

**Top of the World Water Company  
17 South Franklin Turnpike  
Ramsey, New Jersey 07446  
201 825-9090  
201 825-8794 (fax)**

January 8, 2008

NYS DEPT OF PUBLIC SERVICE  
RECEIVED

JAN 17 2008

Ms. Janet DelVecchio  
Unit Analyst 1  
Department of Public Service  
Office of Electric, Gas and Water  
Water Rates Section  
Three Empire State Plaza  
Albany, New York 12223

Water Rates Section

Dear Janet,

Top of the World Water Company is seeking a rate increase for the sixty nine (69) resident customers and one commercial customer (equal to 13 1/3 residential customers). The same rates have been in effect since 1985, some 23 years. The amount we are seeking is a 200% increase from \$80.00 per quarter to \$160.00 per quarter, this amount represents a 3% annually increase since inception. Some of the costs for the water company are allocations from Top of the World Sewer and Top of the World Golf Resorts, Inc and the Lost Chalets LLC., all owned by the same individual.

Last year three new condo's were built, the first construction in over 15 years, and included in the sale were one time water improvement of \$18,000.00 – reflected in the 11/30/2006 tax return. The attached Comparative Income Statement reflects the financial status of the Water Company.

For the proposed increase of \$160 per/quarter there is an operating loss of \$5,516.00 and the rate base – net fixed assets plus retained earnings (losses) are \$328,351.00. With an 8.0% return on the rate base an additional \$32.17 can be proposed.

Enclosed are tax returns for fiscal year '05 and '06. The '07 return is at the accountants office and I will send it once it is completed. Also enclosed are water filings from Thomas Flaherty & Associates, maps and an attachment. Map A is an overview. Map B shows the units and the water lines. Attachment 1 is a commercial account calculation.

## 1. Increase requested:

	<u>Base</u>	<u>Forecast Changes</u>	<u>Projected</u>
A. Residential			
Units x Rate x Qtrs			
69 x 80 x 4	22,080	-	22,080
69 x 160 x 4	-	22,080	<u>22,080</u>
Sub			44,160
B. Commercial			
Units x Rate x Qtrs			
2 x 80 x 4	640	-	640
13.33 x 160 x 4	-	7,893	<u>7893</u>
Sub			8537
<b>TOTAL</b>	<b>22,720</b>	<b>29,973</b>	<b>52,693</b>

2. Increase Percentage 200%  
(3 % annually since 1985)
3. Increase from \$80 P/quarter to \$160 p/quarter
4. Average annual bill \$ 325.79  
Average annual consumption 17,336 gallons
5. Also increase the excess water usage from \$2 per /1000 to \$4/1000 after the initial 9000 quarterly gallons.
6. Typical water bill

Regards,

James Feeney

Top of the World Water Company

01/08/2008

## Comparative Income Statement

	Actual Figures			Forecast Changes*	Projected Figures
	Year 1	Year 2	Year 3 (Base Year)		Rate Year
			(a)	(b)	(c = a + b)
1 Operating Revenue:	21162	21162	22720	24713	32693
O & M Expenses					
2 Officer's Salary:	1500	1500	1500	—	1500
3 Supervisor's Salary:	—	—	—	—	—
4 Operator's Salary:	18260	18260	18260	913	19173
5 Materials:	—	—	—	—	—
6 Office Expenses:	300	300	300	—	300
7 Rent: <i>BROW PLUMBING</i>	4500	4500	4500	—	4500
8 Power Purchases:	1905	1200	2120	127	2247
9 Purification Chemicals:	—	—	—	—	—
10 Transportation:	—	—	—	—	—
11 Billing & Meter Reading:	552	552	552	—	552
12 Insurance:	1500	1500	1500	—	1500
13 Repairs:	3042	4153	345	2153	2500
14 Accounting: <i>TR. REVENUE</i>	3000	3000	3000	—	3000
15 Professional Fees:	—	—	—	—	—
16 Water Testing:	4446	4216	7831	783	8615
17 Rate Case Expenses:	—	—	—	1500	1500
18 Misc. (Uncoll's etc.):	—	—	—	—	—
19 Total O&M Expenses: (Lines 2 through 18)	39005	39181	39908	5478	45387
20 Amortizations:					
21 Depreciation:	11232	11417	11417	—	11417
22 Property Taxes:	1100	1100	1100	—	1100
23 Revenue Taxes:	185	185	185	120	305
24 MTA Taxes:					
25 Payroll Taxes:					
26 Federal Income Taxes:					
27 Other Taxes: (State)					
28 Total Deductions (Lines 19 through 27)	51532	51883	52610	5598	58209
29 Utility Operating Income - Profit (Line 1 - Line 28)	(30,300)	(30,721)	(29890)	24375	(5516)
30 Rate Base:	338893	331996	320351	328,351	323,354
31 Rate Of Return: (Line 29 / Line 30)	N/A	N/A	N/A	N/A	N/A

\* Please provide a detailed description of the forecast changes going from Base Year (latest full calendar year w/o rate increase) to Rate Year (projected year w/rate increase).  
Attach separate schedules if needed. *See below for revenue increase, other taxes, and inflationary adjustments.*

*Average w/plan.*

(\*) Salary, Tax, HEALTH INS. & RETIREMENT

(\*) (\*) Net Fixed Assets plus actual losses.

#6

# Top of the World Water and Sewer Company, Inc.

Top of the World Water and Sewer Company, Inc.  
 17 S. Franklin TPKE  
 Ramsey, NJ 07446  
 201-825-9090

Invoice Date: 12/31/2007

TO: Cynthia Stilwell  
 430 Milbrook Avenue  
 Randolph, NJ 07869  
 H4

Dec-07	7,700
Sep-07	5,000
Gallons Consumed by Tenant	<u>2,700</u>

CODE	DESCRIPTION	AMOUNT
W	Water	\$ 80.00
S	Sewer	\$ 80.00
STx	Sewer Tax	\$6.00
TOT	Total	\$ 166.00
MINIMUM CHARGE FOR WATER IS \$80.00 UNDER 9,000 GALLONS. ADDITIONAL CHARGE OF \$2.00 PER 1,000 GALLONS FOR WATER.  MINIMUM CHARGE FOR SEWER IS \$80.00 UNDER 9,000 GALLONS. ADDITIONAL CHARGE OF \$1.00 PER 1,000 GALLONS FOR SEWER.  <b>***LATE FEES ASSESSED AFTER 30 DAYS FROM INVOICE DATE***</b>		
<b>TOTAL DUE</b>		<b>\$ 166.00</b>

**Make Checks Payable To:**

Top of the World Water and Sewer Company, Inc.

**REMIT**

TO: Top of the World Water and Sewer Company, Inc.  
**ATTENTION:** Barbara Branch  
 17 S. Franklin TPKE  
 Ramsey, NJ 07446  
 201-825-9090

2006  
CLIENT'S COPY

OMB No. 1545-0090

Form 1120-A

## U.S. Corporation Short-Form Income Tax Return

For calendar year 2005 or tax year beginning 12/01, 2005, ending 11/30, 2006

2005

Department of the Treasury  
Internal Revenue Service

See separate instructions to make sure the corporation qualifies to file Form 1120-A.

A Check this box if the corporation is a personal service corporation (see instructions) ☐

Use IRS label. Otherwise, print or type.

TOP OF THE WORLD WATER COMPANY INC.  
17 SOUTH FRANKLIN TURNPIKE  
RAMSEY, NJ 07446

B Employer ID number

14-1667571

C Date incorporated

7/17/1994

D Total assets (see instructions)

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

\$ 158,807.

F Check method of accounting: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) \_\_\_\_\_

INCOME	1 a Gross receipts or sales	34,942.	b Less returns & allowances		c Balance	1 c	34,942.
	2 Cost of goods sold (see instructions)				2		
	3 Gross profit. Subtract line 2 from line 1c				3	34,942.	
	4 Domestic corporation dividends subject to the 70% deduction				4		
	5 Interest				5		
	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	34,942.	
DEDUCTIONS SEE INSTRUCTIONS	12 Compensation of officers (see instructions)				12		
	13 Salaries and wages (less employment credits)				13		
	14 Repairs and maintenance				14		
	15 Bad debts				15		
	16 Rents				16		
	17 Taxes and licenses		SEE STATEMENT 1		17	1,100.	
	18 Interest				18		
	19 Charitable contributions (see instructions for 10% limitation)				19		
	20 a Depreciation (attach Form 4562)	20 a	11,417.				
	b Less depreciation claimed elsewhere on return	20 b			20 c	11,417.	
	21 Domestic production activities deduction (attach Form 8903)				21		
22 Other deductions (attach schedule)		SEE STATEMENT 2		22	6,915.		
23 Total deductions. Add lines 12 through 22				23	19,433.		
24 Taxable income before net operating loss deduction & special deductions. Subtract line 23 from line 11				24	15,509.		
25 Less: a Net operating loss deduction (see instructions) SEE STM. 3	25 a	15,509.					
b Special deductions (see instructions)	25 b			25 c	15,509.		
26 Taxable income. Subtract line 25c from line 24				26			
27 Total tax (page 2, Part I, line 5)				27			
TAX AND PAYMENTS	28 Payments:						
	a 2004 overpayment credited to 2005	28 a					
	b 2005 estimated tax payments	28 b					
	c Less 2005 refund applied for on Form 4466	28 c			d Bal	28 d	0.
	e Tax deposited with Form 7004				28 e		
	f Credits: (1) Form 2439 (2) Form 4136				28 f		
	g Total payments. Add lines 28d through 28f				28 g		
	29 Estimated tax penalty (see instructions). Check if Form 2220 is attached				29		
	30 Tax due. If line 28g is smaller than the total of lines 27 and 29, enter amount owed				30		
	31 Overpayment. If line 28g is larger than the total of lines 27 and 29, enter amount overpaid				31		
	32 Enter amount of line 31 you want: Credited to 2006 estimated tax Refunded				32		

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 instrs)? ☒ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

LOFTUS ROSS LLP

P.O. BOX 4750, 111 EVERTS AVE.

QUEENSBURY, NY 12804

EIN 16-1644956

Phone no. (518) 792-6595

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 1120-A (2005)

2005

## FEDERAL STATEMENTS

PAGE 1

CLIENT 8470

TOP OF THE WORLD WATER COMPANY INC.

14-1667571

STATEMENT 1  
FORM 1120-A, LINE 17  
TAXES AND LICENSES

REAL ESTATE TAXES.....	\$	1,100.
TOTAL	\$	<u>1,100.</u>

STATEMENT 2  
FORM 1120-A, LINE 22  
OTHER DEDUCTIONS

MANAGEMENT FEE.....	\$	1,500.
UTILITIES.....		1,200.
WATER COMPANY EXPENSES.....		4,216.
TOTAL	\$	<u>6,916.</u>

STATEMENT 3  
FORM 1120-A, LINE 25A  
NET OPERATING LOSS DEDUCTION

CARRYOVER GENERATED FROM YEAR END	11/30/00	\$	174,827.	
AVAILABLE FOR CARRYOVER TO 2005.....				174,827.
CARRYOVER GENERATED FROM YEAR END	11/30/01	\$	11,652.	
AVAILABLE FOR CARRYOVER TO 2005.....				11,652.
CARRYOVER GENERATED FROM YEAR END	11/30/02	\$	9,239.	
AVAILABLE FOR CARRYOVER TO 2005.....				9,239.
CARRYOVER GENERATED FROM YEAR END	11/30/03	\$	18,099.	
AVAILABLE FOR CARRYOVER TO 2005.....				18,099.
CARRYOVER GENERATED FROM YEAR END	11/30/04	\$	6,022.	
AVAILABLE FOR CARRYOVER TO 2005.....				6,022.
NET OPERATING LOSSES AVAILABLE IN 2005.....		\$		<u>219,839.</u>
TAXABLE INCOME.....				15,509.
TOTAL NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....				<u>15,509.</u>

2005

## FEDERAL STATEMENTS

PAGE 2

CLIENT 8470

TOP OF THE WORLD WATER COMPANY INC.

14-1667571

**STATEMENT 4**  
**FORM 1120-A, PART II, QUESTION 2**  
**50% OR MORE OWNERS**

NAME : JAMES H. FEENEY III  
 ID NUMBER : 026-38-5413  
 PERCENTAGE OWNED : 100.00%

**STATEMENT 5**  
**FORM 1120-A, PART III, LINE 6**  
**OTHER CURRENT ASSETS**

	BEGINNING	ENDING
OTHER CURRENT ASSETS.....	\$ 965.	\$ 965.
TOTAL	\$ 965.	\$ 965.

**STATEMENT 6**  
**FORM 1120-A, PART III, LINE 14**  
**OTHER CURRENT LIABILITIES**

	BEGINNING	ENDING
OTHER CURRENT LIABILITIES.....	\$ 86.	\$ 0.
TOTAL	\$ 86.	\$ 0.

**STATEMENT 7**  
**FORM 1120-A, PART III, LINE 17**  
**OTHER LIABILITIES**

	BEGINNING	ENDING
OTHER LIABILITIES.....	\$ 28,881.	\$ 0.
TOTAL	\$ 28,881.	\$ 0.

**STATEMENT 8**  
**FORM 4626, LINE 6**  
**ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION**

CARRYOVER GENERATED FROM YEAR END	11/30/00	\$ 174,827.	
AVAILABLE FOR CARRYOVER TO 2005.....			174,827.
CARRYOVER GENERATED FROM YEAR END	11/30/01	\$ 11,652.	
AVAILABLE FOR CARRYOVER TO 2005.....			11,652.
CARRYOVER GENERATED FROM YEAR END	11/30/02	\$ 9,239.	

STATE

005

## FEDERAL STATEMENTS

PAGE 3

LIENT 8470

TOP OF THE WORLD WATER COMPANY INC.

14-1667571

STATEMENT 8 (CONTINUED)  
FORM 4626, LINE 6  
ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION

AVAILABLE FOR CARRYOVER TO 2005..... 9,239.

