:00pm
 Website: aps.com
 Para servicio en español llame al:
 602-371-6861 (Phoenix) o
 1-800-252-9410 (Otras areas)

Register at aps.com and enjoy added convenience and benefits.

- Schedule automatic, online payments for peace of mind
- Stop your paper bill and get e-billing to reduce clutter and save paper
- View your account balance, usage history and prior bills anytime
- Sign up for AutoPay, our direct debit program, and get a discount every month
- Easily view and manage your account without hunting for the bills

Register now at aps.com, and enjoy your benefits as an online customer.



THE POWER TO MAKE IT HAPPEN



Your electricity bill

Bill date: February 19, 2009

Summary of what you owe

Amount owing on your previous bill	\$141.17
<i>Less</i> Payment made on Feb 5, thank you	-\$141.17
<i>Equals</i> Your balance forward	\$0.00
<i>Plus</i> Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$207.25
<i>Equals</i> Total amount due	\$207.25

Due date: March 4, 2009

Pd 03-10-09
 CG-W CK# 2854
 AMT. \$1062.15

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Questions?

Call 602-371-6767 or 1-800-253-9407,
 Mon - Fri, 7:30am - 5:00pm
 Website: aps.com
 Para servicio en español llame al:
 602-371-6861 (Phoenix) o
 1-800-252-9410 (Otras areas)

Important News About Your Electric Bill

The Power Supply Adjustment (PSA) is subject to annual adjustment for increases in the cost of fuel used to generate electricity and purchased power. The PSA has increased by \$.001338/kWh; therefore, this month's bill reflects that increase. The change will increase average monthly general service bills by \$11.59 based on monthly energy consumption of 8,663 kilowatt hours. Individual bill impacts will vary with your actual energy usage and rate. For additional information or questions on the PSA increase you can visit the aps.com Web site or call (800) 253-9407 or (602) 371-6767 (in metro Phoenix).



THE POWER TO MAKE IT HAPPEN



Your electricity bill

Bill date: February 19, 2009

Summary of what you owe

Amount owing on your previous bill	\$735.34
<i>Less</i> Payment made on Feb 5, thank you	-\$735.34
<i>Equals</i> Your balance forward	\$0.00
<i>Plus</i> Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$854.90
<i>Equals</i> Total amount due	\$854.90

Due date: March 4, 2009

pd 03-10-09
 CG-W ck # 2854
 AMT. \$ 1062.13

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Questions?

Call 602-371-6767 or 1-800-253-9407,
 Mon - Fri, 7:30am - 5:00pm
 Website: aps.com
 Para servicio en español llame al:
 602-371-6861 (Phoenix) o
 1-800-252-9410 (Otras areas)

Important News About Your Electric Bill

The Power Supply Adjustment (PSA) is subject to annual adjustment for increases in the cost of fuel used to generate electricity and purchased power. The PSA has increased by \$.001338/kWh; therefore, this month's bill reflects that increase. The change will increase average monthly general service bills by \$11.59 based on monthly energy consumption of 8,663 kilowatt hours. Individual bill impacts will vary with your actual energy usage and rate. For additional information or questions on the PSA increase you can visit the aps.com Web site or call (800) 253-9407 or (602) 371-6767 (in metro Phoenix).



THE POWER TO MAKE IT HAPPEN

Your electricity bill

Bill date: March 20, 2009

Summary of what you owe

	Amount owing on your previous bill	\$854.90
<i>Less</i>	Payment made on Mar 10, thank you	-\$854.90
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$861.87
<i>Equals</i>	Total amount due	\$861.87

Due date: April 2, 2009

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com
Para servicio en español llame al:
602-371-6861 (Phoenix) o
1-800-252-9410 (Otras areas)

Make It Easy and Secure with AutoPay

Pay your APS bills with AutoPay, our convenient and flexible direct debit program:

- It's worry free - no more missed deadlines, writing checks or finding a stamp
- It's flexible - change the amount you pay or reschedule your payment
- It's vacation-proof - keeps working even when you're out of town.
- It's good for the environment - no more paper bills to shred.

And, you **save almost \$6 a year**, just for being an AutoPay customer. Sign up now at www.aps.com/autopay.

*Pd 03-27-09
CG-W CK # 2860
AMT. \$1063.26*

When paying in person, please bring the bottom portion of your bill.



THE POWER TO MAKE IT HAPPEN™



Your electricity bill

Bill date: March 20, 2009

Summary of what you owe

	Amount owing on your previous bill	\$207.25
<i>Less</i>	Payment made on Mar 10, thank you	-\$207.25
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$201.39
<i>Equals</i>	Total amount due	\$201.39

Due date: April 2, 2009

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Questions?

Call 602-371-6767 or 1-800-253-9407,
 Mon - Fri, 7:30am - 5:00pm
 Website: aps.com
 Para servicio en español llame al:
 602-371-6861 (Phoenix) o
 1-800-252-9410 (Otras areas)

Make It Easy and Secure with AutoPay

Pay your APS bills with AutoPay, our convenient and flexible direct debit program:

- It's worry free - no more missed deadlines, writing checks or finding a stamp
- It's flexible - change the amount you pay or reschedule your payment
- It's vacation-proof - keeps working even when you're out of town.
- It's good for the environment - no more paper bills to shred.

And, you **save almost \$6 a year**, just for being an AutoPay customer. Sign up now at www.aps.com/autopay.

When paying in person, please bring the bottom portion of your bill.



THE POWER TO MAKE IT HAPPEN[®]



Your electricity bill

Bill date: April 20, 2009

Summary of what you owe

	Amount owing on your previous bill	\$861.87
<i>Less</i>	Payment made on Mar 27, thank you	-\$861.87
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$970.31
<i>Equals</i>	Total amount due	\$970.31

Due date: May 1, 2009

pd 04-24-09
CG-W CK # 2873
AMT. \$ 1160.60

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Questions?

Call 602-371-6767 or 1-800-253-9407,
 Mon - Fri, 7:30am - 5:00pm
 Website: aps.com
 Para servicio en español llame al:
 602-371-6861 (Phoenix) o
 1-800-252-9410 (Otras areas)

BUDGET YOUR APS BILLS WITH EQUALIZER

Enjoy more consistent payments of
\$1,021.00 a month for easier budgeting
 with Equalizer. This free, convenient billing
 program evens out your bills (even over the
 summer) so you pay about the same each
 month. To sign up, just pay **\$1,021.00**
 (instead of this bill's Total Amount Due) by
 the due date.

