



Control Number: 42899



Item Number: 17

Addendum StartPage: 0



APPLICATION FOR SALE, TRANSFER,
OR MERGER OF A RETAIL PUBLIC UTILITY

42899

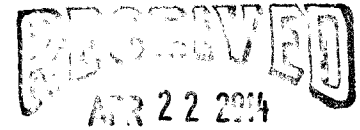
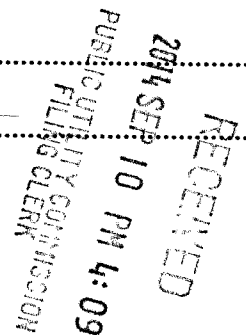


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17

**APPLICATION FOR SALE, TRANSFER,
OR MERGER OF A RETAIL PUBLIC UTILITY**

*RN# 101267078 *CN# 602884991 *If known (See instructions)

1. Proposed action of application (check all the boxes that apply):

<input checked="" type="checkbox"/> Sale of	<input checked="" type="checkbox"/> All <input type="checkbox"/> Portion	of the	<input checked="" type="checkbox"/> Water system(s) under CCN No.:	<u>11785</u>
<input type="checkbox"/> Acquisition			<input type="checkbox"/> Sewer system(s) under CCN No.:	
<input type="checkbox"/> Lease/Rental				

<input checked="" type="checkbox"/> Transfer of	<input checked="" type="checkbox"/> All <input type="checkbox"/> Portion	of the	<input type="checkbox"/> Certificated water service area – CCN No.:	<u>11785</u>
			<input type="checkbox"/> Certificated sewer service area – CCN No.:	

If only a portion of a system or certificated service area is affected by this transaction, please specify the areas or subdivision involved:

and to:

<input checked="" type="checkbox"/> Obtain a CCN for the transferee (purchaser) – indicate if purchaser will take the seller's CCN	
<input type="checkbox"/> Amend the transferee's CCN No.:	<u>11785</u>
<input type="checkbox"/> Merge or consolidate public utilities	
<input type="checkbox"/> Cancel CCN of the transferor (seller)	

2. Proposed effective date of this transaction: Time of Application

(Must be at least 120 days after proper notice is provided)

**QUESTIONS 3 THROUGH 5 APPLY TO THE TRANSFEROR
(CURRENT SERVICE PROVIDER OR SELLER)**

3. For the current CCN holder or service provider please indicate:

A. Name: Terry Bourbon

(Individual, Corporation or Other Legal Entity)

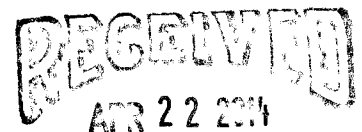
Who is a(n): of ☒ Individual ☐ Corporation ☐ WSC ☐ HOA or POA ☐ Other

B. Utility Name (if different than above): Green Acres Mobile Home Park

Address: P.O. Box #290 Canutillo, TX 79835 Telephone: (AC) 915-630-5669

C. Contact person. Please provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney or accountant.

Name: <u>Brenda Lucero cc Terry Bourbon</u>	Title: <u>Manager/ Owner</u>
Address: <u>4869 Titanic, El Paso TX 79904</u>	Telephone: (AC) <u>915-422-6466</u>
Fax: <u>915-757-6376</u>	Email: <u>cujet@sbcglobal.net</u>



UTILITIES & DISTRICTS
SECTION

4. About the last rate increase for the system or facilities being transferred: 10/22/2001
A. What was the effective date of the last rate increase? 10/22/2001

B. Was notice of this increase provided to the Texas Commission on Environmental Quality or its predecessors?

☐ No ☒ Yes- Application/Docket Number: 31823-G Date 02/03/1998

5. Please provide a list of all customers affected by this transaction who have deposits held by the transferor or seller utility, if any, and include the following information (attach additional sheets if necessary):

Name and Address of Utility Customer	Date of Deposit	Amount of Deposit	Amount of Unpaid Interest on Deposit
No deposits held	0	0	0

- Within 30 days of the actual transaction date, and prior to the transfer of the certificate by the TCEQ, the seller must provide proof to the Commission that these customer deposits were returned to the customers or transferred to the purchasing utility. Proof should include a sworn affidavit.