CARRYOVER GENERATED FROM YEAR END 11/30/03 \$ 18,099.

AVAILABLE FOR CARRYOVER TO 2005..... 18,099.

CARRYOVER GENERATED FROM YEAR END 11/30/04 \$ 6,022.

AVAILABLE FOR CARRYOVER TO 2005..... 6,022.

ALTERNATIVE TAX NET OPERATING LOSSES AVAILABLE IN 2005.....\$ 219,839.

DISALLOWED ATNOL DEDUCTION DUE TO LIMITATION..... 204,373.

TOTAL ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION.....15,466.

S  
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Form **4562**

(Rev January 2006)

Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
**(Including Information on Listed Property)**

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

OMB No. 1545-0172

**2005**Attachment  
Sequence No. **67**

Name(s) shown on return

TOP OF THE WORLD WATER COMPANY INC.

Identifying number

14-1667571

Business or activity to which this form relates

FORM 1120

**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	\$105,000.
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	\$420,000.
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 2004 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 2006. 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 certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	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 2005	17	11,417.
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 2005 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
19a 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			25 yrs		S/L	
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 2005 Tax Year Using the Alternative Depreciation System**

20a 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	11,417
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	

**Part I Tax Computation** (see instructions)

1	Income tax. If the corporation is a qualified personal service corporation (see instructions), check here. <input type="checkbox"/>	1	0.
2	General business credit. Check box(es) and indicate which forms are attached. <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____	2	
3	Subtract line 2 from line 1.	3	
4	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 (attach schedule)	4	
5	<b>Total tax.</b> Add lines 3 and 4. Enter here and on page 1, line 27.	5	0.

**Part II Other Information** (see instructions)

1	Refer to the instructions and enter the: a Business activity code no. <u>221300</u> b Business activity <u>SEWER UTILITY</u> c Product or service <u>SERVICE</u>	5a	If an amount is entered on page 1, line 2, enter from worksheet in instructions: (1) Purchases _____ (2) Additional 263A costs (attach schedule) _____ (3) Other costs (attach sch) _____
2	At the end of the tax year, did any individual, partnership, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see Section 267(c).) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' attach a schedule showing name and identifying number. <b>SEE STATEMENT 4</b>	b	If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Enter the amount of tax-exempt interest received or accrued during the tax year. <u>\$</u> <b>NONE</b>	6	At any time during the calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' the corporation may have to file Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country. _____
4	Enter total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. <u>\$</u> <b>NONE</b>	7	Are the corporation's total receipts (line 1a plus lines 4 - 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' the corporation is not required to complete Parts III and IV below.

**Part III Balance Sheets per Books**

	(a) Beginning of tax year	(b) End of tax year
1 Cash	21,219.	26,491.
2a Trade notes and accounts receivable	3,975.	
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) <b>STATEMENT 5</b>	965.	965.
7 Loans to shareholders		
8 Mortgage and real estate loans		
9a Depreciable, depletable, and intangible assets	360,618.	360,618.
b Less accumulated depreciation, depletion, and amortization	220,850.	232,267.
10 Land (net of any amortization)	3,000.	3,000.
11 Other assets (attach schedule)		
12 Total assets	168,927.	158,807.
13 Accounts payable	2,206.	5,544.
14 Other current liabilities (attach schedule) <b>STATEMENT 6</b>	86.	
15 Loans from shareholders		
16 Mortgages, notes, bonds payable		
17 Other liabilities (attach schedule) <b>STATEMENT 7</b>	28,881.	
18 Capital stock (preferred and common stock)	10.	10.
19 Additional paid-in capital	356,868.	356,868.
20 Retained earnings	-219,124.	-203,615.
21 Adjustments to shareholders' equity (attach sch)		
22 Less cost of treasury stock		
23 Total liabilities and shareholders' equity	168,927.	158,807.

**Part IV Reconciliation of Income (Loss) per Books With Income per Return**

1	Net income (loss) per books	15,509.	6	Income recorded on books this year not included on this return (itemize)	
2	Federal income tax per books		7	Deductions on this return not charged against book inc this yr (itemize)	
3	Excess of capital losses over capital gains		8	Income (page 1, line 24). Enter the sum of lines 1 through 5 less the sum of lines 6 and 7	15,509.
4	Income subject to tax not recorded on books this year (itemize)				
5	Expenses recorded on books this year not deducted on this return (itemize)				

2005

CT-4

Staple forms here

New York State Department of Taxation and Finance

## General Business Corporation Franchise Tax Return Short Form

Tax Law — Article 9-A

All filers must enter tax period:

Final return

Amended return

beginning ☒ 12/01/05 ending ☒ 11/30/06

Employer identification number

☒ 14-1667571

File number

Business telephone number

☒ 201-825-9090

If you claim an overpayment, mark an X in the box. . . . .

Legal name of corporation

TOP OF THE WORLD WATER COMPANY INC.

Trade name/DBA

Mailing name (if different from legal name above)

State or country of incorporation

NEW YORK

Date received (for Tax Department use only)

c/o

Number and street or PO box

17 SOUTH FRANKLIN TURNPIKE

Date of incorporation

7/17/1994

City

RAMSEY

State ZIP code

NJ 07446

Foreign corporations: date began business in NYS

NAICS business code number (see instructions)

☒ 221300

If address above is new, mark an X in the box

If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by fax or by phone. See the *Need help?* section of the instructions.

Audit (for Tax Department use only)

Principal business activity

SEWER UTILITY

### Metropolitan transportation business tax (MTA surcharge)

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-3M/4M (see Form CT-3/4-I, Instructions for Forms CT-4, CT-3, and CT-3-ATT; mark an X in the appropriate box) . . . . .

Yes ☒ No ☒ X

A Pay amount shown on line 45. Make check payable to: **New York State Corporation Tax**

Attach your payment here. Detach all check stubs.

Payment enclosed

☒ A.

259.

B Federal return filed (mark an X in one): **Attach a complete copy of your federal return.**

Form 1120 . . . . . •

Form 1120-A . . . . . • X

Form 1120S . . . . . •

Consolidated basis . . . . . •

Form 1120-H . . . . . ☒

Other: . . . . . •

C If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS. . . . . ☒

D Mark an X in the box **only if you need a tax packet** mailed to you next year (see instructions). . . . . ☒

NYCA1312L 01/30/16

Mail your return to one of the following addresses:

#### With payment

NYS CORPORATION TAX  
PROCESSING UNIT  
PO BOX 22093  
ALBANY NY 12201-2093

#### Without payment

NYS CORPORATION TAX  
PROCESSING UNIT  
PO BOX 22101  
ALBANY NY 12201-2101

If you are using a private delivery service, see the instructions for more information.

TOP OF THE WORLD WATER COMPANY INC.

14-1667571

Form CT-4 (2005) Page 2

**Computation of entire net income (ENI) base** (see instructions)

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions.	• 1.	15,509.
2	Interest on federal, state, municipal, and other obligations not included on line 1 (see instructions).	• 2.	
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock.	• 3.	
4	New York State and other state and local taxes deducted on your federal return (see instructions).	• 4.	
5	Federal depreciation from Form CT-399, if applicable (see instructions).	• 5.	
6	Add lines 1 through 5.	• 6.	15,509.
7	New York net operating loss deduction (NOLD) (attach federal and New York State computations). SEE STM 1.	• 7.	15,509.
8	Allowable New York State depreciation from Form CT-399, if applicable (see instructions).	• 8.	
9	Refund or credit of certain taxes (see instructions).	• 9.	
10	Total subtractions (add lines 7 through 9).	• 10.	15,509.
11	ENI base (subtract line 10 from line 6; show loss with a minus (-) sign; enter here and on line 21).	• 11.	
12	ENI base tax (multiply line 11 by the appropriate rate from the Tax rates schedule on Form CT-3/4-I; enter here and on line 28).	• 12.	

**Computation of capital base** (enter whole dollars for lines 13 through 18; see instructions)

	A Beginning of year	B End of year	C Average value
13 Total assets from federal return	168,927.	158,807.	163,867.
14 Real property and marketable securities included on line 13.			
15 Subtract line 14 from line 13.	168,927.	158,807.	163,867.
16 Real property and marketable securities at fair market value.			
17 Adjusted total assets (add lines 15 and 16).	168,927.	158,807.	163,867.
18 Total liabilities.	31,173.	5,544.	18,359.
19 Capital base (subtract line 18, column C, from line 17, column C).			145,508.
20 Capital base tax (see instructions).			259.

**Computation of minimum taxable income (MTI) base**

21	ENI base from line 11.	• 21.	
22	Depreciation of tangible property placed in service after 1986 (see instructions).	• 22.	0.
23	New York NOLD from line 7.	• 23.	15,509.
24	Total (add lines 21 through 23).	• 24.	15,509.
25	Alternative net operating loss deduction (ANOLD) (see instructions). SEE STATEMENT 2.	• 25.	13,958.
26	MTI base (subtract line 25 from line 24).	• 26.	1,551.
27	Tax on MTI base (multiply line 26 by 2.5% (.025); see instructions).	• 27.	39.

NYCA1312L 01/30 06

(continue if)

TOP OF THE WORLD WATER COMPANY INC.

14-1667571

Form CT-4 (2005) Page 3

**Computation of tax**

28	Tax on ENI base from line 12 .....	• 28.	0.
29	Tax on capital base from line 20 (see instructions)		
	New small business: First year • Second year • .....	• 29.	259.
30	Fixed dollar minimum tax (See Table VI in the Tax rates schedule of Form CT-3/4-I. You must enter an amount on each of lines 31, 32, and 33; see instructions) .....	• 30.	100.
31	Gross payroll .....	• 31.	0.
32	Total receipts .....	• 32.	34,942.
33	Average value of gross assets .....	• 33.	163,867.
34	Tax due (amount from line 27, 28, 29, or 30, whichever is largest; see instructions for exception) .....	■ 34.	259.

**First installment of estimated tax for next period:**

35a	If you filed a request for extension, enter amount from Form CT-5, line 2 .....	• 35a.	
35b	If you did not file Form CT-5 and line 34 is over \$1,000, enter 25% (.25) of line 34. ....	■ 35b.	
36	Add line 34 and line 35a or 35b .....	36.	259
37	Total prepayments from line 56. ....	• 37.	
38	Balance (subtract line 37 from line 36; if line 37 is more than line 36, enter 0) .....	38.	259
39	Penalty for underpayment of estimated tax (mark an X in the box if Form CT-222 is attached) .....	• 39.	0
40	Interest on late payment (see instructions) .....	• 40.	
41	Late filing and late payment penalties (see instructions) .....	• 41.	
42	Balance (add lines 38 through 41) .....	42.	259.

**Voluntary gifts/contributions (see instructions):**

43a	Amount for Return a Gift to Wildlife .....	■ 43a.	
43b	Amount for Breast Cancer Research and Education Fund .....	■ 43b.	
43c	Amount for Prostate Cancer Research, Detection, and Education Fund .....	■ 43c.	
43d	Amount for World Trade Center Memorial Foundation Fund .....	■ 43d.	
44	Total (add lines 36, 39, 40, 41, and 43a through 43d) .....	44.	259.
45	Balance due (if line 37 is less than 44, subtract line 37 from line 44. This is the amount due; enter payment here and on line A on page 1) .....	■ 45.	259.
46	Overpayment (if line 37 is more than line 44, subtract line 44 from line 37. This is your overpayment; enter here and see instructions) .....	46.	
47	Amount of overpayment to be credited to next period .....	■ 47.	
48	Balance of overpayment (subtract line 47 from line 46) .....	• 48.	
49	Amount of overpayment to be credited to Form CT-3M/4M .....	• 49.	
50	Refund of overpayment (subtract line 49 from line 48) .....	■ 50.	

**Composition of prepayments on line 37 (see instructions)**

	Date paid	Amount
51	Mandatory first installment .....	51.
52a	Second installment from Form CT-400 .....	52a.
52b	Third installment from Form CT-400 .....	52b.
52c	Fourth installment from Form CT-400 .....	52c.
53	Payment with extension request from Form CT-5, line 5 .....	53.
54	Overpayment credited from prior years. .... Period .....	54.
55	Overpayment credited from Form CT-3M/4M. .... Period .....	55.
56	Total prepayments (add lines 51 through 55; enter here and on line 37) .....	56.

TOP OF THE WORLD WATER COMPANY INC.

14-1667571

Form CT-4 (2005) Page 4

## Interest paid to shareholders

Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an X in the appropriate box) If Yes, complete the following and lines 58 through 61 (attach additional sheets if necessary) ... 57.

Yes •

No • X

Shareholder's name

SSN or EIN

Interest paid to shareholder ..... • 58.

Total indebtedness to shareholder described above ..... 59.

Total interest paid ..... • 60.

Is there written evidence of the indebtedness? (mark an X in the appropriate box) ..... 61. Yes •

No •

## Corporations organized outside New York State only:

## All stock issued and outstanding:

Value

Number of par shares ..... \$

Value

Number of no-par shares ..... \$

Total receipts entered on your federal return ..... • 64. 34,942.

Interest deducted in computing FTI (see instructions) ..... • 65.

Depreciable assets and land entered on your federal return ..... • 66. 131,351.

If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years:

If you are a member of an affiliated federal group, enter primary corporation name and EIN:

Name

EIN

If you are more than 50% owned by another corporation, enter parent corporation name and EIN:

Name

EIN

If you are claiming small business taxpayer status for lower ENI tax rates? (see Small Business taxpayer definition on Form CT-3/4-I; mark an X in the appropriate box) ..... 70. Yes • X No •

If you marked Yes on line 70, enter total capital contributions (see instrs) ..... • 71. 356,878.

If you are claiming manufacturer status for lower capital base tax limitation? (see instructions; mark an X in the appropriate box) ..... 72. Yes • No X

L 03/07/06

Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) .