Hurry, offer ends soon!



THE POWER TO MAKE IT HAPPEN®



Your electricity bill

Bill date: April 20, 2009

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Summary of what you owe

	Amount owing on your previous bill	\$201.39
<i>Less</i>	Payment made on Mar 27, thank you	-\$201.39
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$190.29
<i>Equals</i>	Total amount due	\$190.29

Due date: May 1, 2009

Questions?

Call 602-371-6767 or 1-800-253-9407,
 Mon - Fri, 7:30am - 5:00pm
 Website: aps.com
 Para servicio en español llame al:
 602-371-6861 (Phoenix) o
 1-800-252-9410 (Otras areas)

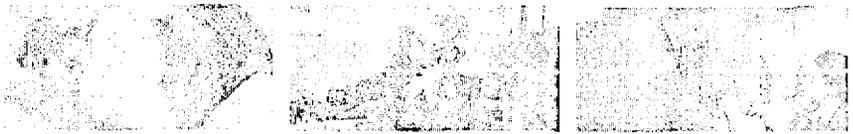
BUDGET YOUR APS BILLS WITH EQUALIZER

Enjoy more consistent payments of **\$186.00 a month** for easier budgeting with Equalizer. This free, convenient billing program evens out your bills (even over the summer) so you pay about the same each month. To sign up, just pay **\$186.00** (instead of this bill's Total Amount Due) by the due date.

Hurry, offer ends soon!



THE TO MAKE IT HAPPEN®



Your electricity bill

Bill date: May 19, 2009

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Summary of what you owe

Amount owing on your previous bill	\$970.31
Less Payment made on Apr 24, thank you	-\$970.31
Equals Your balance forward	\$0.00
Plus Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$1,110.72
Equals Total amount due	\$1,110.72

Due date: June 2, 2009

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com
Para servicio en español llame al:
602-371-6861 (Phoenix) o
1-800-252-9410 (Otras areas)

Register at aps.com and enjoy added convenience and benefits.

- Schedule automatic, online payments for peace of mind
- Stop your paper bill and get e-billing to reduce clutter and save paper
- View your account balance, usage history and prior bills anytime
- Sign up for AutoPay, our direct debit program, and get a discount every month
- Easily view and manage your account without hunting for the bills

*pd 06-06-09
CG-W CK#12901
AMT. \$1295.67*

Register now at aps.com, and enjoy your benefits as an online customer.



THE TO MAKE IT HAPPEN®



Your electricity bill

Bill date: May 19, 2009

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com
Para servicio en español llame al:
602-371-6861 (Phoenix) o
1-800-252-9410 (Otras areas)

Summary of what you owe

Amount owing on your previous bill	\$190.29
<i>Less</i> Payment made on Apr 24, thank you	-\$190.29
<i>Equals</i> Your balance forward	\$0.00
<i>Plus</i> Your new charges (details on following pages)	
Cost of electricity (with taxes and fees)	\$184.95
<i>Equals</i> Total amount due	\$184.95

Due date: June 2, 2009

Register at aps.com and enjoy added convenience and benefits.

- Schedule automatic, online payments for peace of mind
- Stop your paper bill and get e-billing to reduce clutter and save paper
- View your account balance, usage history and prior bills anytime
- Sign up for AutoPay, our direct debit program, and get a discount every month
- Easily view and manage your account without hunting for the bills

Register now at aps.com, and enjoy your benefits as an online customer.



THE POWER TO MAKE IT HAPPEN®



Your electricity bill

Bill date: June 18, 2009

Summary of what you owe

	Amount owing on your previous bill	\$1,110.72
Less	Payment made on Jun 8, thank you	-\$1,110.72
Equals	Your balance forward	\$0.00
Plus	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$1,371.24
Equals	Total amount due	\$1,371.24

Due date: July 1, 2009

Thank you for your consistent and timely payments. We value your business.

pd 06-22-09
CG-W CK #2908
AMT. \$1561.38

CASA GRANDE WEST WATER CO INC

Your account number: 967633286

For service at: 26960 W Alamo Rd
Well

Questions?

Call 602-371-6767 or 1-800-253-9407,
 Mon - Fri, 7:30am - 5:00pm
 Website: aps.com
 Para servicio en español llame al:
 602-371-6861 (Phoenix) o
 1-800-252-9410 (Otras areas)

Arizona Public Service (APS) is providing notice that pursuant to Arizona Corporation Commission Decision No. 70961, low-income customers taking service on Rate Schedule E-3 Energy Support Program or E-4 Medical Care Equipment Support Program are exempt from paying rates associated with the Demand Side Management Adjustment Charge (DSMAC) at this time. Exempting E-3 and E-4 customers from paying the DSMAC and recovery of Demand Side Management costs not paid by E-3 and E-4 customers will be addressed in APS' pending rate case. If you have any questions please contact APS at 602-371-7171 or 800-253-9405.



THE POWER TO MAKE IT HAPPEN[®]



Your electricity bill

Bill date: June 18, 2009

Summary of what you owe

	Amount owing on your previous bill	\$184.95
<i>Less</i>	Payment made on Jun 8, thank you	-\$184.95
<i>Equals</i>	Your balance forward	\$0.00
<i>Plus</i>	Your new charges (details on following pages)	
	Cost of electricity (with taxes and fees)	\$190.14
<i>Equals</i>	Total amount due	\$190.14

Due date: July 1, 2009

CASA GRANDE WEST WATER CO

Your account number: 617272287

For service at: 26511 W Peters Rd

Questions?

Call 602-371-6767 or 1-800-253-9407,
Mon - Fri, 7:30am - 5:00pm
Website: aps.com

Para servicio en español llame al:
602-371-6861 (Phoenix) o
1-800-252-9410 (Otras areas)

Arizona Public Service (APS) is providing notice that pursuant to Arizona Corporation Commission Decision No. 70961, low-income customers taking service on Rate Schedule E-3 Energy Support Program or E-4 Medical Care Equipment Support Program are exempt from paying rates associated with the Demand Side Management Adjustment Charge (DSMAC) at this time. Exempting E-3 and E-4 customers from paying the DSMAC and recovery of Demand Side Management costs not paid by E-3 and E-4 customers will be addressed in APS' pending rate case. If you have any questions please contact APS at 602-371-7171 or 800-253-9405.