QUESTIONS 6 THROUGH 16 REFER TO THE TRANSFeree OR PURCHASER

6. For the person or entity acquiring the facilities and/or CCN:

Applicant: Brenda Lucero

(Individual, Corporation, or Other Legal Entity)

Utility Name: Green Acres/River View Waterworks

(If different than above)

Utility Address: 4869 Titanic, El Paso, TX 79904

Fax: 915-757-6376 Email: cujet@sbcglobal.net Telephone (AC): 915-422-6466

CCN Numbers held prior to the filing of this application: 11785

7. Check the appropriate box and provide information regarding the legal status of the transferee applicant:

☐ Individual

☒

Home or Property Owners Association

☐ Partnership; attach copy of partnership agreement

☐ Corporation; provide charter number as recorded with the Office of the Secretary of State for Texas:

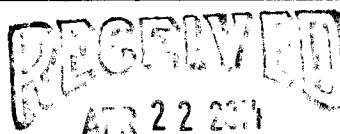
☐ Non-profit, member-owned, member-controlled Cooperative Corporation (Article 1434(a) Water Supply or Sewer Service Corporation); provide charter number:

☐ Municipally-owned utility

☐ District (MUD, SUD, WCID, etc.)

☐ County

☐ Other (please explain):



8. If the applicant is an *Individual* or sole proprietorship, provide the following information. If not, skip to the next question.

Name:	Brenda Lucero	Email:	cujet@sbcglobal.net
Address:	4869 Titanic, El Paso, TX 79904		
Telephone (AC):	915-422-6466	Fax (AC):	915-757-6376

9. If the applicant is other than an *Individual* provide the following information regarding the officers or partners of the legal entity applying for the transfer. You must complete either question 8 or question 9, whichever applies to the transferee applicant.

•Name:	None	Telephone (AC):	
Address:			
Position:		Ownership % (if applicable):	

•Name:	None	Telephone (AC):	
Address:			
Position:		Ownership % (if applicable):	

•Name:	None	Telephone (AC):	
Address:			
Position:		Ownership % (if applicable):	

•Name:	None	Telephone (AC):	
Address:			
Position:		Ownership % (if applicable):	

•Name:	None	Telephone (AC):	
Address:			
Position:		Ownership % (if applicable):	

•Name:	None	Telephone (AC):	
Address:			
Position:		Ownership % (if applicable):	

- Attach additional sheet(s) if necessary -

- ☛ **Important:**
- If the applicant is a for-profit corporation, please provide a copy of the corporation's "Certification of Account Status" from the State Comptroller Office. This "Certification of Account Status" can be obtained from:

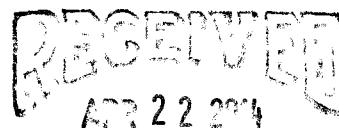
Texas Comptroller of Public Accounts

P. O. Box 13528, Capitol Station

Austin, Texas 78711

1-800-252-5555

- If the applicant is an Article 1434a water supply or sewer service corporation or other non-profit corporation, please provide a copy of the Articles of Incorporation and By-Laws.



10. Contact person. Please provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney or accountant.

Name:	Brenda Lucero	Title:	Manager
Address:	4869 Titanic, El Paso, TX 79904	Telephone (AC):	915-422-6466
Fax #	915-757-6376	Email	cujet@sbcglobal.net
Relationship to the applicant:	self		

IF THERE ARE MORE THAN TWO PARTIES INVOLVED IN THIS TRANSACTION, PLEASE ATTACH SHEETS PROVIDING THE INFORMATION REQUIRED IN QUESTION 6 THROUGH QUESTION 10 FOR EACH PARTY

11. Please respond to each of the following questions. Attach additional sheets if necessary.

A. Describe the experience and qualifications of the applicant to provide adequate utility service to the requested area

Office Manager for 12 years, Until recent acquisition of License, Certified water operator 1 year Class "D" water license.

B. Has the applicant acquiring the CCN or facilities or an affiliated interest of the applicant been under enforcement action by the TCEQ, Texas Department of Health (TDH), the Office of the Attorney General (OAG) or the Environmental Protection Agency (EPA) in the past for noncompliance with rules, orders or State Statutes? ☐ Yes ☒ No

If yes, please attach copies of any correspondence with these regulatory agencies concerning these enforcement actions and describe any actions and efforts to comply with those requirements. Attach additional sheets if needed.