Yes X

(complete the following) No

Designee's name

Designee's phone number

Personal identification number (PIN)

PREPARER

I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

If authorized person

Official title

Date

Signature of individual preparing this return

Firm's name (or yours if self-employed)

LOFTUS ROSS LLP

Address

O. BOX 4750, 111 EVERTS AVE.

State ZIP Code

NY 12804

Identification number

16-1644956

Date

2/09/07

EENSURY

44604041032

**2005****NEW YORK STATEMENTS****PAGE 1****CLIENT 8470****TOP OF THE WORLD WATER COMPANY INC.****14-1667571****STATEMENT 1  
FORM CT-4, LINE 7  
NET OPERATING LOSS DEDUCTION**

CARRYOVER GENERATED FROM YEAR END	11/30/00	\$	174,827.	
AVAILABLE FOR CARRYOVER TO 2005.....				174,827.
CARRYOVER GENERATED FROM YEAR END	11/30/01	\$	11,652.	
AVAILABLE FOR CARRYOVER TO 2005.....				11,652.
CARRYOVER GENERATED FROM YEAR END	11/30/02	\$	9,239.	
AVAILABLE FOR CARRYOVER TO 2005.....				9,239.
CARRYOVER GENERATED FROM YEAR END	11/30/03	\$	18,099.	
AVAILABLE FOR CARRYOVER TO 2005.....				18,099.
CARRYOVER GENERATED FROM YEAR END	11/30/04	\$	6,022.	
AVAILABLE FOR CARRYOVER TO 2005.....				6,022.
NET OPERATING LOSSES AVAILABLE IN 2005.....		\$		219,839.
FEDERAL NOL DEDUCTION.....				15,509.
TOTAL NET OPERATING LOSS DEDUCTION (LIMITED TO FEDERAL NOL DEDUCTION)....				<u>15,509.</u>

**STATEMENT 2  
FORM CT-4, LINE 25  
ALTERNATIVE NET OPERATING LOSS DEDUCTION**

CARRYOVER GENERATED FROM YEAR END	11/30/00	\$	174,827.	
AVAILABLE FOR CARRYOVER TO 2005.....				174,827.
CARRYOVER GENERATED FROM YEAR END	11/30/01	\$	11,652.	
AVAILABLE FOR CARRYOVER TO 2005.....				11,652.
CARRYOVER GENERATED FROM YEAR END	11/30/02	\$	9,239.	
AVAILABLE FOR CARRYOVER TO 2005.....				9,239.
CARRYOVER GENERATED FROM YEAR END	11/30/03	\$	18,099.	
AVAILABLE FOR CARRYOVER TO 2005.....				18,099.

05

## NEW YORK STATEMENTS

PAGE 2

ENT 8470

TOP OF THE WORLD WATER COMPANY INC.

14-1667571

**STATEMENT 2 (CONTINUED)**  
**FORM CT-4, LINE 25**  
**ALTERNATIVE NET OPERATING LOSS DEDUCTION**

CARRYOVER GENERATED FROM YEAR END 11/30/04	\$ 6,022.	
AVAILABLE FOR CARRYOVER TO 2005.....		6,022.
NET OPERATING LOSSES AVAILABLE IN 2005.....	\$ 219,839.	
ALTERNATIVE MINIMUM TAXABLE INCOME.....		13,958.
TOTAL NET OPERATING LOSS DEDUCTION (LIMITED TO AMTI).....		<u>13,958.</u>



Copy mailed 8/29/06  
Form **1120-A**Department of the Treasury  
Internal Revenue Service**U.S. Corporation Short-Form Income Tax Return**  
For calendar year 2004 or tax year beginning Dec 1, 2004, ending Nov 30, 2005  
See separate instructions to make sure the corporation qualifies to file Form 1120-A.

OMB No. 1545-0040

**2004****A** Check this box if the corporation is a personal service corporation (see instructions). . . . ☐**Use IRS label. Otherwise, print or type.**

Name

Top of the World Water Company Inc.

Number, street, and room or suite number. If a P.O. box, see instructions.

17 South Franklin Turnpike

City or town

Ramsey

state

NJ

ZIP code

07446

**B** Employer ID number

14-1667571

**C** Date incorporated

07/17/94

**D** Total assets (see instructions)**E** Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change**F** Check method of accounting: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) . . . ▶

\$ 168,927.

<b>I N C O M E</b>	<b>1 a</b> Gross receipts or sales . . . . .	21,162.	<b>b</b> Less returns & allowances . . . . .		<b>c</b> Balance ▶	<b>1 c</b>	21,162.
	<b>2</b> Cost of goods sold (see instructions) . . . . .					<b>2</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .					<b>3</b>	21,162.
	<b>4</b> Domestic corporation dividends subject to the 70% deduction . . . . .					<b>4</b>	
	<b>5</b> Interest . . . . .					<b>5</b>	
	<b>6</b> Gross rents . . . . .					<b>6</b>	
	<b>7</b> Gross royalties . . . . .					<b>7</b>	
	<b>8</b> Capital gain net income (attach Schedule D (Form 1120)) . . . . .					<b>8</b>	
	<b>9</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .					<b>9</b>	
	<b>10</b> Other income (see instructions — attach schedule) . . . . .					<b>10</b>	
	<b>11 Total income.</b> Add lines 3 through 10 . . . . . ▶					<b>11</b>	21,162.
<b>D E D U C T I O N S  S E E  I N S T R U C T I O N S</b>	<b>12</b> Compensation of officers (see instructions) . . . . .					<b>12</b>	
	<b>13</b> Salaries and wages (less employment credits) . . . . .					<b>13</b>	
	<b>14</b> Repairs and maintenance . . . . .					<b>14</b>	1,065.
	<b>15</b> Bad debts . . . . .					<b>15</b>	
	<b>16</b> Rents . . . . .					<b>16</b>	
	<b>17</b> Taxes and licenses . . . . .					<b>17</b>	564.
	<b>18</b> Interest . . . . .					<b>18</b>	
	<b>19</b> Charitable contributions (see instructions for 10% limitation) . . . . .					<b>19</b>	
	<b>20</b> Depreciation (attach Form 4562) . . . . .	<b>20</b>	11,232.				
	<b>21</b> Less depreciation claimed elsewhere on return . . . . .	<b>21 a</b>				<b>21 b</b>	11,232.
	<b>22</b> Other deductions (attach schedule) . . . . . See Other Deductions Statement . . . . .					<b>22</b>	7,851.
<b>23 Total deductions.</b> Add lines 12 through 22. . . . . ▶					<b>23</b>	20,712.	
<b>24</b> Taxable income before net operating loss deduction & special deductions. Subtract line 23 from line 11 . . . . .					<b>24</b>	450.	
<b>25 Less: a</b> Net operating loss deduction (see instructions) . . . . .	<b>25 a</b>	450.					
<b>b</b> Special deductions (see instructions) . . . . .	<b>25 b</b>				<b>25 c</b>	450.	
<b>26 Taxable income.</b> Subtract line 25c from line 24 . . . . .					<b>26</b>	0.	
<b>27 Total tax</b> (page 2, Part I, line 5) . . . . .					<b>27</b>		
<b>T A X  A N D  P A Y M E N T S</b>	<b>28 Payments:</b>						
	<b>a</b> 2003 overpayment credited to 2004 . . . . .	<b>28 a</b>					
	<b>b</b> 2004 estimated tax payments . . . . .	<b>28 b</b>					
	<b>c</b> Less 2004 refund applied for on Form 4466 . . . . .	<b>28 c</b>				<b>d</b> Bal ▶	<b>28 d</b>
	<b>e</b> Tax deposited with Form 7004 . . . . .					<b>28 e</b>	
	<b>f</b> Credit for tax paid on undistributed capital gains (attach Form 2439) . . . . .					<b>28 f</b>	
	<b>g</b> Credit for Federal tax on fuels (attach Form 4136). See instructions. . . . .					<b>28 g</b>	
	<b>h Total payments.</b> Add lines 28d through 28g . . . . .					<b>28 h</b>	
	<b>29</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . ▶ <input type="checkbox"/>					<b>29</b>	
	<b>30 Tax due.</b> If line 28h is smaller than the total of lines 27 and 29, enter amount owed . . . . .					<b>30</b>	
	<b>31 Overpayment.</b> If line 28h is larger than the total of lines 27 and 29, enter amount overpaid . . . . .					<b>31</b>	
<b>32</b> Enter amount of line 31 you want: <b>Credited to 2005 estimated tax.</b> ▶ <b>Refunded</b> ▶					<b>32</b>		

**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 instrs)? ☐ Yes ☐ No

Preparer's signature

Date

Check if self-employed . . . ☐

Preparer's SSN or PTIN

**Paid Preparer's Use Only**

Firm's name (or yours if self-employed), address, and ZIP code

Bernard James O'Connor, PA

189 N Franklin Tpke

Ramsey

NJ 07446

EIN

Phone no.

**Tax Computation** (see instructions)

1	Income tax. If the corporation is a qualified personal service corporation (see instructions), check here	<input type="checkbox"/>	1
2	General business credit. Check box(es) and indicate which forms are attached. <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____		2
3	Subtract line 2 from line 1.		3
4	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"/> Other (attach schedule)		4
5	Total tax. Add lines 3 and 4. Enter here and on page 1, line 27.		5

**Other Information** (see instructions)

1	Refer to the instructions and enter the: a Business activity code no. <u>221300</u> b Business activity <u>SEWER UTILITY</u> c Product or service <u>SERVICE</u>	5a	If an amount is entered on page 1, line 2, enter from worksheet in the instructions: (1) Purchases (2) Additional 263A costs (attach schedule) (3) Other costs (attach sch)
2	At the end of the tax year, did any individual, partnership, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see Section 267(c).) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' attach a schedule showing name and identifying number. See Ques 2 Stmt	b	If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Enter the amount of tax-exempt interest received or accrued during the tax year <u>\$</u>	6	At any time during the 2004 calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' the corporation may have to file Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country.
4	Enter total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year <u>\$</u>	7	Are the corporation's total receipts (line 1a plus lines 4 - 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' the corporation is not required to complete Parts III and IV below.

**Balance Sheets per Books**

	(a) Beginning of tax year	(b) End of tax year
1 Cash	9,362.	21,219.
2a Trade notes and accounts receivable	3,975.	3,975.
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)	965.	965.
7 Loans to shareholders		
8 Mortgage and real estate loans		
9a Depreciable, depletable, and intangible assets	360,793.	360,618.
b Less accumulated depreciation, depletion, and amortization	209,618.	220,850.
10 Land (net of any amortization)	3,000.	3,000.
11 Other assets (attach schedule)		
12 Total assets	168,477.	168,927.
13 Accounts payable	2,206.	2,206.
14 Other current liabilities (attach schedule)	86.	86.
15 Loans from shareholders		
16 Mortgages, notes, bonds payable		
17 Other liabilities (attach schedule)	28,881.	28,881.
18 Capital stock (preferred and common stock)	10.	10.
19 Additional paid-in capital	356,868.	356,868.
20 Retained earnings	-219,574.	-219,124.
21 Adjustments to shareholders' equity (attach sch)		
22 Less cost of treasury stock		
23 Total liabilities and shareholders' equity	168,477.	168,927.

**Reconciliation of Income (Loss) per Books With Income per Return**

1	Net income (loss) per books	450.	6	Income recorded on books this year not included on this return (itemize)	
2	Federal income tax per books	0.	7	Deductions on this return not charged against book inc this yr (itemize)	
3	Excess of capital losses over capital gains		8	Income (page 1, line 24). Enter the sum of lines 1 through 5 less the sum of lines 6 and 7	450.
4	Income subject to tax not recorded on books this year (itemize)				
5	Expenses recorded on books this year not deducted on this return (itemize)				

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
**(Including Information on Listed Property)**▶ See separate instructions.  
▶ Attach to your tax return.

OMB No. 1545-0172

**2004****67**

Name(s) shown on return

Top of the World Water Company Inc.

Identifying number

14-1667571

Business or activity to which this form relates

Form 1120 Line 20

**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 instructions for a higher limit for certain businesses . . . . .	1	\$102,000.
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	\$410,000.
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 2003 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 2005. 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.

**Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election (see instructions) . . . . .	15	
16	Other depreciation (including ACRS) (see instructions) . . . . .	16	9,806.

**MACRS Depreciation (Do not include listed property.) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004 . . . . .	17	1,306.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		

**Section B — Assets Placed in Service During 2004 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 . . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C — Assets Placed in Service During 2004 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	

**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	11,202.
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	

**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 instructions for limits for passenger automobiles.)**

**24 a** Do you have evidence to support the business/investment use claimed? . . . . . **Yes** **No** **24 b** If 'Yes,' is the evidence written? . . . . . **Yes** **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
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use (see instructions):								
<b>27</b> Property used 50% or less in a qualified business use (see instructions):								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

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

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners. . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> 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.

**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
<b>42</b> Amortization of costs that begins during your 2004 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2004 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report . . . . .					<b>44</b>

Form 1120-A, Page 1, Line 22

**Other Deductions Statement**

Legal and professional	4,446.
Utilities	1,905.
MANAGEMENT FEES	1,500.
Total	7,851.

Form 1120-A, Page 2, Part II, Question 2

**Ques 2 Stmt**

Name . . . . . JAMES H FEENEY III  
Identifying number . . . . . 026-38-5413



CT-3

New York State Department of Taxation and Finance

# General Business Corporation Franchise Tax Return

Tax Law - Article 9-A

Staple forms here

Final return ☐Amended return ☐

All filers must enter tax period:

beginning ☐ 12-01-04ending ☐ 11-30-05

Employer identification number <b>14-1667571</b>	File number	Business telephone number <b>201-825-9090</b>	If you have any subsidiaries incorporated outside NYS, mark an X in the box <input type="checkbox"/>	If you claim an overpayment, mark X in box <input type="checkbox"/>
Legal name of corporation <b>TOP OF THE WORLD WATER COMPANY</b>		Trade name/DBA		
Mailing name (if different from legal name above) c/o		State or country of incorporation <b>NY</b>	Date rec'd (for Tax Dept use only)	
Number and street or PO box <b>17 SOUTH FRANKLIN TURNPIKE</b>		Date of incorporation <b>07-17-94</b>		
City <b>RAMSEY</b>	State <b>NJ</b>	ZIP code <b>07446</b>	Foreign corporations: date began business in NYS	
NAICS business code number (see instructions) <b>221300</b>	If address above is new, mark an X in the box <input type="checkbox"/>	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by fax, or by phone. See the Need help? section of the instructions.		Audit (for Tax Dept use only)
Principal business activity <b>SEWER ULILITY</b>				

**Metropolitan transportation business tax (MTA surcharge)** - During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-3M/4M (see Form CT-3/4-I, Instructions for Forms CT-4, CT-3, and CT-3-ATT; mark an X in the appropriate box).