JERE R. HANSEN
109 W. SECOND STREET
CASA GRANDE AZ 85222

Invoice submitted to:
CASA GRANDE WEST WATER CO.
117 E SECOND ST
CASA GRANDE AZ 85222

July 1, 2008

Invoice #20314

Professional services

	<u>Hrs/Rate</u>	<u>Amount</u>
7/1/08 Sales Tax Returns Compilations W-9 info		190.00
For professional services rendered	0.00	\$190.00
Previous balance		\$412.40
7/1/08 Payment - thank you		(\$412.40)
Balance due		\$190.00

Pd CG - W CK# 2659

AMT. \$190.00

JERE R. HANSEN
109 W. SECOND STREET
CASA GRANDE AZ 85222

Invoice submitted to:
CASA GRANDE WEST WATER CO.
117 E SECOND ST
CASA GRANDE AZ 85222

August 3, 2008

Invoice #20369

Professional services

	<u>Hrs/Rate</u>	<u>Amount</u>
8/3/08 Compilations		189.00
Payroll Tax Returns		
Payroll Tax Problem		
Sales Tax Return		
For professional services rendered	0.00	\$189.00
Previous balance		\$190.00
8/3/08 Credit		(\$190.00)
Balance due		\$189.00

Pd 9-2-08
CG-w ck# 2699
AMT. \$ 189.00

JERE R. HANSEN
109 W. SECOND STREET
CASA GRANDE AZ 85222

Invoice submitted to:
CASA GRANDE WEST WATER CO.
117 E SECOND ST
CASA GRANDE AZ 85222

September 2, 2008

Invoice #20424

Professional services

	<u>Hrs/Rate</u>	<u>Amount</u>
<i>pd 9-16-08</i>		
9/2/08 Compilations <i>CG-W CK#</i>		394.00
Sales Tax Return <i>27\$4</i>		
		<i>AMT. \$ 585.80</i>
For professional services rendered	0.00	\$394.00
Interest on overdue balance		\$2.80
Total amount of this bill		\$396.80
Previous balance		\$189.00
Balance due		<u>\$585.80</u>

JERE R. HANSEN
109 W. SECOND STREET
CASA GRANDE AZ 85222

Invoice submitted to:
CASA GRANDE WEST WATER CO.
117 E SECOND ST
CASA GRANDE AZ 85222

October 1, 2008

Invoice #20473

Professional services

*Pd 10-17-08
CG-W CK# 2738
AMT. \$ 162.00*

	<u>Hrs/Rate</u>	<u>Amount</u>
10/1/08 Compilations Sales Tax Returns		162.00
For professional services rendered	0.00	\$162.00
Previous balance		\$585.80
10/1/08 Payment - thank you		(\$585.80)
Balance due		\$162.00

JERE R. HANSEN
109 W. SECOND STREET
CASA GRANDE AZ 85222

Invoice submitted to:
CASA GRANDE WEST WATER CO.
117 E SECOND ST
CASA GRANDE AZ 85222

November 3, 2008

Invoice #20524

Professional services

	<u>Hrs/Rate</u>	<u>Amount</u>
11/3/08 Sales Tax Returns Compilations Payroll Tax Returns		194.00
For professional services rendered	0.00	\$194.00
Previous balance		\$162.00
11/3/08 Payment - thank you		(\$162.00)
Balance due		<u>\$194.00</u>

*pd 11-7-08
CG - WCK # 2759*

JERE R. HANSEN
109 W. SECOND STREET
CASA GRANDE AZ 85222

Invoice submitted to:
CASA GRANDE WEST WATER CO.
117 E SECOND ST
CASA GRANDE AZ 85222

*pd CG-W CK # 2875
AMT. 742.00
04-24-09*

April 1, 2009

Invoice #20869

Professional services

	<u>Hrs/Rate</u>	<u>Amount</u>
4/1/09 C Corp Tax Return Preparation		742.00
Compilation		
Sales Tax Return		
Payroll Tax Issue		
For professional services rendered	0.00	\$742.00
Previous balance		\$79.00
4/1/09 Payment - thank you		(\$79.00)
Balance due		\$742.00

JERE R. HANSEN
109 W. SECOND STREET
CASA GRANDE AZ 85222

Invoice submitted to:
CASA GRANDE WEST WATER CO.
117 E SECOND ST
CASA GRANDE AZ 85222

May 4, 2009

Invoice #21037

Professional services

	<u>Hrs/Rate</u>	<u>Amount</u>
5/4/09 Compilations Sales Tax Returns Annual Reports		395.00
For professional services rendered	0.00	\$395.00
Previous balance		\$742.00
5/1/09 Payment - thank you		(\$742.00)
Balance due		\$395.00

pd 6-8-09

CG - W CH #

AMT. \$395.00



Bobby D. Gordon
Certified Water Utility Operator

AZ-DEQ Certificate Number(s)

18288 Grade 2 Water distribution System Operator
21123 Grade 2 Water Treatment Plant Operator
OP 030320

November, 2008

Monthly Invoice for November, 2008

Bill To:

Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Itemization of fees:

Served as Certified Operator for the above system for month of November 2008
Water Samples taken to Aquatics Consulting & Testing for analysis during November 2008

Manage accounting and billing aspects of company, payroll for employees, consulting with other businesses that commerce with Casa Grande West Water Company.

Amount Due: \$1667.00

Please Make checks payable to:

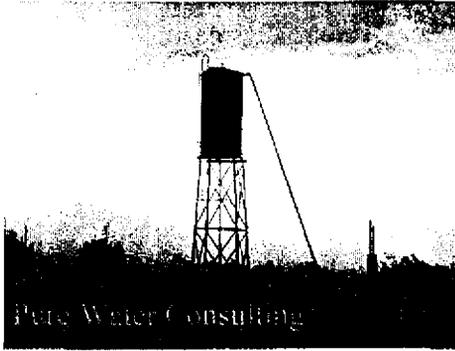
Pure Water Consulting
117 E. 2nd Street
Casa Grande, AZ 85222.

TOTAL DUE THIS INVOICE: **\$1667.00**

Bobby Gordon
(520) 560-7831

117 E. 2nd Street
Casa Grande, AZ 85222

gordon.bobby@yahoo.com



Bobby D. Gordon
Certified Water Utility Operator

AZ-DEQ Certificate Number(s)

18288 Grade 2 Water distribution System Operator
21123 Grade 2 Water Treatment Plant Operator
OP 030320

December 2008

Monthly Invoice for December, 2008

Bill To:

Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Itemization of fees:

Served as Certified Operator for the above system for month of December 2008
Water Samples taken to Aquatics Consulting & Testing for analysis during December 2008

Manage accounting and billing aspects of company, payroll for employees, consulting with other businesses that commerce with Casa Grande West Water Company.