N/A

C. Describe the source and availability of funds required to make the planned or required improvements, if any, to meet minimum requirements of the TCEQ and ensure continuous and adequate service.

The system is currently looking for funding sources for Arsenic currently researching Arsenic solutions-pending final results

D. Describe the anticipated impact of this transaction on the quality of utility service and explain any anticipated changes in the quality of service.

Will be working diligently to seek funding and improve water quality.

E. How will the transaction serve the public interest?

I have been managing the system and am very familiar with the problems associated with the system e.g. Arsenic, yet have firm ground on working to improve the quality of service, as well as the current owner has declining health problems and the system is better served by transferring to me.

12. Please describe the nature of the proposed transaction:

Transfer of company, all equipment, land/ property associated with the water system, distribution system will be conveyed to Brenda Lucero

13. If the transferee applicant is an Investor Owned Utility (IOU) and will be under the rate jurisdiction of the TCEQ, please provide the following information. Water supply or sewer service corporations and political subdivisions of the state should mark this section N/A:

- A.
- Total Purchase Price: \$150000
 - Total Original Cost (as recorded on books of seller or merging entity): 0
 - Accumulated Depreciation as of the proposed effective date of the transaction: 0
 - Contributions in Aid of Construction:

- Specific surcharges approved by TCEQ: 0

- Revenues from explicit customer agreements: 0

- Developer Contributions (please explain): 0

- Other Contributions (please explain): 0

(2) new wells Trucks, Equipment

Total Contributions in Aid of Construction 0

• Net Book Value: N/A

- ☞ If the Original Cost or any of the above items has been established in a rate case proceeding by the PUC, the TWC or the TCEQ, please provide the Application/Docket Number and date:

Application/Docket Number: N/A Date:

- ☞ If the applicant is not under the rate jurisdiction of the TCEQ, only the purchase price and information related to Contributions in Aid of Construction is required.

B. Please provide any other information concerning the nature of the transaction you believe should be given consideration if not explained elsewhere in the application.

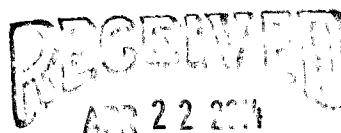
[attach additional sheet(s) if necessary]:

See attached list of equipment estimated costs.

C. Complete the following proposed entries listed below as shown in books of purchasing (or surviving) company. Additional entries may be made; the following are suggested only, and not intended to pose descriptive limitations.

Utility Plant in Service: N/A

Plant Acquisition Adjustment: N/A



- C. Complete the following proposed entries listed below as shown in books of purchasing (or surviving) company. Additional entries may be made; the following are suggested only, and not intended to pose descriptive limitations.

Utility Plant in Service:	N/A
Extraordinary Loss on N/A	N/A
Purchase:	
Accumulated Depreciation of Plant:	N/A
Cash:	N/A
Notes Payable:	N/A
Mortgage Payable:	N/A
Others (please list):	

As the purchaser, I understand that it is **my responsibility** in any future rate proceeding to provide written evidence and support for the original cost and installation date of all facilities used and useful for providing utility service.

Purchaser's Initials: B.L. Date: 8-14-13

14. Please indicate the proposed effect of this transaction on the rates to be charged to the affected customers:

☒ All the customers will be charged the same rates as they were charged before the transaction.

☐ Some ☐ All customers will be charged different rates than they were charged before the transaction.

If rates are changing, please explain:

N/A

☐ Applicant is an IOU and intends to file with the Commission or municipal regulatory authority an application to change rates of some/all of its customers as a result of this transaction. If so, please explain:

Not at this time

☐ Other. Please explain:

N/A

15. List all neighboring water and /or sewer utilities, cities, and political subdivisions providing the same service within two (2) miles of area affected by this proposed transaction. This information should be available from the water utility database (WUD) or Applicant's licensed water operator.