Yes ☐ No ☒

**A** Pay amount shown on line 93. Make check payable to: **New York State Corporation Tax**

← Attach your payment here. Detach all check stubs.

Payment enclosed

A.

245

**B** Federal return filed: (mark an X in one)

Attach a complete copy of your federal return.

Form 1120 ☐Form 1120-A ☒Form 1120S ☐Consolidated basis ☐Other: ☐

**C** If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS ☐

**D New:** Mark an X in the box only if you need a tax packet mailed to you next year. If you do not mark the box, we will send you a notice instead of a packet (see instructions). ☐

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of authorized person		Official title		Date
				8/20/06
Signature of individual preparing this return		Firm's name (or yours if self-employed)		
		BERNARD JAMES O'CONNOR, PA		
Address		City	State	Zip Code
189 N FRANKLIN TPKE		RAMSEY	NJ	07446
Identification number		Date		

## Need Help?

**Internet access:** [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)

**Fax-on-demand forms:** 1 800 748-3676

**Business Tax Information Center:** 1 800 972-1233

From areas outside the U.S. and outside Canada: (518) 485-6800

**Hearing and speech impaired** (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110

Mail your return to one of the following addresses:

### With payment

NYS CORPORATION TAX  
PROCESSING UNIT  
PO BOX 1909  
ALBANY NY 12201-1909

### Without payment

NYS CORPORATION TAX  
PROCESSING UNIT  
PO BOX 22095  
ALBANY NY 12201-2095

If you are using a private delivery service, see the instructions for more information.

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TOP OF THE WORLD WATER COMPANY INC.

14-1667571

Form CT-3 (2004) Page 2

**Computation of entire net income (ENI) base** (see instructions)

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions	1.	450.
2	Interest on federal, state, municipal, and other obligations not included on line 1 (see instructions)	2.	
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	3.	
4a	Interest deductions directly attributable to subsidiary capital	4a.	0.
4b	Noninterest deductions directly attributable to subsidiary capital	4b.	0.
5a	Interest deductions indirectly attributable to subsidiary capital	5a.	0.
5b	Noninterest deductions indirectly attributable to subsidiary capital	5b.	0.
6	New York State and other state and local taxes deducted on your fed return (see inst)	6.	
7	Federal depreciation from Form CT-399, if applicable (see instructions)	7.	
8	Other additions (attach list; see instructions)	8.	
9	Add lines 1 through 8	9.	450.
10	Income from subsidiary capital (from Form CT-3-ATT, line 26)	10.	
11	Fifty percent of dividends from nonsubsidiary corporations (see instr.)	11.	
12	Foreign dividends gross-up not included on lines 10 and 11	12.	
13	New York net operating loss deduction (NOLD) (attach federal and New York State computations)	13.	
14	Allowable New York State depreciation from Form CT-399, if applicable (see instructions)	14.	
15	Other subtractions (attach list; see instructions)	15.	
16	Total subtractions (add lines 10 through 15)	16.	
17	ENI (subtract line 16 from line 9; show loss with a minus (-) sign; enter here and on line 42)	17.	450.
18	Investment income before allocation (from Form CT-3-ATT, line 22, but not more than line 17 above)	18.	0.
19	Business income before allocation (subtract line 18 from line 17)	19.	450.
20	Allocated investment income (multiply line 18 by 100.0000 % from Form CT-3-ATT, line 5)	20.	0.
21	Allocated business income (multiply line 19 by 100.0000 % from line 119, 121, or 141)	21.	450.
22	Total allocated income (add lines 20 and 21)	22.	450.
23	Optional depreciation adjustments (attach Form CT-324; enter here and on line 69)	23.	
24	ENI base (line 22 plus or minus line 23)	24.	450.
25	ENI base tax (multiply line 24 by the appropriate rate from the Tax rates schedule on Form CT-3/4-I; enter here and on line 72)	25.	31.

**Computation of capital base** (enter whole dollars for lines 26 through 31; see instructions)

	A Beginning of year	B End of year	C Average value
26 Total assets from federal return	26. 168,477.	168,927.	168,702.
27 Real property and marketable securities included on line 26	27.		
28 Subtract line 27 from line 26	28. 168,477.	168,927.	168,702.
29 Real property and marketable securities at fair market value	29.		
30 Adjusted total assets (add lines 28 and 29)	30. 168,477.	168,927.	168,702.
31 Total liabilities	31. 31,173.	31,173.	31,173.
32 Total capital (subtract line 31, column C, from line 30, column C)	32.		137,529.
33 Subsidiary capital (from Form CT-3-ATT, Schedule C, Part II, line 28; if none, enter 0)	33.		0.
34 Business and investment capital (subtract line 33 from line 32)	34.		137,529.
35 Investment capital (from Form CT-3-ATT, Schedule B, Part I, line 7, column E; if none, enter 0)	35.		0.
36 Business capital (subtract line 35 from line 34)	36.		137,529.
37 Allocated investment capital (multiply line 35 by 100.0000 % from Form CT-3-ATT, line 5)	37.		0.
38 Allocated business capital (multiply line 36 by 100.0000 % from line 119, 121, or 141)	38.		137,529.
39 Capital base (add lines 37 and 38)	39.		137,529.
40 Capital base tax (multiply line 39 by .00178; enter here and on line 73)	40.		245.
41 Issuer's allocation percentage (see instructions)	41. 100.0000 %		NYCA0112 11/17/04

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**Computation of minimum taxable income (MTI) base**

<b>42</b>	ENI from line 17 . . . . .	<b>42.</b>	450 .		
<b>Adjustments (see instructions)</b>					
<b>43</b>	Depreciation of tangible property placed in service after 1986 (see instructions) . . . . .	<b>43.</b>	0 .		
<b>44</b>	Amortization of mining exploration and development costs paid or incurred after 1986 . . . . .	<b>44.</b>	0 .		
<b>45</b>	Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only) . . . . .	<b>45.</b>	0 .		
<b>46</b>	Basis adjustments in determining gain or loss from sale or exchange of property . . . . .	<b>46.</b>	0 .		
<b>47</b>	Long term contracts entered into after February 28, 1986 . . . . .	<b>47.</b>	0 .		
<b>48</b>	Installment sales of certain property . . . . .	<b>48.</b>	0 .		
<b>49</b>	Merchant marine capital construction funds . . . . .	<b>49.</b>	0 .		
<b>50</b>	Passive activity loss (closely held and personal service corporations only) . . . . .	<b>50.</b>	0 .		
<b>51</b>	Add lines 42 through 50 . . . . .	<b>51.</b>	450 .		
<b>Tax preference items (see instructions)</b>					
<b>52</b>	Depletion . . . . .	<b>52.</b>	0 .		
<b>53</b>	Appreciated property charitable deduction . . . . .	<b>53.</b>			
<b>54</b>	Intangible drilling costs . . . . .	<b>54.</b>	0 .		
<b>55</b>	Add lines 51 through 54 . . . . .	<b>55.</b>	450 .		
<b>56</b>	New York NOLD from line 13 . . . . .	<b>56.</b>			
<b>57</b>	Add lines 55 and 56 . . . . .	<b>57.</b>	450 .		
<b>58</b>	Alternative net operating loss deduction (ANOLD) (see instructions) . . . . .	<b>58.</b>			
<b>59</b>	MTI (subtract line 58 from line 57) . . . . .	<b>59.</b>	450 .		
<b>60</b>	Investment income before apportioned NOLD (add line 18 and Form CT-3-ATT, line 21) . . . . .	<b>60.</b>	0 .		
<b>61</b>	Investment income not included in ENI but included in MTI . . . . .	<b>61.</b>			
<b>62</b>	Investment income before apportioned ANOLD (add lines 60 and 61) . . . . .	<b>62.</b>	0 .		
<b>63</b>	Apportioned New York ANOLD (see instructions) . . . . .	<b>63.</b>	0 .		
<b>64</b>	Alternative investment income before allocation (subtract line 63 from line 62) . . . . .	<b>64.</b>	0 .		
<b>65</b>	Alternative business income before allocation (subtract line 64 from line 59) . . . . .	<b>65.</b>	450 .		
<b>66</b>	Allocated alternative business income (multiply line 65 by <table border="1"><tr><td>100 . 0000</td><td>%</td></tr></table> from line 119, 121, or 161) . . . . .	100 . 0000	%	<b>66.</b>	450 .
100 . 0000	%				
<b>67</b>	Allocated alternative investment income (multiply line 64 by <table border="1"><tr><td>100 . 0000</td><td>%</td></tr></table> from Form CT-3-ATT, line 5) . . . . .	100 . 0000	%	<b>67.</b>	0 .
100 . 0000	%				
<b>68</b>	Allocated MTI (add lines 66 and 67) . . . . .	<b>68.</b>	450 .		
<b>69</b>	Optional depreciation adjustments from line 23 . . . . .	<b>69.</b>			
<b>70</b>	MTI base (line 68 plus or minus line 69) . . . . .	<b>70.</b>	450 .		
<b>71</b>	Tax on MTI base (multiply line 70 by 2.5%) . . . . .	<b>71.</b>	11 .		

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**Computation of tax**

72	Tax on ENI base from line 25 . . . . .	72.	31.
73	Tax on capital base from line 40 (New small business: First year <input type="checkbox"/> Second year <input type="checkbox"/> ) . . . . .	73.	245.
You must enter an amount on lines 74a, 74b, and 74c below; if none, enter 0.			
74a	Gross payroll . . . . .	74a.	0.
74b	Total receipts . . . . .	74b.	21,162.
74c	Average value of gross assets . . . . .	74c.	168,702.
74d	Fixed dollar minimum tax (see instructions) . . . . .	74d.	100.
75	Amount from line 71, 72, 73, or 74d, whichever is largest (see instructions for exception) . . . . .	75.	245.
76	Subsidiary capital base from Form CT-3-ATT, line 31 . . . . .	76.	
77	Subsidiary capital base tax from Form CT-3-ATT, line 32 . . . . .	77.	
78	Tax due before credits (see instructions) . . . . .	78.	245.
79	Tax credits (from line 100a; attach appropriate form for each credit claimed) . . . . .	79.	
80	Balance (subtract line 79 from line 78; if line 79 is more than line 78, enter 0) . . . . .	80.	245.
81	Amount from line 71 or 74d, whichever is larger . . . . .	81.	100.
82	Tax due (see instructions) . . . . .	82.	245.
<b>First installment of estimated tax for next period:</b>			
83a	If you filed a request for extension, enter amount from Form CT-5, line 2 . . . . .	83a.	
83b	If you did not file Form CT-5 and line 82 is over \$1,000, see instructions for entry amount . . . . .	83b.	
84	Add line 82 and line 83a or 83b . . . . .	84.	245.
85	Total prepayments from line 106 . . . . .	85.	
86	Balance (subtract line 85 from line 84; if line 85 is more than line 84, enter 0) . . . . .	86.	245.
87	Penalty for underpayment of estimated tax (mark an X in the box if Form CT-222 is attached) . . . . . <input type="checkbox"/>	87.	0.
88	Interest on late payment (see instructions) . . . . .	88.	
89	Late filing and late payment penalties (see instructions) . . . . .	89.	
90	Balance (add lines 86 through 89) . . . . .	90.	245.
<b>Voluntary gifts/contributions (see instructions)</b>			
91a	Amount for Return a Gift to Wildlife . . . . .	91a.	
91b	Amount for Breast Cancer Research and Education Fund . . . . .	91b.	
91c	Amount for Prostate Cancer Research, Detection, and Education Fund . . . . .	91c.	
92	Total (add lines 84, 87, 88, 89, 91a, 91b, and 91c) . . . . .	92.	245.
93	Balance due (if line 85 is less than line 92, subtract line 85 from line 92. This is the amount due; enter payment here and on line A on page 1) . . . . .	93.	245.
94	Overpayment (if line 85 is more than line 92, subtract line 92 from line 85. This is your overpayment; enter here and see instructions) . . . . .	94.	0.
95	Amount of overpayment to be credited to next period . . . . .	95.	
96	Balance of overpayment (subtract line 95 from line 94) . . . . .	96.	
97	Amount of overpayment to be credited to Form CT-3M/4M . . . . .	97.	
98	Refund of overpayment (subtract line 97 from line 96) . . . . .	98.	
99a	Refund of unused tax credits (see instructions and attach appropriate forms) . . . . .	99a.	
99b	Tax credits to be credited as an overpayment to next year's return (see instructions and attach appropriate forms) . . . . .	99b.	