Meeting and inspection done with ADEQ on both well sites, this inspection is done every three years; last inspection was done in November of 2005.

Amount Due: \$1667.00

Please Make checks payable to:

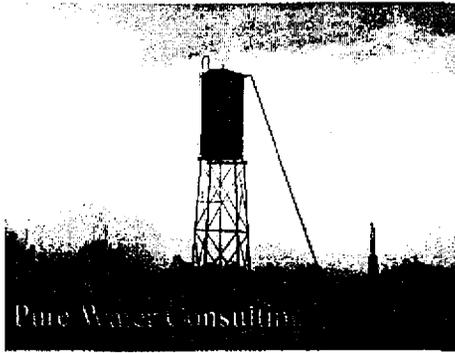
Pure Water Consulting
117 E. 2nd Street
Casa Grande, AZ 85222.

TOTAL DUE THIS INVOICE: \$1667.00

Bobby Gordon
(520) 560-7831

117 E. 2nd Street
Casa Grande, AZ 85222

gordon.bobby@yahoo.com



Bobby D. Gordon
Certified Water Utility Operator

AZ-DEQ Certificate Number(s)

18288 Grade 2 Water distribution System Operator
21123 Grade 2 Water Treatment Plant Operator
OP 030320

January 2009

Monthly Invoice for January, 2009

Bill To:

Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Itemization of fees:

Served as Certified Operator for the above system for month of January 2009
Water Samples taken to Aquatics Consulting & Testing for analysis during January 2009

Manage accounting and billing aspects of company, payroll for employees, consulting with other businesses that commerce with Casa Grande West Water Company.

Arsenic discussion and meeting with ADEQ, start on a plan for Arsenic treatment.
Information updates to the Bill Little Estate with current water company issues.
Casa Grande West Water Company.

Amount Due: \$1667.00

Please Make checks payable to:

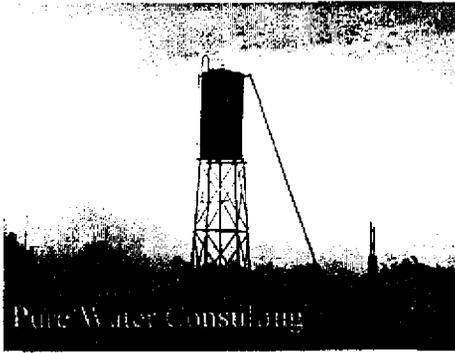
Pure Water Consulting
117 E. 2nd Street
Casa Grande, AZ 85222.

TOTAL DUE THIS INVOICE: **\$1667.00**

Bobby Gordon
(520) 560-7831

117 E. 2nd Street
Casa Grande, AZ 85222

gordon.bobby@yahoo.com



Bobby D. Gordon
Certified Water Utility Operator

AZ-DEQ Certificate Number(s)

18288 Grade 2 Water distribution System Operator
21123 Grade 2 Water Treatment Plant Operator
OP 030320

February 2009

Monthly Invoice for February, 2009

Bill To:

Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Itemization of fees:

Served as Certified Operator for the above system for month of February 2009
Water Samples taken to Aquatics Consulting & Testing for analysis during February
2009

Manage accounting and billing aspects of company, payroll for employees, consulting
with other businesses that commerce with Casa Grande West Water Company.

Information updates to the Bill Little Estate with current water company issues.

Amount Due: \$1667.00

Please Make checks payable to:

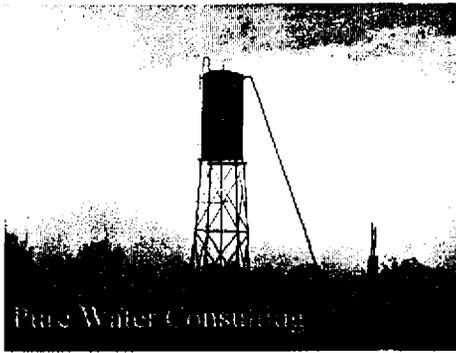
Pure Water Consulting
117 E. 2nd Street
Casa Grande, AZ 85222.

TOTAL DUE THIS INVOICE: **\$1667.00**

Bobby Gordon
(520) 560-7831

117 E. 2nd Street
Casa Grande, AZ 85222

gordon.bobby@yahoo.com



Bobby D. Gordon
Certified Water Utility Operator

AZ-DEQ Certificate Number(s)

18288 Grade 2 Water distribution System Operator
21123 Grade 2 Water Treatment Plant Operator
OP 030320

March 2009

Monthly Invoice for March, 2009

Bill To:

Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Itemization of fees:

Served as Certified Operator for the above system for month of March 2009
Water Samples taken to Aquatics Consulting & Testing for analysis during March 2009

Manage accounting and billing aspects of company, payroll for employees, consulting
with other businesses that commerce with Casa Grande West Water Company

Annual DWR reports filed and paid.
Amount Due

\$1667.00

Please Make checks payable to:

Pure Water Consulting
117 E. 2nd Street
Casa Grande, AZ 85222.

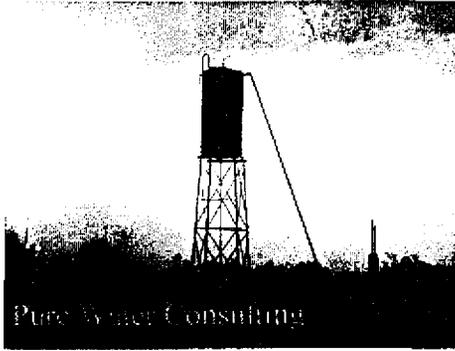
TOTAL DUE THIS INVOICE:

\$1667.00

Bobby Gordon
(520) 560-7831

117 E. 2nd Street
Casa Grande, AZ 85222

gordon.bobby@yahoo.com



Bobby D. Gordon
Certified Water Utility Operator

AZ-DEQ Certificate Number(s)

18288 Grade 2 Water distribution System Operator
21123 Grade 2 Water Treatment Plant Operator
OP 030320

April 2009

Monthly Invoice for April, 2009

Bill To:

Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Itemization of fees:

Served as Certified Operator for the above system for month of April 2009
Water Samples taken to Aquatics Consulting & Testing for analysis during April 2009

Manage accounting and billing aspects of company, payroll for employees, consulting with other businesses that commerce with Casa Grande West Water Company.