El Paso Water Utilities Public Service Board CN# 10211, Mayfair 5 Water Company CN#12542, Hillside Waterworks CN#12961, Vinton Hills Alegre LLC CN#12563



16. Financial, Managerial and Technical information for the acquiring entity.

HISTORICAL BALANCE SHEETS

	CURRENT YEAR (A)	A-1 YEAR 2012	A-2 YEAR 2011	A-3 YEAR 2010	A-4 YEAR 2009	A-5 YEAR 2008
CURRENT ASSETS						
Cash "Owner"	0	0	0	0	0	0
Accounts Receivable	44000	44451	44040	45498	43805	43974
Inventories	0	0	0	0	0	0
Income Tax Receivable	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	44000	44451	44040	45498	43805	43974
FIXED ASSETS						
Land \$45k-GA/\$45k RV\$90k combined	90000	90000	90000	90000	90000	90000
Collection/Distribution System	17300	17300	17300	17300	17300	17300
Buildings	1600	1600	1600	1600	1600	1600
Equipment	22056	22056	22056	22056	22056	22056
Other	0	0	0	0	0	0
Less: Accum. Depreciation or Reserves	0	0	-660	-1304	-1301	-1300
Total	13095	13095	1302	12965	12965	12965
TOTAL ASSETS	17495	17474	17433	17515	17346	17363
CURRENT LIABILITIES						
Accounts Payable	0	0	0	0	0	0
Notes Payable, Current	0	0	0	0	0	0
Accrued Expenses	0	0	0	0	0	0
Other	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0
LONGTERM LIABILITIES						
Notes Payable, Long-term surcharge	0	1620	6480	6480	6480	6480
Other	0	0	0	0	0	0
TOTAL LIABILITIES	0	1620	6480	6480	6480	6480
OWNER'S EQUITY						
Paid in Capital	100%	100%	100%	100%	100%	100%
Retained Equity	100%	100%	100%	100%	100%	100%
Other	0	0	0	0	0	0
Current Period Profit or Loss	0	0	0	0	0	0
TOTAL OWNER'S EQUITY	100%	100%	100%	100%	100%	100%
TOTAL LIABILITIES AND EQUITY	100%	100%	100%	100%	100%	100%
WORKING CAPITAL	100%	100%	100%	100%	100%	100%
CURRENT RATIO	100%	100%	100%	100%	100%	100%
DEBT TO EQUITY RATIO EQUITY TO TOTAL ASSETS	100%	100%	100%	100%	100%	100%

HISTORICAL INCOME STATEMENT

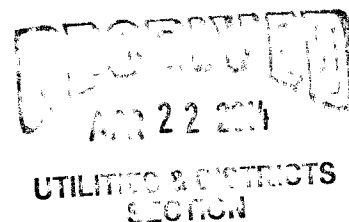
	CURRENT YEAR (A)	A-1 YEAR 2012	A-2 YEAR 2011	A-3 YEAR 2010	A-4 YEAR 2009	A-5 YEAR 2008
METER NUMBER						
Existing Number of Taps	108	108	108	108	109	109
New Taps Per Year	0	0	0	0	0	0
Total Meters at Year End	108	108	108	108	108	108
METER REVENUE						
Fees Per Meter "Minimum Bill"	0	0	0	0	0	0
Cost Per Meter	0	0	0	0	0	0
Operating Revenue Per Meter	0	411	407	421	405	407
GROSS WATER REVENUE						
Fees	0	0	0	0	0	0
Other	0	0	0	0	0	0
Gross Income	44000	44451	44040	45498	43805	43974
OPERATING EXPENSES						
General & Administrative	29843	24652	33355	25182	24075	29843
Interest	0	0	0	0	0	0
Other Taxes	0	1176	1077	952	855	708
NET INCOME	1700	1700	1700	1700	1700	1700

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UTILITIES & DISTRICTS
SECTION