**Summary of credits claimed on line 79 against current year's franchise tax** (see instructions for lines 79, 99a, 99b, 100a, and 100b)

Form CT-38, line 25 . . . . .	<input type="text"/>	Form CT-249 . . . . .	<input type="text"/>	Form CT-605 . . . . .	<input type="text"/>
Form CT-40 . . . . .	<input type="text"/>	Form CT-250 . . . . .	<input type="text"/>	Servicing mortgages credit. . . . .	<input type="text"/>
Form CT-41 . . . . .	<input type="text"/>	Form CT-601 . . . . .	<input type="text"/>	Form DTF-621. . . . .	<input type="text"/>
Form CT-43 . . . . .	<input type="text"/>	Form CT-601.1 . . . . .	<input type="text"/>	Form DTF-622. . . . .	<input type="text"/>
Form CT-44 . . . . .	<input type="text"/>	Form CT-602 . . . . .	<input type="text"/>	Form DTF-623. . . . .	<input type="text"/>
Form CT-46 . . . . .	<input type="text"/>	Form CT-603 . . . . .	<input type="text"/>	Form DTF-624. . . . .	<input type="text"/>
Form CT-47 . . . . .	<input type="text"/>	Form CT-604, line 33 . . . . .	<input type="text"/>	Form DTF-630. . . . .	<input type="text"/>
Form CT-248 . . . . .	<input type="text"/>	Form CT-604, line 47 . . . . .	<input type="text"/>	Other credits. . . . .	<input type="text"/>

If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an **X** in the box ☐

**100 a** Total tax credits claimed above (enter here and on line 79; attach form or statement for each tax credit claimed) . . . . . **100a.**

**100 b** Total tax credits above that are refund eligible (see instructions) . . . . . **100b.**

**Composition of prepayments on line 85** (see instructions)

	Date paid	Amount
<b>101</b> Mandatory first installment . . . . .	<b>101.</b>	<input type="text"/>
<b>102 a</b> Second installment from Form CT-400 . . . . .	<b>102a.</b>	<input type="text"/>
<b>102 b</b> Third installment from Form CT-400 . . . . .	<b>102b.</b>	<input type="text"/>
<b>102 c</b> Fourth installment from Form CT-400 . . . . .	<b>102c.</b>	<input type="text"/>
<b>103</b> Payment with extension request from Form CT-5, line 5 . . . . .	<b>103.</b>	<input type="text"/>
<b>104</b> Overpayment credited from prior years . . . . .	<input type="text"/>	<b>104.</b>
<b>105</b> Overpayment credited from Form CT-3M/4M . . . . .	<input type="text"/>	<b>105.</b>
<b>106</b> Total prepayments (add lines 101 through 105; enter here and on line 85) . . . . .	<b>106.</b>	<input type="text"/>

**107** If you are a member of an affiliated federal group, enter primary corporation name and EIN:

Name	EIN
<input type="text"/>	<input type="text"/>

If you are more than 50% owned by another corporation, enter parent corporation name and EIN:

Name	EIN
<input type="text"/>	<input type="text"/>

**Interest paid to shareholders**

<b>108</b> Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an <b>X</b> in the appropriate box) If Yes, complete the following and line 109 (attach additional sheets if necessary) . . . . .			<b>108.</b> Yes • <input type="checkbox"/> No • <input checked="" type="checkbox"/>
Shareholder's name		SSN or EIN	
Interest paid to shareholder	Total indebtedness to shareholder described above	• Total interest paid	
<b>109</b> Is there written evidence of the indebtedness? (mark an <b>X</b> in the appropriate box). . . . .			<b>109.</b> Yes • <input type="checkbox"/> No • <input type="checkbox"/>
<b>110</b> Interest deducted in computing FTI on line 1 of this form . . . . .			<b>110.</b>
<b>111</b> If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years. . . . .			<b>111.</b>

**Schedule A, Part I – Computation of business allocation percentage for aviation corporations**

	A New York State	B Everywhere	
<b>112 a</b> Revenue aircraft arrivals and departures . . . . .	<b>112a.</b>	•	
<b>112 b</b> Adjustment per Tax Law section 210.3(a)(7)(A) . . . . .	<b>112b.</b>	. 60	
<b>112 c</b> Adjusted New York State revenue aircraft arrivals and departures (multiply line 112a, column A, by line 112b) . . . . .	<b>112c.</b>		
<b>113</b> New York State percentage (divide line 112c by line 112a, column B) . . . . .			<b>113.</b> %
<b>114 a</b> Revenue tons handled . . . . .	<b>114a.</b>	•	
<b>114 b</b> Adjustment per Tax Law section 210.3(a)(7)(A) . . . . .	<b>114b.</b>	. 60	
<b>114 c</b> Adjusted New York State revenue tons handled (multiply line 114a, column A, by line 114b) . . . . .	<b>114c.</b>		
<b>115</b> New York State percentage (divide line 114c by line 114a, column B) . . . . .			<b>115.</b> %
<b>116 a</b> Originating revenue. . . . .	<b>116a.</b>	•	
<b>116 b</b> Adjustment per Tax Law section 210.3(a)(7)(A) . . . . .	<b>116b.</b>	. 60	
<b>116 c</b> Adjusted New York State originating revenue (multiply line 116a, column A, by line 116b) . . . . .	<b>116c.</b>		
<b>117</b> New York State percentage (divide line 116c by line 116a, column B) . . . . .			<b>117.</b> %
<b>118</b> Total (add lines 113, 115, and 117) . . . . .			<b>118.</b> %
<b>119</b> New York allocation percentage (divide line 118 by three; use to compute lines 21, 38, and 66, and Form CT-38, line 6) . . . . .			<b>119.</b> %

TOP OF THE WORLD WATER COMPANY INC.

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Form CT-3 (2004)

Page 7

**Schedule A, Part II – Computation of business allocation percentage for trucking and railroad corporations**

	A New York State	B Everywhere
120 Revenue miles . . . . .	120.	
121 New York State allocation percentage (divide line 120, column A, by line 120, column B; use to compute lines 21, 38, and 66, and Form CT-38, line 6) . . . . .	121.	%

**Schedule A, Part III – Computation of business allocation percentage**Did you make an election to use fair market value in your property factor? (mark an X in the appropriate box) . . . . . Yes ☐ No ☐If this is your first tax year, are you making the election to use fair market value in your property factor? (mark an X in the appropriate box) . . . . . Yes ☐ No ☐**Average value of property (see instructions)**

	A New York State	B Everywhere
122 Real estate owned . . . . .	122.	
123 Real estate rented . . . . .	123.	
124 Inventories owned . . . . .	124.	
125 Tangible personal property owned . . . . .	125.	
126 Tangible personal property rented . . . . .	126.	
127 Total (add lines 122 through 126) . . . . .	127.	
128 New York State property factor (divide line 127, column A, by line 127, column B) . . . . .	128.	%

**Receipts in the regular course of business from:**

129 Sales of tangible personal property allocated to New York State . . . . .	129.	
130 All sales of tangible personal property . . . . .	130.	
131 Services performed . . . . .	131.	
132 Rentals of property . . . . .	132.	
133 Royalties . . . . .	133.	
134 Other business receipts . . . . .	134.	
135 Total (add lines 129 through 134) . . . . .	135.	
136 New York State receipts factor (divide line 135, column A, by line 135, column B) . . . . .	136.	%
137 Additional receipts factor (enter factor from line 136) . . . . .	137.	%

**Payroll**

138 Wages and other compensation of employees, except general executive officers . . . . .	138.	
139 New York State payroll factor (divide line 138, column A, by line 138, column B) . . . . .	139.	%
140 Total New York State factors (add lines 128, 136, 137, and 139) . . . . .	140.	%
141 Business allocation percentage (divide line 140 by four or by the number of factors; enter here and in the boxes on line 21 and line 38; see example in instructions) . . . . .	141.	%

NYCA0178 07/3 1/04

TOP OF THE WORLD WATER COMPANY INC.

14-1667571

Form CT-3 (2004)

Page 8

**Schedule A, Part IV – Computation of alternative business allocation percentage for MTI base**

		A New York State	B Everywhere
<b>Average value of property (see instructions)</b>			
142	Real estate owned . . . . .	142.	
143	Real estate rented . . . . .	143.	
144	Inventories owned . . . . .	144.	
145	Tangible personal property owned . . . . .	145.	
146	Tangible personal property rented . . . . .	146.	
147	Total (add lines 142 through 146) . . . . .	147.	
148	New York State property factor (divide line 147, column A, by line 147, column B) . . . . .		148. $\frac{1}{2}$
<b>Receipts in the regular course of business from:</b>			
149	Sales of tangible personal property allocated to New York State . . . . .	149.	
150	All sales of tangible personal property . . . . .	150.	
151	Services performed . . . . .	151.	
152	Rentals of property . . . . .	152.	
153	Royalties . . . . .	153.	
154	Other business receipts . . . . .	154.	
155	Total (add lines 149 through 154) . . . . .	155.	
156	New York State receipts factor (divide line 155, column A, by line 155, column B) . . . . .		156. $\frac{1}{2}$
157	Additional receipts factor (enter factor from line 156) . . . . .		157. $\frac{1}{2}$
<b>Payroll</b>			
158	Wages and other compensation of employees, except general executive officers . . . . .	158.	
159	New York State payroll factor (divide line 158, column A, by line 158, column B) . . . . .		159. $\frac{1}{2}$
160	Total New York State factors (add lines 148, 156, 157, and 159) . . . . .		160. $\frac{1}{2}$
161	Alternative business allocation percentage (divide line 160 by four or by the number of factors; enter here and in the box on line 66 and on Form CT-38, line 6) . . . . .		161. $\frac{1}{2}$

162	Are you claiming small business taxpayer status for lower ENI tax rates? (see Small business taxpayer definition on Form CT-3/4-I; mark an X in the appropriate box) . . . . .	162.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
163	If you marked Yes on line 162, enter total capital contributions (see worksheet in instructions) . . . . .	163.	356,873.

**Corporations organized outside New York State: Complete the following for capital stock issued and outstanding.**

Number of par shares	Value	Number of no-par shares	Value
	\$		\$

NYCA0178 11/17/04

41908041030

Form **1120-A**Department of the Treasury  
Internal Revenue Service**U.S. Corporation Short-Form Income Tax Return**

For calendar year 2004 or tax year beginning Dec 1, 2004, ending Nov 30, 2005

See separate instructions to make sure the corporation qualifies to file Form 1120-A.

OMB No. 1545-0040

**2004**A Check this box if the corporation is a personal service corporation (see instructions). . . . ☐

Use IRS label. Otherwise, print or type.

Name

Top of the World Water Company Inc.

Number, street, and room or suite number. If a P.O. box, see instructions.

17 South Franklin Turnpike

City or town

state

ZIP code

Ramsey

NJ

07446

B Employer ID number

14-1667571

C Date incorporated

07/17/94

D Total assets (see instructions)

\$ 168,927.

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address changeF Check method of accounting: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) . . . ▶

INCOME	1 a	Gross receipts or sales . . . . .	21,162.	b	Less returns & allowances . . . . .		c	Balance ▶	1 c	21,162.
	2	Cost of goods sold (see instructions) . . . . .		2					2	
	3	Gross profit. Subtract line 2 from line 1c . . . . .		3					3	21,162.
	4	Domestic corporation dividends subject to the 70% deduction . . . . .		4					4	
	5	Interest . . . . .		5					5	
	6	Gross rents . . . . .		6					6	
	7	Gross royalties . . . . .		7					7	
	8	Capital gain net income (attach Schedule D (Form 1120)) . . . . .		8					8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .		9					9	
	10	Other income (see instructions — attach schedule) . . . . .		10					10	
	11	<b>Total income.</b> Add lines 3 through 10 . . . . . ▶		11					11	21,162.
DEDUCTIONS	12	Compensation of officers (see instructions) . . . . .		12					12	
	13	Salaries and wages (less employment credits) . . . . .		13					13	
	14	Repairs and maintenance . . . . .		14					14	1,065.
	15	Bad debts . . . . .		15					15	
	16	Rents . . . . .		16					16	
	17	Taxes and licenses . . . . .		17					17	564.
	18	Interest . . . . .		18					18	
	19	Charitable contributions (see instructions for 10% limitation) . . . . .		19					19	
	20	Depreciation (attach Form 4562) . . . . .		20		11,232.			20	
	21	Less depreciation claimed elsewhere on return . . . . .		21 a					21 b	11,232.
	22	Other deductions (attach schedule). See Other Deductions Statement . . . . .		22					22	7,851.
23	<b>Total deductions.</b> Add lines 12 through 22. . . . . ▶		23					23	20,712.	
24	Taxable income before net operating loss deduction & special deductions. Subtract line 23 from line 11 . . . . .		24					24	450.	
25	<b>Less:</b> a Net operating loss deduction (see instructions) . . . . .		25 a		450.			25 c	450.	
	b Special deductions (see instructions) . . . . .		25 b					25 c	450.	
TAX AND PAYMENTS	26	<b>Taxable income.</b> Subtract line 25c from line 24 . . . . .		26					26	0.
	27	<b>Total tax</b> (page 2, Part I, line 5) . . . . .		27					27	
	28	<b>Payments:</b>		28					28	
	a	2003 overpayment credited to 2004 . . . . .	28 a							
	b	2004 estimated tax payments . . . . .	28 b							
	c	Less 2004 refund applied for on Form 4466 . . . . .	28 c							
	d	<b>Total payments.</b> Add lines 28d through 28g . . . . .	28 d					28 h		
	e	Tax deposited with Form 7004 . . . . .	28 e							
	f	Credit for tax paid on undistributed capital gains (attach Form 2439) . . . . .	28 f							
	g	Credit for Federal tax on fuels (attach Form 4136). See instructions. . . . .	28 g							
	29	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . ▶ <input type="checkbox"/>	29					29		
30	<b>Tax due.</b> If line 28h is smaller than the total of lines 27 and 29, enter amount owed . . . . .	30					30			
31	<b>Overpayment.</b> If line 28h is larger than the total of lines 27 and 29, enter amount overpaid . . . . .	31					31			
32	Enter amount of line 31 you want: <b>Credited to 2005 estimated tax.</b> ▶ <b>Refunded</b> ▶	32					32			

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 instrs)? ☐ Yes ☐ No

Preparer's signature

Date

Check if self-employed . . . ☐

Preparer's SSN or PTIN

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code

Bernard James O'Connor, PA

189 N Franklin Tpke

Ramsey

NJ 07446

Phone no.