Amount Due: \$1667.00

Please Make checks payable to:

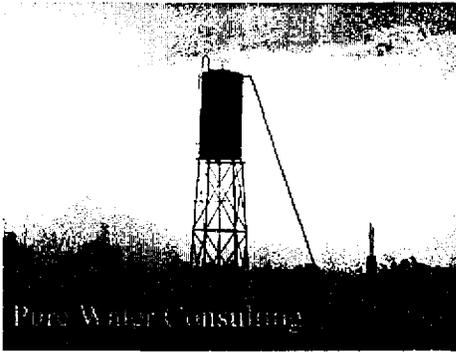
Pure Water Consulting
117 E. 2nd Street
Casa Grande, AZ 85222.

TOTAL DUE THIS INVOICE: **\$1667.00**

Bobby Gordon
(520) 560-7831

117 E. 2nd Street
Casa Grande, AZ 85222

gordon.bobby@yahoo.com



Bobby D. Gordon
Certified Water Utility Operator

AZ-DEQ Certificate Number(s)

18288 Grade 2 Water distribution System Operator
21123 Grade 2 Water Treatment Plant Operator
OP 030320

May 2009

Monthly Invoice for May, 2009

Bill To:

Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Itemization of fees:

Served as Certified Operator for the above system for month of May 2009
Water Samples taken to Aquatics Consulting & Testing for analysis during May 2009

Manage accounting and billing aspects of company, payroll for employees, consulting with other businesses that commerce with Casa Grande West Water Company.

Meetings with NCS Engineering to do preliminary system evaluation, consulting with firm on new Arsenic Guidelines, WIFA Technical assistance grant application.

Amount Due: \$1667.00

Please Make checks payable to:

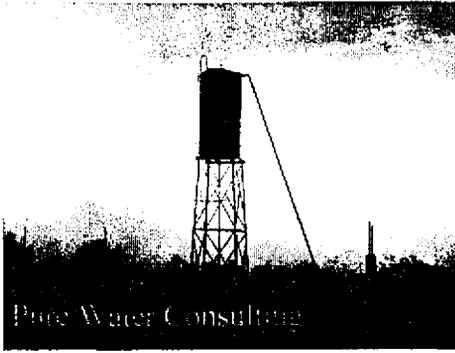
Pure Water Consulting
117 E. 2nd Street
Casa Grande, AZ 85222.

TOTAL DUE THIS INVOICE: **\$1667.00**

Bobby Gordon
(520) 560-7831

117 E. 2nd Street
Casa Grande, AZ 85222

gordon.bobby@yahoo.com



Bobby D. Gordon
Certified Water Utility Operator

AZ-DEQ Certificate Number(s)

18288 Grade 2 Water distribution System Operator
21123 Grade 2 Water Treatment Plant Operator
OP 030320

June 2009

Monthly Invoice for June, 2009

Bill To:

Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Itemization of fees:

Served as Certified Operator for the above system for month of June 2009
Water Samples taken to Aquatics Consulting & Testing for analysis during June 2009

Manage accounting and billing aspects of company, payroll for employees, consulting with other businesses that commerce with Casa Grande West Water Company.

Follow up meetings with NCS Engineering for Arsenic Treatment, work related to WIFA Technical Assistance Grant.

Amount Due: \$1667.00

Please Make checks payable to:

Pure Water Consulting
117 E. 2nd Street
Casa Grande, AZ 85222.

TOTAL DUE THIS INVOICE: **\$1667.00**

Bobby Gordon
(520) 560-7831

117 E. 2nd Street
Casa Grande, AZ 85222

gordon.bobby@yahoo.com

Intertwine Environmental Contractors

Invoice

15690 W. Towner St.
Casa Grande, AZ 85293

Date	Invoice #
7/11/2008	1027

Bill To
Casa Grande West Water Co. Bill Little 117 E. 2nd Street Casa Grande, AZ 85222

Ship To
Casa Grande South

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		7/11/2008			

Quantity	Item Code	Description	Price Each	Amount
1	repairs	Repair leak on Trekell Rd used Jet Vac 7/9/08	85.00	85.00
1	repairs	Repair leak on Hanna Rd. 7/3/08	85.00	85.00
<p><i>pd 7-24-08</i> <i>CG-W CK# 2665</i> <i>AMT. 1180</i></p>				

Thank you for your business.	Total	\$170.00
------------------------------	--------------	----------

Intertwine Environmental Contractors

Invoice

15690 W. Towner St.
Casa Grande, AZ 85293

Date	Invoice #
7/11/2008	1028

Bill To
Casa Grande West Water Co. Bill Little 117 E. 2nd Street Casa Grande, AZ 85222

Ship To
Casa Grande West

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		7/3/2008			

Quantity	Item Code	Description	Price Each	Amount
5	Water line installati...	2 new water service	185.00	925.00
1	repairs	repair leak	85.00	85.00
<p><i>Pd CG-W CK#</i> <i>2665</i> <i>AMT. 1180</i> <i>7-24-08</i></p>				

Thank you for your business.

Total \$1,010.00

Intertwine Environmental Contractors

Invoice

15690 W. Towner St.
Casa Grande, AZ 85293

Date	Invoice #
8/20/2008	1049

Bill To
Casa Grande West Water Co. Bill Little 117 E. 2nd Street Casa Grande, AZ 85222

Ship To
Casa Grande West

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Duc on receipt		8/20/2008			

Quantity	Item Code	Description	Price Each	Amount
7	repairs	Water line repair in alley between Shangra La and Sherbundy off Pepper Tree	135.00	945.00

pd 9-16-08
CG-W CK # 2717
AMT. \$ 945.00

Thank you for your business.	Total	\$945.00
------------------------------	--------------	----------



THE AMERICAN WEST PUMP SERVICE, INC.
 2898 N. SIGNAL PEAK ROAD
 CASA GRANDE, ARIZONA 85294
 520-705-3756 520-423-2527
 ROC176436 ROC176437

Invoice

DATE	INVOICE #
9/29/08	2571

BILL TO	SHIP TO
CASA GRANDE WEST WATER CO. 117 EAST 2nd STREET CASA GRANDE, ARIZONA 85222 COUNTY	CASA GRANDE WEST WATER CO. 117 EAST 2nd STREET CASA GRANDE, ARIZONA 85222 WELL SITE