HISTORICAL EXPENSES STATEMENT

	CURRENT YEAR (A)	A-1 YEAR 2012	A-2 YEAR 2011	A-3 YEAR 2010	A-4 YEAR 2009	A-5 YEAR 2008
GENERAL/ADMINISTRATIVE EXPENSES						
Salaries My fees	700	700	700	700	700	700
Office Expense	0	1363	1041	1555	1463	715
Computer Expense	0	0	0	0	0	0
Auto Expense	0	3319	2949	3254	7836	4720
Insurance Expense	0	0	0	0	0	0
Telephone Expense	0	2540	2460	2505	2090	2634
Utilities Expense	0	2684	4125	3723	4024	5507
Depreciation Expense	0	0	0	0	0	0
Property Taxes Taxes and liscensces	0	1177	1077	1013	920	1120
Professional Fees outside services	0	17160	11400	19805	6864	7184
Other legal and professional	0	900	900	800	1285	1495
Total		29843	24652	33355	25182	24075
% Increase Per Year	0	0	0	0	0	0
OPERATIONAL EXPENSES						
Salaries	730	730	730	730	730	730
Auto Expense	0	0	0	0	0	0
Utilities Expense Other supplies	0	0	0	0	0	0
Depreciation Expense other expenses	0	0	0	0	0	0
Repair & Maintenance	0	0	0	0	0	0
Supplies Postage	0	150	97	147	690	270
Other TCEQ and Lab	0	0	0	0	0	0
Total	730	880	827	877	1420	1000
% Increase Per Year		0	0	0	0	0
ASSUMPTIONS						
Interest Rate/Terms	0	0	0	0	0	0
Utility Cost/gal.	0	0	0	0	0	0
Depreciation Schedule	0	0	0	0	0	0
Other	0	0	0	0	0	0


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 APR 22 2011
 UTILITIES & DISTRICTS
 SECTION

PROJECTED BALANCE SHEETS

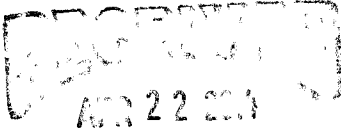
	START UP	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
CURRENT ASSETS (no change)						
Cash	1000	1000	1000	1000	1000	1000
Accounts Receivable	44000	44000	44000	44000	44000	44000
Inventories	0	0	0	0	0	0
Income Tax Receivable	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	45000	45000	45000	45000	45000	45000
FIXED ASSETS						
Land	90000	90000	90000	90000	90000	90000
Collection/Distribution System	17300	17300	17300	17300	17300	17300
Buildings	1600	1600	1600	1600	1600	1600
Equipment	22056	22056	22056	22056	22056	22056
Other	0	0	0	0	0	0
Less: Accum. Depreciation or Reserves	0	0	0	0	0	0
Total	130956	130956	130956	130956	130956	130956
TOTAL ASSETS	175956	175956	175956	175956	175956	175956
CURRENT LIABILITIES (no change)						
Accounts Payable	0	0	0	0	0	0
Notes Payable, Current	0	0	0	0	0	0
Accrued Expenses	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	0	0	0	0	0	0
LONGTERM LIABILITIES (no change)						
Notes Payable, Long-term	0	0	0	0	0	0
Other	0	0	0	0	0	0
TOTAL LIABILITIES	0	0	0	0	0	0
OWNER'S EQUITY (no change)						
Paid in Capital	0	0		0	0	0
Retained Equity	0	0	0	0	0	0
Other	0	0	0	0	0	0
Current Period Profit or Loss	0	0	0	0	0	0
TOTAL OWNER'S EQUITY	100%	100%	100%	100%	100%	100%
TOTAL LIABILITIES AND EQUITY	100%	100%	100%	100%	100%	100%
WORKING CAPITAL	100%	100%	100%	100%	100%	100%
CURRENT RATIO	100%	100%	100%	100%	100%	100%
DEBT TO EQUITY RATIO	100%	100%	100%	100%	100%	100%
EQUITY TO TOTAL ASSETS	100%	100%	100%	100%	100%	100%

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UTILITIES & PROJECTS
SECTION

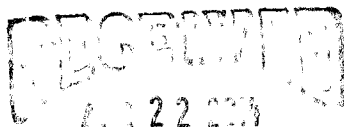
PROJECTED INCOME STATEMENT

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
METER NUMBER						
Existing Number of Taps	108	108	108	108	108	108
New Taps Per Year	0	0	0	0	0	0
Total Meters at Year End	108	108	108	108	108	108
METER REVENUE						
Fees Per Meter	0	0	0	0	0	0
Cost Per Meter	0	0	0	0	0	0
Operating Revenue Per Meter	0	411	407	421	405	407
GROSS WATER REVENUE						
Fees	0	0	0	0	0	0
Other	0	0	0	0	0	0
Gross Income	45000	45000	45000	45000	45000	45000
OPERATING EXPENSES						
General & Administrative	14800	14800	14800	14800	14800	14800
Interest	0	0	0	0	0	0
Other Monthly Payment	1440	1440	1440	1440	1440	1440
NET INCOME	17000	17000	17000	17000	17000	170000