**Tax Computation** (see instructions)

1	Income tax. If the corporation is a qualified personal service corporation (see instructions), check here	<input type="checkbox"/>	1
2	General business credit. Check box(es) and indicate which forms are attached. <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____		2
3	Subtract line 2 from line 1.		3
4	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"/> Other (attach schedule)		4
5	Total tax. Add lines 3 and 4. Enter here and on page 1, line 27.		5

**Other Information** (see instructions)

1	Refer to the instructions and enter the: a Business activity code no. <u>221300</u> b Business activity <u>SEWER UTILITY</u> c Product or service <u>SERVICE</u>	5a	If an amount is entered on page 1, line 2, enter from worksheet in the instructions: (1) Purchases _____ (2) Additional 263A costs (attach schedule) _____ (3) Other costs (attach sch) _____
2	At the end of the tax year, did any individual, partnership, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see Section 267(c).) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' attach a schedule showing name and identifying number. See Ques 2 Stmt	b	If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Enter the amount of tax-exempt interest received or accrued during the tax year <u>\$</u>	6	At any time during the 2004 calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' the corporation may have to file Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country. _____
4	Enter total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year <u>\$</u>	7	Are the corporation's total receipts (line 1a plus lines 4 - 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' the corporation is <b>not</b> required to complete Parts III and IV below.

**Balance Sheets per Books**

	(a) Beginning of tax year	(b) End of tax year
<b>ASSETS</b>		
1 Cash	9,362.	21,219.
2a Trade notes and accounts receivable	3,975.	3,975.
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)	965.	965.
7 Loans to shareholders		
8 Mortgage and real estate loans		
9a Depreciable, depletable, and intangible assets	360,793.	360,618.
b Less accumulated depreciation, depletion, and amortization	209,618.	220,850.
10 Land (net of any amortization)	3,000.	3,000.
11 Other assets (attach schedule)		
12 Total assets	168,477.	168,927.
<b>SHAREHOLDERS' LIABILITIES AND EQUITY</b>		
13 Accounts payable	2,206.	2,206.
14 Other current liabilities (attach schedule)	86.	86.
15 Loans from shareholders		
16 Mortgages, notes, bonds payable		
17 Other liabilities (attach schedule)	28,881.	28,881.
18 Capital stock (preferred and common stock)	10.	10.
19 Additional paid-in capital	356,868.	356,868.
20 Retained earnings	-219,574.	-219,124.
21 Adjustments to shareholders' equity (attach sch)		
22 Less cost of treasury stock		
23 Total liabilities and shareholders' equity	168,477.	168,927.

**Reconciliation of Income (Loss) per Books With Income per Return**

1	Net income (loss) per books	450.	6	Income recorded on books this year not included on this return (itemize)	
2	Federal income tax per books	0.	7	Deductions on this return not charged against book inc this yr (itemize)	
3	Excess of capital losses over capital gains		8	Income (page 1, line 24). Enter the sum of lines 1 through 5 less the sum of lines 6 and 7	450.
4	Income subject to tax not recorded on books this year (itemize)				
5	Expenses recorded on books this year not deducted on this return (itemize)				

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)▶ See separate instructions.  
▶ Attach to your tax return.

OMB No. 1545-0172

**2004****67**

Name(s) shown on return

Top of the World Water Company Inc.

Identifying number

14-1667571

Business or activity to which this form relates

Form 1120 Line 20

**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 instructions for a higher limit for certain businesses . . . . .	1	\$102,000.
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	\$410,000.
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 <b>smaller</b> of line 5 or line 8 . . . . .	9		
10	Carryover of disallowed deduction from line 13 of your 2003 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 2005. 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.

<b>Special Depreciation Allowance and Other Depreciation (Do not include listed property.)</b>			
14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election (see instructions) . . . . .	15	
16	Other depreciation (including ACRS) (see instructions) . . . . .	16	9,865.

<b>MACRS Depreciation (Do not include listed property.) (See instructions)</b>			
<b>Section A</b>			
17	MACRS deductions for assets placed in service in tax years beginning before 2004. . . . .	17	1,365.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

<b>Section B – Assets Placed in Service During 2004 Tax Year Using the General Depreciation System</b>						
(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 . . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

<b>Section C – Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System</b>					
20 a Class life . . . . .					S/L
b 12-year . . . . .			12 yrs		S/L
c 40-year . . . . .			40 yrs	MM	S/L

<b>Summary (see instructions)</b>			
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	11,231.
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	



**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 instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? . . . . .				Yes	No	24b If 'Yes,' is the evidence written? . . . . .				Yes	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 depreciation allowance for qualified listed 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 (see instructions):											
27 Property used 50% or less in a qualified business use (see instructions):											
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) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles — see instructions) . . . . .						
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	Yes	No	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 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.

**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 2004 tax year (see instructions):					
43 Amortization of costs that began before your 2004 tax year . . . . .					43
44 Total. Add amounts in column (f). See instructions for where to report . . . . .					44

---

Form 1120-A, Page 1, Line 22  
**Other Deductions Statement**

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Legal and professional	4,446.
Utilities	1,905.
MANAGEMENT FEES	1,500.
Total	<u>7,851.</u>

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Form 1120-A, Page 2, Part II, Question 2  
**Ques 2 Stmt**

---

Name . . . . . JAMES H FEENEY III  
Identifying number . . . . . 026-38-5413

**THOMAS K. FLAHERTY ASSOCIATES**

**PIPELINE TECHNICIANS**

**SUBSURFACE UTILITY CONTRACTORS & CONSULTANTS**

**351 WEST MOUNTAIN ROAD, QUEENSBURY, NY. 12904**

Water  
Filings

To: Barbara Top O' The World Water Company  
From: Tom Flaherty  
Date: 1/03/08  
Re: PSC Application

Enclosed please find:

1. Copy of latest DOH inspection report.
2. Consumer Confidence Reports for 2004,2005,2006
3. List of recorded violations for past five years as reported in CCR.

Failure to take lead and copper samples between June and September 2006

DOH Glens Falls Office Contact Person

Ms. Sherry Gibson, Compliance Administrator

**2006 Annual Water Quality Report  
Top O' the World Water Company  
Lockhart Mountain Road, Queensbury, New York 12804  
Public Water System ID # 5621848**

## **INTRODUCTION**

To comply with State and Federal regulations, we will be annually issuing a report describing the quality of your drinking water. The purpose of this report is to raise your understanding of drinking water and awareness of the need to protect our drinking water sources. This report provides an overview of last year's water quality. Included are details about where your water comes from, what it contains, and how it compares to State standards. If you have any questions about this report or concerning your drinking water, please contact our office at (201) 825-9090.

## **WHERE DOES OUR WATER COME FROM?**

In general, the sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and can pick up substances resulting from the presence of animals or from human activities. Contaminants that may be present in source water include microbial contaminants; inorganic contaminants; pesticides and herbicides; organic chemical contaminants; and radioactive contaminants. In order to ensure that tap water is safe to drink, the State and the EPA prescribe regulations which limit the amount of certain contaminants in water provided by public water systems. The State Health Department's and the FDA's regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Our water system serves approximately 132 individuals through 69 service connections. Drinking water for property is supplied by three drilled wells located on-site. The water is chlorinated prior to distribution.

The Department of Health has completed a source water assessment for this system, based on available information. Possible and actual threats to this drinking water source were evaluated. The state source water assessment includes a susceptibility rating based on the risk posed by each potential source of contamination and how easily contaminants can move through the subsurface to the wells. The susceptibility rating is an estimate of the potential for contamination of the source water, it does not mean that the water delivered to consumers is, or will become contaminated. See section "Are there contaminants in our drinking water?" for a list of the contaminants that have been detected, if any. The source water assessments provide resource managers with additional information for protecting source waters into the future.

The source water assessment has rated our water source as having an elevated susceptibility to microbial and nitrate contamination. These ratings are due primarily to the close proximity of the wells to a permitted discharge facility (industrial/commercial facilities that discharge wastewater into the environment and are regulated by the state and/or federal government), a septic system, and the associated industrial activity in the assessment area. In addition, the wells draw from an unconfined aquifer, which is a shallow aquifer that occurs immediately below the ground surface and has no overlying layer to protect from potential sources of contamination. While the source water assessment rates our well(s) as being susceptible to microbes, please note that our water is disinfected to ensure that the finished water delivered into your home meets New York State's drinking water standards for microbial contamination.

The state health department will use this information to direct future source water protection activities. These may include water quality monitoring, resource management, planning, and education programs. A copy of the assessment, including a map of the assessment area, can be obtained by contacting us, as noted below.

## **ARE THERE CONTAMINANTS IN OUR DRINKING WATER?**

As the State regulations require, we routinely test your drinking water for numerous contaminants. These contaminants include total coliform, inorganic compounds, organic compounds, disinfection by-products, lead and copper and radiologicals. The State allows us to test for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, are more than one year old.

It should be noted that all drinking water, including bottled drinking water, may be reasonably expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (800-426-4791) or the New York State Department of Health (NYSDOH) at (518) 793-3893.

Table of Detected Contaminants

Contaminant	Violation Yes/No	Date of Sample	Level Detected	Unit Measurement	MCLG	Regulatory Limit (MCL, TT or AL)	Likely Source of Contamination/Potential Health Effects
<b>Inorganic Compounds</b>							
Barium	No	12/12/06	0.62	mg/l	2	2 (MCL)	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
Sulfate	No	12/12/06	3.7	mg/L	N/A	MCL=250	Naturally occurring.
Fluoride	No	12/12/06	0.34	mg/L	N/A	2.2 (MCL)	Naturally occurring
Lead	No	12/31/03	3.5	ug/l	0	15 (AL)	Corrosion of household plumbing systems; Erosion of natural deposits.
Copper	No	12/31/03	0.145	mg/l	0	1.3 (AL)	Corrosion of household plumbing systems; Erosion of natural deposits.
<b>Disinfection By-Products</b>							
Total Trihalo-methanes	No	9/29/05	08.2	ug/L	N/A	80 = MCL	By-product of drinking water chlorination needed to kill harmful organisms. TTHMs are formed when source water contains large amounts of organic matter.
<b>Radiologicals</b>							
Gross Beta	No	9/24/02	4.0	pCi/L	0	50 (MCL)	Decay of natural deposits and man-made emissions
Gross Alpha	No	9/24/02	1.8	pCi/L	0	15 (MCL)	Erosion of natural deposits.

**Definitions:**

**Maximum Contaminant Level (MCL):** The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible.

**Maximum Contaminant Level Goal (MCLG):** The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety

**Maximum Residual Disinfectant Level (MRDL):** The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

**Maximum Residual Disinfectant Level Goal (MRDLG):** The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contamination.

**Action Level (AL):** The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow

**Non-Detects (ND):** Laboratory analysis indicates that the constituent is not present.

**Milligrams per liter (mg/l):** Corresponds to one part of liquid in one million parts of liquid (parts per million-ppm).

**Micrograms per liter (ug/l):** Corresponds to one part of liquid in one billion parts of liquid (parts per billion-ppb).

**Picocuries per liter (pCi/L):** A measure of the radioactivity in water.

**N/A:** Not applicable

**WHAT DOES THIS INFORMATION MEAN?**

We have learned through our testing that some other compounds have been detected; however, these contaminants were detected below the level allowed by the State. We did have monitoring violations, which are discussed below.

**IS OUR WATER SYSTEM MEETING OTHER RULES THAT GOVERN OPERATIONS?**

During 2006, we received the following violations from the New York State Department of Health:

- During 2004, meta-Xylene was detected in our drinking water. As a result of this detection the Health Department increased our monitoring requirement for this contaminant from annually to quarterly. During 2006, we failed to collect the 1<sup>st</sup> and 3<sup>rd</sup> Quarter meta-Xylene samples. A sample was collected during the 3<sup>rd</sup> Quarter of 2006 and meta-Xylene was not detected.
- We are required to collect 5 lead and copper samples every 3 years. These samples must be collected during the warm months (June-September). In 2006, we received a violation for failure to collect the required lead and copper samples.
- During 2006, we received a violation for failure to prepare and distribute Annual Water Quality Report by May 31, 2006.

*As a result of these monitoring violations we cannot be sure of the quality of our drinking water during that time. We will work to collect the required samples for future compliance periods.*

## DO I NEED TO TAKE SPECIAL PRECAUTIONS?

Some people may be more vulnerable to disease causing microorganisms or pathogens in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice from their health care provider about their drinking water. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium*, *Giardia* and other microbial pathogens are available from the Safe Drinking Water Hotline (800-426-4791).

## WHY SAVE WATER AND HOW TO AVOID WASTING IT?

There are a number of reasons why it is important to conserve water.