DUE DATE	P.O. NUMBER
10/29/08	BOBBY

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
SER C	SERVICE CALL TO REPAIR CHLORINATOR SYSTEM	1		75.00
<p><i>pd 10-27-08</i></p> <p><i>CG-W ck # 2747</i></p> <p><i>AMT. \$75.00</i></p>				
<p>BILL KUKAWSKI - " My word is your guarantee "</p>		Subtotal		75.00
		8.6% Tax		
		Total		75.00



THE AMERICAN WEST PUMP SERVICE, INC.
 2898 N. SIGNAL PEAK ROAD
 CASA GRANDE, ARIZONA 85294
 520-705-3756 520-423-2527
 ROC176436 ROC176437

Invoice

DATE	INVOICE #
10/9/08	2575

BILL TO	SHIP TO
CASA GRANDE WEST WATER CO. 117 EAST 2nd STREET CASA GRANDE, ARIZONA 85222 COUNTY	CASA GRANDE WEST WATER CO. PETERS RD. CASA GRANDE, ARIZONA 85222 NORTH WELL

DUE DATE	P.O. NUMBER
11/8/08	BOBBY

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
SW	10250T21KBHOA SELECTOR SWITCH	2	100.44	200.88T
SW	10250T103 PB SWITCH	1	39.51	39.51T
ELEC	10250T2 CONT.BLOCK	1	42.89	42.89T
FUS	FRS-R-60 FUSE	2	19.74	39.48T

PJ 10-27-08
CG-W CK# 2747
AMT. 336.61

BILL KUKAWSKI - " My word is your guarantee "	Subtotal	322.76
	4.29% Tax	13.85
	Total	336.61



THE AMERICAN WEST PUMP SERVICE, INC.
 2898 N. SIGNAL PEAK ROAD
 CASA GRANDE, ARIZONA 85294
 520-705-3756 520-423-2527
 ROC176436 ROC176437

Invoice

DATE
12/29/08

INVOICE #
2594

BILL TO	SHIP TO
CASA GRANDE WEST WATER CO. 117 EAST 2nd STREET CASA GRANDE, ARIZONA 85222 COUNTY	CASA GRANDE WEST WATER CO. ALAMO STREET CASA GRANDE, ARIZONA 85222 SOUTH WELL

DUE DATE	P.O. NUMBER
1/28/09	BOBBY

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
MISC.	REPLACE 4" PIPELINE FROM CHLORINATOR TO WELL	1		1,325.00T
P GAU	0-100# LIQUID FILLED PRESSURE GAUGE	1	25.00	25.00T
ASS GAL	ASSORTED FITTINGS, 3/8" BALL VALVE, COPPER TUBING, GASKETS, ETC.	1		35.00T
PAI	PRIMER & PAINT	1		49.03T
LAB1	LABOR TO INSTALL THE ABOVE	1		375.00T
Pd 1-9-09 CG-W CK# 2810 A Mt. \$ 1910.15				
Subtotal				1,809.03
5.59% Tax				101.12
Total				1,910.15

BILL KUKAWSKI - " My word is your guarantee "

Intertwine Environmental Contractors

Invoice

15690 W. Towner St.
Casa Grande, AZ 85293

Date	Invoice #
1/2/2009	1105

Bill To
Casa Grande West Water Co. Bill Little 117 E. 2nd Street Casa Grande, AZ 85222

Ship To
Casa Grande West Sherbundy

P.O. Number	Terms
	Due on receipt

Ship
1/2/2009

Project
Repair

Quantity	Item Code	Description	Price Each	Amount
6	repairs	Repaired water line and rebuild 4 services --12/24/2008	135.00	810.00
<p><i>Pd 02-16-09</i> <i>CG-W CK # 2837</i> <i>AMT. \$ 810.00</i></p>				

Thank you for your business.

Total \$810.00

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 085 18717
Invoice Date: February 26, 2008
P.O. Number: C.O.C.
Project Name: PWS #11-024

Client: Casa Grande West
117 East 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BP16662
12/20/07

Analysis Name	Quantity	Unit Price	Total Price
Nitrate + Nitrite - N	1	\$20.00	\$20.00
Nitrite - N	1	\$20.00	\$20.00
Arsenic	1	\$15.00	\$15.00
<i>Invoice Total</i>			<i>\$ 55.00</i>

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 085 20162
Invoice Date: June 16, 2008
P.O. Number: C.O.C.
Project Name: 11-024

Client: Casa Grande West
117 East 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BQ07630
05/27/08

Analysis Name	Quantity	Unit Price	Total Price
Arsenic	1	\$15.00	\$15.00
Invoice Total			\$ 15.00

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 085 20170
Invoice Date: June 16, 2008
P.O. Number: C.O.C.
Project Name: PWS #11-024

Client: Casa Grande West
117 E. Second Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BQ05770
04/22/08

Analysis Name	Quantity	Unit Price	Total Price
Trihalomethanes, Total	1	\$150.00	\$150.00
Haloacetic Acids	1	\$200.00	\$200.00
<i>Invoice Total</i>			<i>\$ 350.00</i>

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 085 20306
Invoice Date: June 25, 2008
P.O. Number: C.O.C.
Project Name: PWS #11-024

Client: Casa Grande West
117 East 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BQ08497 BQ08498 BQ08499 BQ08500 BQ08501 BQ08502 BQ08503 BQ08504 BQ08505 BQ08506
06/11/08

Analysis Name	Quantity	Unit Price	Total Price
Lead	10	\$15.00	\$150.00
Copper	10	\$15.00	\$150.00
<i>Invoice Total</i>			<i>\$ 300.00</i>

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 085 20411
Invoice Date: July 9, 2008
P.O. Number: State Form 11-024
Project Name: SDWA Casa Grande
West

Client: Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Bill Little/Bobby Gordon

Samples: BQ05769 BQ07626 BQ08200
2nd Quarter 2008

Analysis Name	Quantity	Unit Price	Total Price
Total Coliform, Colilert	3	\$20.00	\$60.00
Invoice Total			\$ 60.00

cjc

\$780.00

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 085 21314
Invoice Date: November 5, 2008
P.O. Number: C.O.C.
Project Name: PWS #11-024

Client: Casa Grande West
117 East 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BQ14435
09/24/08