 APR 22 2014
 UTILITIES & PROJECTS
 SECTION

PROJECTED INCOME STATEMENT

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
GENERAL/ADMINISTRATIVE EXPENSES						
Salaries	0	0	0	0	0	0
Office Expense	1300	1300	1300	1300	1300	1300
Computer Expense	0	0	0	0	0	0
Auto Expense	3500	3500	3500	3500	3500	3500
Insurance Expense	0	0	0	0	0	0
Telephone Expense	2400	2400	2400	2400	2400	2400
Utilities Expense	4000	4000	4000	4000	4000	4000
Depreciation Expense	0	0	0	0	0	0
Property Taxes	1200	1200	1200	1200	1200	1200
Professional Fees	800	800	800	800	800	800
Other outside services	1700	1700	1700	1700	1700	1700
Total	1600	1600	1600	1600	1600	1600
% Increase Per Year	0	0	0	0	0	0
OPERATIONAL EXPENSES						
Salaries	0	0	0	0	0	0
Auto Expense	0	0	0	0	0	0
Utilities Expense	0	0	0	0	0	0
Depreciation Expense	0	0	0	0	0	0
Repair & Maintenance	0	0	0	0	0	0
Supplies	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	0	0	0	0	0	0
% Increase Per Year	0	0	0	0	0	0
ASSUMPTIONS (None)						
Interest Rate/Terms	0	0	0	0	0	0
Utility Cost/gal.	0	0	0	0	0	0
Depreciation Schedule	0	0	0	0	0	0
Other	0	0	0	0	0	0


 JUL 22 2011
 UTILITIES DIVISION
 SECTION

PROJECTED SOURCES AND USES OF CASH STATEMENTS

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
SOURCES OF CASH						
Net Income	16500	16500	16500	16500	16500	16500
Depreciation (If Funded)	0	0	0	0	0	0
Loan Proceeds	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total Sources	16500	16500	16500	16500	16500	16500
USES OF CASH						
Net Loss	0	0	0	0	0	0
Principle Portion of Pmts.	0	0	0	0	0	0
Fixed Asset Purchase	0	0	0	0	0	0
Reserve	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total Uses	0	0	0	0	0	0
NET CASH FLOW	0	0	0	0	0	0
DEBT SERVICE COVERAGE						
Cash Available for Debt	14400	144000	144000	144000	144000	144000
SERVICE (CADS)						
Net Income (Loss)	0	0	0	0	0	0
Depreciation, or Reserve Interest	0	0	0	0	0	0
Total	0	0	0	0	0	0
REQUIRED DEBT SERVICE (RDS)						
Principle Plus Interest	0	0	0	0	0	0
DEBT SERVICE COVERAGE RATIO						
CADS Divided by RDS	17000	17000	17000	17000	17000	17000

RECEIVED
APR 22 2011

UTILITIES & DISTRICTS
SECTION

RECEIVED
APR 22 2014
UTILITIES DISTRICTS
SECTION

**PLEASE ANSWER QUESTIONS 17 THROUGH 22 ON A DIFFERENT SHEET
FOR EACH PHYSICALLY DISTINCT SYSTEM BEING
TRANSFERRED OR ACQUIRED**

17. A. For Water Systems. TCEQ Public Water System Identification Number:

0 7 1 0 0 6 7

Date of last inspection: 01/25/2011

B. For Wastewater Systems:

-TCEQ Discharge Permit Number: W Q N A -

-Name of Permittee:

-Date of application to transfer Discharge Permit submitted:

-Date of application to transfer Discharge Permit approved by TCEQ:

18. A. Are any improvements required to meet TCEQ standards? ☒ Yes ☐ No. If yes, please explain:

Arsenic MCL- The system is currently researching alternate treatment methods, and evaluating cost feasibility.

B. Is there a moratorium on new connections? ☐ Yes ☒ No. If yes, please explain:

N/A

C. Provide details of each required major capital improvement to correct the deficiencies and meet the TCEQ standards (attach additional sheets if necessary):

Description of the Required Improvement	Schedule to Complete	Estimated Cost
Arsenic Treatment	Unknown at time	Not known at this time

19. Does the system being transferred operate within the city limits of a municipality or within district boundaries? ☐ Yes ☒ No

If yes, indicate the number of customers within the city limits or district boundaries:

☐ Water ☐ Sewer

Attach copy of franchise agreement or consent letter from the city or district.