- ♦ Saving water reduces the cost of energy required to pump water and the need to construct costly new wells, pumping systems and water towers; and
  - ♦ Saving water lessens the strain on the water system during a dry spell or drought, helping to avoid severe water use restrictions.
- using and by

## NEW YORK STATE DEPARTMENT OF HEALTH

## Bureau of Water Supply Protection

## WATER SYSTEM FIELD COMPLIANCE REPORT

A Review of Compliance with Subpart 5-1 of the New York State Sanitary Code

Public Water System Name		Date / /	Begin Time :	End Time :	Source Type <input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Street Address		Town, Village, or City	County		
PWS # ID		PWS Type <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> NTNC <input type="checkbox"/> NP		Field Visit Type <input type="checkbox"/> Routine <input type="checkbox"/> Pre-operational <input type="checkbox"/> Complaint <input type="checkbox"/> Incident/Illness <input type="checkbox"/> Reinspection <input type="checkbox"/> Sanitary Survey	
N		Y		Disinfection Waiver Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 5 Subsection	Summary Description of Sanitary Code Requirement	SDWIS	STAT	Part 5 Subsection	Summary Description of Sanitary Code Requirement	SDWIS	STAT
5-1.12(a)	Appropriate actions are taken in response to deteriorating source water quality or diminished effectiveness of treatment w/potential for MCL violation.	SA		5-1.23(c)	Conspicuous posting of Sanitary Code Section "5-1.23 Reporting Emergencies."	SF	
5-1.22(a)	Obtain health department approval prior to the construction or modification of a water system.	SB		5-1.28	Protect blowoff or discharge pipes from flooding.	SI	
5-1.23(b)	Notify State when delivery of water is interrupted for a period of four hours or more.	SE		5-1.31(a)(3)	A record of cross connection control program is maintained by supplier of water.	SJ	
5-1.25	Disinfect repaired facilities before returning to service.	SG		5-1.33(a)	Water supply emergency plan available (>\$125,000 of gross operating revenue).	SK	
5-1.27	Maintain distribution system pressure (20 psi)	SH		5-1.40	Provide optimal corrosion control treatment or complete applicable corrosion control requirements.		
5-1.30(a)	Disinfection of a groundwater source.	07		5-1.72(b)	Operator certified pursuant to Subpart 5-4.2.	SQ	
5-1.30(b)	Filtration of a surface source and groundwater influenced by surface water unless avoidance criteria met.	42		5-1.72(c)	Complete daily records of operation of a water system and submit copy to State by the 10 <sup>th</sup> day of the following reporting period.	09 10	
5-1.30(b)	Disinfection of a surface water source or groundwater source influenced by surface water.	41		5-1.72(d)	Maintain records (sample results, reports, etc.).	09	
5-1.30(b)(2)	Free chlorine residual disinfection concentration in surface water or groundwater under the influence of surface water entering the distribution system cannot be less than 0.2 mg/l for more than four hours.	41		5-1.72(e)	Provide an Annual Water Quality Report (for year _____).	71	
5-1.30(g)	Maintain free chlorine residual at representative points in the distribution system.	07		5-1.77(a)	Notify State of public health hazard.	05	
5-1.31	Protect the water distribution system from the creation of cross connections of sufficient hazard to adversely affect the health of water consumers.	SJ		5-1.77(b)	Make public notification of public health hazard.	06	
5-1.32	Adequate post disinfection for uncovered reservoir.	47		5-4.2(a)(2)	Treatment plant and/or distribution system must be under the direction of a designated operator in charge (ORC).	SQ	
5-1.71(a) and (b)	Obtain health department approval prior to use of a water supply or alteration of a treatment process necessary to protect public health.	SD		5-4.2(a)(4)	A certified operator of appropriate grade must be available during operation of a water treatment plant.	SY	
5-1.71(a)	Exercise care and due diligence in the maintenance and/or supervision of all sources of the public water system to provide water of a sufficient quantity and quality.	SN			Precautionary measure taken to protect public health.	SS	
5-1.71(b)	Exercise care and due diligence in the operation and maintenance of a public water system.	SO		Chlorine Residual _____ ppm Sample Collection Time _____ : _____			
5-1.72(a)	The disruption of water service for more than four hours was adequately planned.	SR		Point of Sample Collection: _____			

Completed by: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Status Codes: 1. No Violations Observed; 2. All or parts of an item in violation; 3. Item was not reviewed/observed/applicable; 5. Item(s) corrected during inspection; 4. Status Code 4 intentionally excluded. DOH FORM 4234 (05/06/2003)

**2004 Annual Water Quality Report  
Top O' the World Water Company  
Lockhart Mountain Road, Queensbury, New York 12804  
Public Water System ID # 5621848**

## INTRODUCTION

To comply with State and Federal regulations, we will be annually issuing a report describing the quality of your drinking water. The purpose of this report is to raise your understanding of drinking water and awareness of the need to protect our drinking water sources. This report provides an overview of last year's water quality. Included are details about where your water comes from, what it contains, and how it compares to State standards. If you have any questions about this report or concerning your drinking water, please contact our office at (518) 356-4445.

## WHERE DOES OUR WATER COME FROM?

In general, the sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and can pick up substances resulting from the presence of animals or from human activities. Contaminants that may be present in source water include microbial contaminants; inorganic contaminants; pesticides and herbicides; organic chemical contaminants; and radioactive contaminants. In order to ensure that tap water is safe to drink, the State and the EPA prescribe regulations which limit the amount of certain contaminants in water provided by public water systems. The State Health Department's and the FDA's regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Our water system serves approximately 132 individuals through 69 service connections. Drinking water for property is supplied by three drilled wells located on-site. The water is chlorinated prior to distribution.

The Department of Health has completed a source water assessment for this system, based on available information. Possible and actual threats to this drinking water source were evaluated. The State source water assessment includes a susceptibility rating based on the risk posed by each potential source of contamination and how easily contaminants can move through the subsurface to the wells. The susceptibility rating is an estimate of the potential for contamination of the source water, it does not mean that the water delivered to consumers is, or will become contaminated. See section "Are there contaminants in our drinking water?" for a list of the contaminants that have been detected, if any. The source water assessments provide resource managers with additional information for protecting source waters into the future.

The source water assessment has rated our water source as having an elevated susceptibility to microbial and nitrate contamination. These ratings are due primarily to the close proximity of the wells to a permitted discharge facility (industrial/commercial facilities that discharge wastewater into the environment and are regulated by the State and/or Federal government), a septic system, and the associated industrial activity in the assessment area. In addition, the wells draw from an unconfined aquifer, which is a shallow aquifer that occurs immediately below the ground surface and has no overlying layer to protect from potential sources of contamination. While the source water assessment rates our well(s) as being susceptible to microbials, please note that our water is disinfected to ensure that the finished water delivered into your home meets New York State's drinking water standards for microbial contamination.

The State Health Department will use this information to direct future source water protection activities. These may include water quality monitoring, resource management, planning, and education programs. A copy of the assessment, including a map of the assessment area, can be obtained by contacting us, as noted below.

In accordance with the Department of Health regulations, the Top O' the World water system is under the supervision of a licensed operator.

## ARE THERE CONTAMINANTS IN OUR DRINKING WATER?

As the State regulations require, we routinely test your drinking water for numerous contaminants. These contaminants include total coli form, inorganic compounds, lead and copper and radiologicals. The State allows us to test for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, are more than one year old.

It should be noted that all drinking water, including bottles water, may be reasonably expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (800-426-4791) or the New York State Department of Health (NYSDOH) at (518) 793-3893.

**Table of Detected Contaminants**

Contaminant	Violation Yes/No	Date of Sample	Level Detected	Unit Measurement	MCLG	Regulatory Limit (MCL, TT or AL)	Likely Source of Contamination/Potential Health Effects
<b>Inorganic Compounds</b>							
Lead	No	12/31/03	3.5	ug/l	0	15 (AL)	Corrosion of household plumbing systems; Erosion of natural deposits/ Infants and children who drink water containing lead in excess of



Table of Detected Contaminants

Contaminant	Violation Yes/No	Date of Sample	Level Detected	Unit Measurement	MCLG	Regulatory Limit (MCL, TT or AL)	Likely Source of Contamination/Potential Health Effects
							physical or mental development. Children could show slight deficits in attention span and learning abilities. Adults who drink this water over many years could develop kidney problems or high blood pressure.
Copper	No	12/31/05	0.145	mg/l	0	1.3 (AL)	Corrosion of household plumbing systems; Erosion of natural deposits/ Copper is an essential nutrient, but some people who drink water containing copper in excess of the action level over a relatively short amount of time could experience gastrointestinal distress. Some people who drink water containing copper in excess of the action level over many years could suffer liver or kidney damage. People with Wilson's Disease should consult their personal doctor.
<b>Organic Compounds</b>							
Toluene	No	2/23/04	1.5	ug/l	0	5 (MCL)	Leaks from gasoline tanks; Discharge from petroleum factories. Leaching of solvent from lining of potable water tanks.
Dichloromethane	No	2/23/04	1.5	ug/l	0	5 (MCL)	Discharge from pharmaceutical and chemical factories.
Xylene, Meta	No	2/23/04	3.8	ug/l	0	5 (MCL)	Leaks from gasoline tanks; Discharge from petroleum factories. Leaching of solvent from lining of potable water tanks.
<b>Radiologicals</b>							
Gross Beta	No	9/24/02	4.0	pCi/L	0	50 (MCL)	Decay of natural deposits and man-made emissions
Gross Alpha	No	9/24/02	1.8	pCi/L	0	15 (MCL)	Erosion of natural deposits.

**Definitions:**

**Maximum Contaminant Level (MCL):** The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible.

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**Action Level (AL):** The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

**Non-Detects (ND):** Laboratory analysis indicates that the constituent is not present.

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**Picocuries per liter (pCi/L):** A measure of the radioactivity in water.

**WHAT DOES THIS INFORMATION MEAN?**

As you can see by the table, our system had no MCL violations in 2003 (we did have monitoring violations which are discussed below). We have learned through our testing that some contaminants have been detected; however, these contaminants were detected below the level allowed by the State.

**IS OUR WATER SYSTEM MEETING OTHER RULES THAT GOVERN OPERATIONS?**

During 2003, we received the following violations from the New York State Department of Health:

- Failure to prepare and distribute Annual Water Quality Report by May 31, 2003.

During 2004, we received the following violations from the New York State Department of Health:

- Failure to prepare and distribute Annual Water Quality Report by May 31, 2004.
- Failure to collect 2<sup>nd</sup> and 3<sup>rd</sup> Quarter 2004 sample for Xylene, Toluene and Dichloromethane. A sample is being collected during the 4<sup>th</sup> Quarter of 2004.
- Failure to collect August 2004 Total Coliform sample.

*The August 2004 Total Coliform sample was collected when it was noticed during the review of the monthly operating report on September 15, 2004. The normal Total Coliform sample for September was collected on September 24, 2004. We have never had a failed Coliform sample at Top O' The World.*

## **DO I NEED TO TAKE SPECIAL PRECAUTIONS?**

Some people may be more vulnerable to disease causing microorganisms or pathogens in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice from their health care provider about their drinking water. EPA/CDC guidelines on appropriate means to lessen the risk of infection by Cryptosporidium, Giardia and other microbial pathogens are available from the Safe Drinking Water Hotline (800-426-4791).

## **WHY SAVE WATER AND HOW TO AVOID WASTING IT?**

There are a number of reasons why it is important to conserve water:

- ♦ Saving water reduces the cost of energy required to pump water and the need to construct costly new wells, pumping systems and water towers; and
- ♦ Saving water lessens the strain on the water system during a dry spell or drought, helping to avoid severe water use restrictions.

You can play a role in conserving water by becoming conscious of the amount of water your household is using, and by looking for ways to use less whenever you can. It is not hard to conserve water. Conservation tips include:

- ♦ Automatic dishwashers use 15 gallons for every cycle, regardless of how many dishes are loaded. So get a run for your money and load it to capacity.
- ♦ Turn off the tap when brushing your teeth.
- ♦ Check every faucet in your home for leaks. Just a slow drip can waste 15 to 20 gallons a day. Fix it up and you can save almost 6,000 gallons per year.
- ♦ Check your toilets for leaks by putting a few drops of food coloring in the tank watch for a few minutes to see if the color shows up in the bowl. It is not uncommon to lose up to 100 gallons a day from one of these otherwise invisible toilet leaks. Fix it and you save more than 30,000 gallons a year.

**If you have any questions or comments about the contents of this report please do not hesitate to contact our office.**

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Contaminant	Violation Yes/No	Date of Sample	Level Detected	Unit Measurement	MCLG	Regulatory Limit (MCL, TT or AL)	Likely Source of Contamination/Potential Health Effects
							physical or mental development. Children could show slight deficits in attention span and learning abilities. Adults who drink this water over many years could develop kidney problems or high blood pressure.
Copper	No	12/31/05	0.145	mg/l	0	1.3 (AL)	Corrosion of household plumbing systems; Erosion of natural deposits/ Copper is an essential nutrient, but some people who drink water containing copper in excess of the action level over a relatively short amount of time could experience gastrointestinal distress. Some people who drink water containing copper in excess of the action level over many years could suffer liver or kidney damage. People with Wilson's Disease should consult their personal doctor.
<b>Organic Compounds</b>							
Toluene	No	2/23/04	1.5	ug/l	0	5 (MCL)	Leaks from gasoline tanks; Discharge from petroleum factories. Leaching of solvent from lining of potable water tanks.
Dichloro-methane	No	2/23/04	1.5	ug/l	0	5 (MCL)	Discharge from pharmaceutical and chemical factories.
Xylene, Meta	No	2/23/04	3.8	ug/l	0	5 (MCL)	Leaks from gasoline tanks; Discharge from petroleum factories. Leaching of solvent from lining of potable water tanks.
<b>Radiologicals</b>							
Gross Beta	No	9/24/02	4.0	pCi/L	0	50 (MCL)	Decay of natural deposits and man-made emissions
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- Failure to collect August 2004 Total Coliform sample. X

*As a result of these monitoring violations we cannot be sure of the quality of our drinking water during that time. We will work to collect the required samples for future compliance periods.*

**THOMAS K. FLAHERTY ASSOCIATES**

**PIPELINE TECHNICIANS**

**SUBSURFACE UTILITY CONTRACTORS & CONSULTANTS**

**351 WEST MOUNTAIN ROAD, QUEENSBURY, NY. 12804**

THURSDAY SEPTEMBER 2007.

MET THIS DATE WITH SHERRY GIBSON AND TOM SUOZZO, PE OF NYS DEPARTMENT OF HEALTH TO DISCUSS ADMINISTRATIVE TRIBUNAL REGARDING TOP O' THE WORLD WATER SYATEM DOCKET # 20070655.

I WAS ADVISED AT THIS TIME THAT THIS HAD BEEN WITHDRAWN.

**STATE OF NEW YORK DEPARTMENT OF HEALTH  
ADMINISTRATIVE TRIBUNAL**

**August 01, 2007**

**Certified Mail - Return Receipt Requested**

**Name of Respondent:** Jim Feeney  
**Address of Respondent:** 17 South Franklin Turnpike  
Ramsey, NJ 07446  
  
**Respondent D/B/A:** TOP OF THE WORLD  
**D/B/A Address:** LOCKHART MOUNTAIN RD  
QUEENSBURY

**Re: MATTER OF JIM FEENEY  
D/B/A TOP OF THE WORLD  
Docket Number: 20070655**

Dear Jim Feeney:

The New York State Department of Health has determined that there is evidence of violations of the Public Health Law and/or Health Department Regulations contained in Title 10 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (NYCRR), as set forth in the Finding of Violation(s) enclosed. Therefore, a Hearing has been scheduled before an impartial representative of the Administrative Tribunal on the following date, time, and place:

**DATE:** August 28, 2007  
**TIME:** 10:00 AM  
**PLACE:** NYS Department of Health, Glens Falls District Office, 77 Mohican Street, Glens Falls

A summary of applicable Hearing procedures is enclosed. The hearing will be conducted in English. If you do not speak or understand English please bring someone with you to the hearing who will be able to help you.