Analysis Name	Quantity	Unit Price	Total Price
Arsenic	1	\$15.00	\$15.00
Trihalomethanes, Total	1	\$150.00	\$150.00
Haloacetic Acids	1	\$200.00	\$200.00
<i>Invoice Total</i>			\$ 365.00

pd 12-15-08

CG-W CR # 2787

cjc

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 085 21384
Invoice Date: November 6, 2008
P.O. Number: State Form 11-024
Project Name: SDWA Casa Grande
West

Client: Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BQ09776 BQ10868 BQ12318
3rd Quarter 2008

Analysis Name	Quantity	Unit Price	Total Price
Total Coliform, Colilert	3	\$20.00	\$60.00
Invoice Total			\$ 60.00

cjc

pd 12-15-08

CG - W OK # 2787

(480) 921-8044

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 095 22270
Invoice Date: January 22, 2009
P.O. Number: C.O.C.
Project Name: 11-024

Client: Casa Grande West
117 East 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BR00429
01/12/09

*pd CG-W
CK*

AMT. \$85.00

Analysis Name	Quantity	Unit Price	Total Price
Arsenic	1	\$15.00	\$15.00
Invoice Total			\$ 15.00

tmj

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 095 22409
Invoice Date: February 13, 2009
P.O. Number: C.O.C.
Project Name: 11-024

Client: Casa Grande West
117 East 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BQ19666 BQ19964 BQ19821
12/19/08

Analysis Name	Quantity	Unit Price	Total Price
Nitrate + Nitrite - N	1	\$20.00	\$20.00
Nitrite - N	1	\$20.00	\$20.00
Haloacetic Acids	1	\$200.00	\$200.00
Trihalomethanes, Total	1	\$150.00	\$150.00
<i>Invoice Total</i>			<i>\$ 390.00</i>

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 095 22563
Invoice Date: March 6, 2009
P.O. Number: C.O.C.
Project Name: PWS #11-024

Client: Casa Grande West
117 East 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BR01095
01/28/09

Analysis Name	Quantity	Unit Price	Total Price
Arsenic	1	\$15.00	\$15.00
Iron	1	\$15.00	\$15.00
Manganese	1	\$15.00	\$15.00
Sulfide, Total	1	\$25.00	\$25.00
Phosphate, ortho	1	\$20.00	\$20.00
pH	1	\$15.00	\$15.00
Alkalinity, Total	1	\$20.00	\$20.00
Total Hardness	1	\$20.00	\$20.00
Silica, Total	1	\$15.00	\$15.00
Sulfate	1	\$20.00	\$20.00
<i>Invoice Total</i>			<i>\$ 180.00</i>

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 095 22888
Invoice Date: April 16, 2009
P.O. Number: State Form 11-024
Project Name: SDWA Casa Grande
West

Client: Casa Grande West Water Company
117 E. 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BR00428 BR01541 BR02831
1st Quarter 2009

Analysis Name	Quantity	Unit Price	Total Price
Total Coliform, Colilert	3	\$20.00	\$60.00
Invoice Total			\$ 60.00

INVOICE

Remit To: Aquatic Consulting & Testing, Inc.
P.O. Box 1510
Tempe, Arizona 85280-1510
(480) 921-8044

Invoice Number: 095 23053
Invoice Date: May 6, 2009
P.O. Number: C.O.C.
Project Name: PWS #11-024

Client: Casa Grande West
117 East 2nd Street
Casa Grande, AZ 85222

Bobby Gordon

Samples: BR03479 BR03629 BR02837
03/31/09

Analysis Name	Quantity	Unit Price	Total Price
Nitrate + Nitrite - N	2	\$20.00	\$40.00
Nitrite - N	1	\$20.00	\$20.00
Trihalomethanes, Total	1	\$150.00	\$150.00
Haloacetic Acids	1	\$200.00	\$200.00
<i>Invoice Total</i>			\$ 410.00

POSTED BY: _____ DATE POSTED: _____

PINAL COUNTY TREASURER

CONTROL #

RECEIPT #

Treasurer's Receipt

79902

141661

Depositor Name LAKE LANDS WEST WATER CO.

Depositor Location 117 E. 300 ST. CLAY CANON AZ 85922

Date 7-30-08

Department's Codes	Treasurer's Codes Authority/Fund Source	Amount	Description
	7-00010-1000-0010	575.10	EST (KOL TX
Total Deposit		<u>575.10</u>	

Currency _____
 Coin _____
 Total Cash _____
 Checks 66-10 144 _____
 Direct Deposit 9072 _____
 Credit Card _____
 Total Deposit 575.10

Department Signature Relle [Signature] Date 7-30-08
 Treasurer Signature _____ Date _____
 Clerk of the Board Signature [Signature] Date _____

WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Schools GOLD - Department

PINAL COUNTY TREASURER Treasurer's Receipt

CONTROL # 07608
RECEIPT # 148200

Depositor Name CASA GRAND WEST WARR CO. Date 2-25-09

Depositor Location 117 E. 2ND ST. CASA GRAND AZ 85222

Department's Codes	Treasurer's Codes Authority/Fund	Source	Amount	Description (Limit of 50 characters per line)
			4994.96	EST. PROJ TX
Total Deposit			<u>4994.96</u>	

Currency _____
Coin _____

Total Cash _____

Checks 1841
Direct Deposit 2726
Credit Card _____

Total Deposit 4994.96

Department Signature Bobby Paul Gaudin Date 2-25-09

Treasurer Signature Dan Baker Date 2-25-09

=====

WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Finance GOLD - Department

PINAL COUNTY TREASURER Treasurer's Receipt

CONTROL # 07605
RECEIPT # 1442-14

Depositor Name CHINA CRANDE WEST WATER CO.