**SETTLEMENT ALTERNATIVE**

If you wish to settle this matter without a Hearing, sign and return the enclosed Stipulation (Form AT-15) within seven (7) days of your receipt of this notice but no later than **August 21, 2007**. This settlement offer includes payment of a fine of **\$150.00** payable to the New York State Department of Health. Enclose your full payment with the signed stipulation and send to the NYS Department of Health, Glens Falls District Office, 77 Mohican Street, Glens Falls, NY, 12801-4429. **in the enclosed envelope**. Payment must be made with check or money order. If you reject the proposed settlement offer, that fact cannot be later used against you at the Hearing.

Inquiries concerning this matter should be directed to:

Anita Gabalski  
Glens Falls District Office  
77 Mohican Street,  
Glens Falls, New York 12801-4429  
Phone: (518) 793-3893

Sincerely,



Anita Gabalski  
Administrative Tribunal Representative  
Glens Falls District Office

Enclosures

**STATE OF NEW YORK DEPARTMENT OF HEALTH  
ADMINISTRATIVE TRIBUNAL  
STIPULATION**

**In the matter of Finding of Violation(s) against**

**Respondent:** Jim Feeney

**Address:** 17 South Franklin Turnpike

Ramsey NJ 07446

**D/B/A:** TOP OF THE WORLD

**Address:** LOCKHART MOUNTAIN RD  
QUEENSBURY

**Docket Number:** 20070655

**Date Issued:** August 01, 2007

The parties wish to resolve this matter by means of a settlement instead of an administrative hearing and, therefore agree that:

- a. There exist valid and sufficient grounds, as a matter of fact and law, for the issuance of this Stipulation and Order under the Public Health Law and the Respondent consents to its issuance, accepts its terms and conditions and waives any right to challenge this Stipulation/Decision in a proceeding pursuant to Article 78 of the Civil Practice Law and Rules or in any other action or proceeding.
- b. That the Respondent agrees to the following terms and conditions:

Docket # 20070655

**State Law, Sanitary Code, or Regulation (10 NYCRR) Violation Findings**

[ Violation 1 of 1 ]

5-1.72 (c)-Submit

*Complete daily records shall be kept of the operation of a public water system on forms provided or approved by the department. A copy of such records shall be sent to the State by the 10th calendar day of the next reporting period. These records shall include the results of all tests, measurements or analysis required to be made by this Subpart or as requested by the State. Other operational records shall be available for inspection by the State.*

Was violated in that: The operator failed to submit the following reports to the Glens Falls District Office:

Xylene-Meta for 1st quarter 2007 for Wells #1, #2 & #3 - one sample from each well.

These reports are required under Subpart 5-1.52, Table 9b of the New York State Sanitary Code.

**Conclusion: Alleged**

**Assessed Fine: \$150.00**

# STATE OF NEW YORK DEPARTMENT OF HEALTH ADMINISTRATIVE TRIBUNAL FINDING OF VIOLATIONS

**Respondent:** Jim Feeney**Address:** 17 South Franklin Turnpike  
Ramsey NJ 07446**Docket Number:** 20070655**Date of Hearing:** August 28, 2007**Date of Notice:** August 01, 2007**Phone:** (201) 825-9090**D/B/A:** TOP OF THE WORLD**Address:** LOCKHART MOUNTAIN RD  
QUEENSBURY

Date of Violation	State Law, Sanitary Code, or Regulation (10 NYCRR)		Violation Findings	Maximum Assessable Fine	Surcharge
[ Violation 1 of 1 Violation ID 115376 ]					
Jul 13, 2007	5-1.72 (c)-Submit	Complete daily records shall be kept of the operation of a public water system on forms provided or approved by the department. A copy of such records shall be sent to the State by the 10th calendar day of the next reporting period. These records shall include the results of all tests, measurements or analysis required to be made by this Subpart or as requested by the State. Other operational records shall be available for inspection by the State.	Was violated in that: The operator failed to submit the following reports to the Glens Falls District Office:  Xylene-Meta for 1st quarter 2007 for Wells #1, #2 & #3 - one sample from each well.  These reports are required under Subpart 5-1.52, Table 9b of the New York State Sanitary Code.	\$2,000.00	



**STATE OF NEW YORK DEPARTMENT OF HEALTH  
ADMINISTRATIVE TRIBUNAL  
STIPULATION**

Total Assessed Fines	<u>\$150.00</u>	Total Fines Payable	<u>\$150.00</u>
Total Modified Fines	<u>\$150.00</u>		
		Total Amount Due	<u>\$150.00</u>

- d. This Stipulation shall be effective upon service on the Respondent or the Respondents's attorney or representative of a company by personal service or by certified or registered mail.

☐ I accept the stipulation offer and will comply with the conditions set forth. Payment of the total fines of \$150 is enclosed.

**OR**

☐ I decline the stipulation offer and will appear for the hearing on August 28, 2007.

\_\_\_\_\_  
Owner / Operator

\_\_\_\_\_  
Date

AGREED AND SO ORDERED

\_\_\_\_\_  
Administrative Tribunal Representative  
of Limited Authority

\_\_\_\_\_  
Date

**THIS STIPULATION IS SUBJECT TO PUBLIC RELEASE  
AS A FINAL AGENCY ACTION**

Docket # 20070655

**THOMAS K. FLAHERTY ASSOCIATES**

**PIPELINE TECHNICIANS**

**SUBSURFACE UTILITY CONTRACTORS & CONSULTANTS**

**351 WEST MOUNTAIN ROAD, QUEENSBURY, NY. 12804**

**PHONE 518-792-7350**

**FAX 518-743-8721**

November 22, 2006

Ms. Sherry S Gibson  
Public Water Supply Compliance Administrator  
NYS Department of Health  
77 Mohican Street  
Glens Falls, NY. 12801

Re: Top O' The World  
PWSID 5621848  
Your Notice dated 11/16/06  
CCR 2005

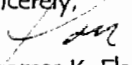
Dear Sherry:

Attached please find a copy of the 2005 CCR report we prepared and sent to the Top O' The World Water Company in care of the Galesi Group, P.O. Box 98 Guilderland Center NY. On June 4<sup>th</sup> 2006 along with the certification notice

The Galesi Group as in the past was to send copies of the CCR to its customers and submit the certification notice to you.

At this time the Top O' The World Water Company was sold to a new owner. Mr John H. Feeney, 17 Franklin Turnpike, Ramsey New Jersey 07446.

Sincerely,

  
Thomas K. Flaherty

## ***Annual Drinking Water Quality Report for 2005***

### ***Top O' The World Water Company, Inc***

***Lockhart Mountain Road Town of Queensbury, New York (Public Water Supply ID# NY562184)***

## **INTRODUCTION**

To comply with State regulations, Top O' The World Water Company, Inc will be annually issuing a report describing the quality of your drinking water. The purpose of this report is to raise your understanding of drinking water and awareness of the need to protect our drinking water sources. Last year, your tap water met all State drinking water health standards. We are proud to report that our system has never violated a maximum contaminant level or any other water quality statement. This report provides an overview of last year's water quality. Included are details about where your water comes from, what it contains, and how it compares to State standards.

In April of 2005 The Top O' The World Water Company was sold by the Galesi Group to James H. Feeney 17 South Franklin Turnpike, Ramsey, New Jersey, 07446

If you have any questions about this report or concerning your drinking water, please contact our office at (201-825- 9090) We want you to be informed about your drinking water. If you want to learn more we will discuss any drinking water issues with you in person.

## **WHERE DOES OUR WATER COME FROM?**

In general; the sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and can pick up substances resulting from the presence of animals or from human activities. Contaminants that may be present in source water include: microbial contaminants; inorganic contaminants; pesticides and herbicides; organic chemical contaminants; and radioactive contaminants. In order to ensure that tap water is safe to drink, the State and the EPA prescribe regulations which limit the amount of certain contaminants in water provided by public water systems. The State Health Department's and the FDA's regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

The water source for the Top O' The World water system is ground water drawn from 3 wells, 280 feet deep with a total yield of 86 gallons per minute, which are located between the maintenance building and the chlorination building. The water from these wells is pumped through a common transmission main to the chlorination building, where it is treated with hypochlorite (chlorine) in accordance with DOH standards, and then to the 126,000 gallon concrete storage reservoir. From the storage reservoir water is gravity fed to the distribution system and then to the consumers. The Top O' The World system serves approximately 132 people (assuming on average 2 persons per town home unit) through 69 service connections.

In accordance with Department of Health regulations the Top O'; The World water system is under the supervision of a licensed operator.

**ARE THERE CONTAMINANTS IN OUR DRINKING WATER?****Table1**

Contaminant	Date Tested	Unit	MCL	MCLG	Detected	Violation
Coliform	Monthly	#/100ml			None Failed	No
Nitrate	3/28/05	Mg/L	10.0 mg/l		<0.25	No
Lead unit 9	9/04/05	Mg/l	0.015 mg/l		<0.0025 Mg/l	No
Lead Hodash	9/04/05	Mg/L	0.015 mg/l		<0.0025 Mg/l	No
Lead Salub	9/04/05	Mg/L	0.015 mg/l		<0.0025 Mg/l	No
Lead Joseph	9/04/05	Mg/L	0.015 mg/l		<0.0025 Mg/l	No
Lead Gebo	9/04/05	Mg/l	0.015 mg/l		<0.0025 Mg/l	No
Copper unit 9	9/04/05	Mg/L	1.3 mg/l		0.36 Mg/l	No
Copper Hodash	9/04/05	Mg/L	1.3 mg/l		0.36 Mg/l	No
Copper Salub	9/04/05	Mg/L	1.3 mg/l		0.07 Mg/l	No
Copper Joseph	9/04/05	Mg/L	1.3 mg/l		0.20 Mg/l	No
Copper Gebo	9/04/05	Mg/l	1.3 mg/l		0.06 Mg/l	No

As the State regulations require, we routinely test your drinking water for numerous contaminants. These contaminants include: total coliform, turbidity, inorganic compounds, nitrate, nitrite~ lead and copper, volatile organic compounds, total trihalomethanes, and synthetic organic compounds. None of the compounds we analyzed for were detected in your drinking water.

We are required to monitor our source water for a 12 month period to determine if our wells are under the influence of surface water. We began this program in September of 2005 and to date *all samples have passed indicating no influence of our wells by surface water...*

It should be noted that all drinking water, including bottled drinking water, may be reasonably expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (800-426-4791) or the New York State Health Department at (518 793-3893).

**IS OUR WATER SYSTEM MEETING OTHER RULES THAT GOVERN OPERATIONS?**

We constantly test for various contaminants in the water supply to comply with regulatory requirements. Monthly bacteriological samples are collected analyzed and the results reported to the NYS Health department as required. As of this date there has never been a bacteriological sample which failed. The water system is under the supervision of a licensed operator.

Due to the fact that the Top 0' The World water system has no asbestos pipe we are exempt from this required test.

## **DO I NEED TO TAKE SPECIAL PRECAUTIONS?**

Although our drinking water met or exceeded state and federal regulations, some people may be more vulnerable to disease causing microorganisms or pathogens in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants. People with *HIV/AIDS* or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advise from their health care provider about their drinking water. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium*, *Giardia* and other microbial pathogens are available from the Safe Drinking Water Hotline (800 426-4791)

## **WHY SAVE WATER AND HOW TO AVOID WASTING IT?**

Although the Top O' The World water system has an adequate amount of water to meet present and future demands, there are a number of reasons why it is important to conserve water.

Saving water saves energy and some of the cost associated with both of these necessities of life.

Saving water reduces the cost of pumping and the need to construct costly new wells, pumping facilities and storage reservoirs; and

Saving water lessens the strain on the water system during a dry spell or drought, helping to avoid severe water use restrictions.

Saving water reduces the load on the sewer system extending the useful life of the system and reduces the cost of maintenance of the system

You can play a role in conserving water by becoming conscious of the amount of water your household is using, and by looking for ways to use less whenever you can. It is not hard to conserve water.

### **Conservation tips include:**

Automatic dishwashers use 15 gallons for every cycle, regardless of how many dishes are loaded. So get a run for your money and load it to capacity.

Turn off the tap when brushing your teeth

Check every faucet in your home for leaks. Just a slow drip can waste 15 to 20 gallons a day or more. Fix the leak and save almost 6000 gallon per year. .

Check toilets for leaks by putting a few drops of food coloring in the tank, watch for a few minutes to see if color shows up in the bowl. At the same time check the water level in the tank. It is not uncommon to waste up to 100 gallons per day from one of these otherwise invisible toilet leaks. Correct it and you can save more than 30,000 gallons per year

Use your water meter to detect hidden leaks. Simply turn off all taps and water using appliances. Then check your meter after 15 minutes. If it moved you have a leak.

Thank you for allowing us to continue to provide your family with quality drinking water this year. We ask that all our customers help us to protect our water sources, which are the heart of our community, our way of life and our children's future. If you have specific questions, please call our office at (201 825-9090) .

#### Attachment

#### Definitions:

**Maximum Contaminant Level (MCL):** The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible.

**Maximum Contaminant Level Goal (MCLG):** The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

**Action Level (AL):** The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

**Treatment Technique (TT):** A required process intended to reduce the level of a contaminant in drinking water.

**Milligrams per liter (mgil):** Corresponds to one part of liquid in one million parts of liquid (parts per million - ppm).

**Micrograms per liter (ugil):** Corresponds to one part of liquid in one billion parts of liquid (parts per billion - ppb).