Depositor Location 117 E. 2ND ST. Casa Grande, AZ 85002 Date 10-31-08

Department's Codes	Treasurer's Codes Authority/Fund	Source	Amount	Description (Limit of 50 characters per line)
			490.96	EMT WOP TX
Total Deposit			490.96	

Currency _____
Coin _____

Total Cash _____

Checks 1500 44 H. _____
Direct Deposit 2030 _____
Credit Card _____

Total Deposit 490.96

Department Signature _____ Date 10-31-08

Treasurer Signature _____ Date 11/1/08

WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Finance GOLD - Department

PINAL COUNTY TREASURER Treasurer's Receipt

CONTROL #

87600

RECEIPT #

145014

Depositor Name USA BANK OF AMERICA

Depositor Location 117 E. 2ND ST. PHOENIX, AZ 85004

Date 11-30-09

Department's Codes	Treasurer's Codes Authority/Fund Source	Amount	Description (Limit of 50 characters per line)
		4,074.00	537 7 Y
Total Deposit		<u>4,074.00</u>	

Currency _____
 Coin _____
 Total Cash _____
 Checks _____
 Direct Deposit _____
 Credit Card _____
 Total Deposit _____

Department Signature [Signature] Date 11-30-09
 Treasurer Signature [Signature] Date 12-2-09

WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Finance GOLD - Department

PINAL COUNTY TREASURER Treasurer's Receipt

CONTROL # 87605
RECEIPT # 1455108

Depositor Name CASA GLANDE WEST VALLEY

Depositor Location 117 E. 2nd St. CASA GRANDE, AZ 85526

Date 12-31-02

Department's Codes	Treasurer's Codes Authority/Fund Source	Amount	Description (Limit of 50 characters per line)
		494.02	TV
Total Deposit		494.02	

Currency _____
Coin _____
Total Cash _____
Checks: 494.02
Direct Deposit _____
Credit Card _____

Total Deposit 494.02

Department Signature _____ Date 12-31-02
Treasurer Signature _____ Date 12/09

WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Finance GOLD - Department

PINAL COUNTY TREASURER Treasurer's Receipt

CONTROL # 876

RECEIPT # 140021

Depositor Name AND (RABBIT) OFFICE

Depositor Location 1177 S. 7th St. Tempe, AZ 85281

Date 01-31-09

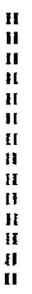
Department's Codes	Treasurer's Codes Authority/Fund Source	Amount	Description (Limit of 50 characters per line)
	<i>Transfer from 916</i>	<i>4900.00</i>	<i>NOV. 2008 TX</i>
Total Deposit		<u>4900.00</u>	

Currency _____
 Coin _____
 Total Cash _____
 Checks _____
 Direct Deposit _____
 Credit Card _____

Total Deposit _____

Department Signature _____ Date 01-31-09

Treasurer Signature _____ Date 01/31/09



WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Finance GOLD - Department

PINAL COUNTY TREASURER Treasurer's Receipt

CONTROL # 87615 RECEIPT # 147445

Depositor Name CASA GRANDI WEST WATER CO. Date 02-28-09

Depositor Location 117 E. W. 2nd St. CASA GRANDI, AZ 85205

Department's Codes	Treasurer's Codes Authority/Fund Source	Amount	Description (Limit of 50 characters per line)
	700010 - 4000 - 2018	454.96	091. 1104 TX
Total Deposit		<u>454.96</u>	

Currency _____
 Coin _____
 Total Cash _____
 Checks 454.96
 Direct Deposit _____
 Credit Card _____
 Total Deposit 454.96

Department Signature _____ Date 02-28-09
 Treasurer Signature _____ Date 2/28/09

WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Finance GOLD - Department

PINAL COUNTY TREASURER Treasurer's Receipt

CONTROL #
07643

RECEIPT #
1483330

Depositor Name CASA GRANDE WEST WATER CO.

Date 03-31-09

Depositor Location 117 E. 2nd ST. Casa Grande, AZ 85502

Department's Codes	Treasurer's Codes Authority/Fund	Source	Amount	Description (Limit of 50 characters per line)
			499.96	EST. PROP TX
Total Deposit			499.96	

Currency _____
Coin _____
Total Cash _____
Checks _____
Direct Deposit _____
Credit Card _____
Total Deposit 499.96

Department Signature _____ Date 03-31-09
Treasurer Signature [Signature] Date 4/2/09

WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Finance GOLD - Department

PINAL COUNTY TREASURER Treasurer's Receipt

CONTROL # 8764 RECEIPT # 01449187

Depositor Name ALVA GRANOFF WEST WALTER CO Date 04-29-09

Depositor Location 112 E. 3RD ST. TULSA, OK 74102-2522

Department's Codes	Treasurer's Codes Authority/Fund	Source	Amount	Description (Limit of 50 characters per line)
		<i>Transfer from savings</i>	<i>494.00</i>	
Total Deposit				<i>494.00</i>

Currency _____
 Coin _____
 Total Cash _____
 Checks _____
 Direct Deposit _____
 Credit Card _____
 Total Deposit 494.00

Department Signature _____ Date 04-29-09
 Treasurer Signature [Signature] Date 04-29-09

WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Finance GOLD - Department

PINAL COUNTY TREASURER Treasurer's Receipt

CONTROL #

RECEIPT #

Depositor Name CASA GRANDE WEST WATER CO.

87610

149894

Depositor Location 177 E. 2nd St. Casa Grande, AZ 85225

Date 05-22-09

Department's Codes	Treasurer's Codes Authority/Fund Source	Amount	Description (Limit of 50 characters per line)
		1144.26	EST. Prop TX
Total Deposit		<u>1144.26</u>	

Currency _____
 Coin _____
 Total Cash _____
 Checks _____
 Direct Deposit _____
 Credit Card _____
 Total Deposit 1144.26

Department Signature [Signature] Date 05-22-09
 Treasurer Signature [Signature] Date 5/27/09

WHITE - Treasurer GREEN - Validated CANARY - Clerk of Board PINK - Finance GOLD - Department

CONTROL # 208803 200003-E-MAIL RECEIPT PINAL COUNTY TREASURER RECEIPT

RECEIPT # 150918

Casa Grande West Water Co

Date: 6/30/2009

Depositor Name: Casa Grande, AZ 85222
 Depositor Location:

FINANCE CODES				TREASURER CODES			DESCRIPTION
COST CENTER	OBJECT	SUBSIDIARY	SUBLEDGER	GL ACCOUNT	SOURCE	AMOUNT	(LIMIT OF 80 CHARACTERS PER LINE)
				7-00010-1002	9018	494.96	Est Property Tax
				Total Deposit		\$494.96	

Cash:	\$0.00
Checks:	\$494.96
Direct Deposit:	\$0.00
Credit Card:	\$0.00
TOTAL DEPOSIT:	\$494.96

Department Signature:  Extension: _____ Date: _____

Treasurer Signature:  Date: 6/30/09

White - Treasurer Green - Validated Canary - Clerk of Board Pink - Finance Gold - Department