20. Do you currently purchase water or sewer treatment capacity from another source? ☐ Yes ☒ No

☐ Water ☐ Sewer

Purchased on a ☐ Regular ☐ Seasonal

☐ Emergency Basis

• Source: % of total supply:

21. List the number of existing connections to be effected by this transaction.

Water				Sewer	
	-Non Metered		-2"meter	-Residential Connection	
59	-5/8" or 3/4" meter		-3" meter	-Commercial Connection	
	-1" meter		-4" meter	-Industrial Connection	
	-1 1/2" meter		-Other	-Other	
Total Water Connections:				Total Sewer Connections	

20. Has the system reached 85% of its capacity based on TCEQ's minimum requirements? ☐ Yes ☒ No
If yes, please explain what steps are being taken to address the capacity issues:

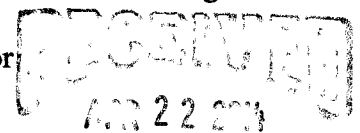
N/A

23. List the name, class, and license number of the operator(s) that will be responsible for the system:

Name	Class	License#
Brenda Lucero	"D"	W00031362

24. Attach the following maps with each copy of the application:

- One small scale map clearly showing affected service area with enough detail to accurately locate the area if the application is for the transfer of all or a portion of a CCN.
- One large scale map showing the proposed service area boundaries being sold, transferred, or merged and, if available, the existing and proposed facilities. Color coding should be used to differentiate existing from proposed facilities. Facilities and service area boundaries should be shown with such exactness that they can be located on the ground. If transferring area not currently in a CCN or a portion of an existing CCN area please attach the following hard copy maps with each copy of the application:
 - A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 - A map showing only the proposed area by:
 - metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - following verifiable natural and man-made landmarks, or
 - a copy of recorded plat map with metes and bounds.
 - A written description of the proposed service area.



UTILITIES & DISTRICTS
SECTION 1
Page 17 of 22


OATH FOR SELLER OR FORMER SERVICE PROVIDER

STATE OF TEXAS

COUNTY OF EL PASO

I, Terry Bourbon, being duly sworn, file this application for sale, lease, rental or merger or consolidation as Green Acres /Riverview Water Works (*indicate relationship to applicant*) that is, owner, member of partnership, title as officer of corporation, or other authorized representative of applicant); that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the documents filed with this application, and have complied with all the requirements contained in the application; and, that all such statements made and matters set forth therein with respect to applicant are true and correct. Statements about other parties are made on information and belief. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Commission.

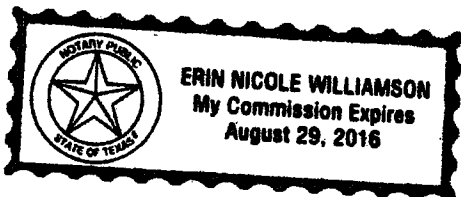
I further state that I have provided to the purchaser or transferee a written disclosure statement about any contributed property as required under Section 13.301(j) and copies of any outstanding Orders of the Commission or Attorney General and have also complied with the notice requirements in Section 13.301(k) of the Water Code.

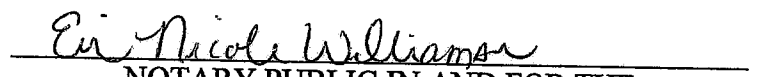

AFFIANT
(Utility's Authorized Representative)

If the Affiant to this form is any person other than the sole owner, partner, officer of the Applicant, or its attorney, a properly verified Power of Attorney must be enclosed.

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for the State of Texas,
day 14 of August, 20 13.

SEAL

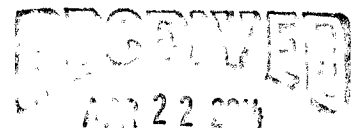



NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

Erin Nicole Williamson
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES 8-29-2016

One copy of this page must be submitted for each utility involved in this transaction.



OATH FOR PURCHASER OR ACQUIRING ENTITY

STATE OF TEXAS

COUNTY OF EL PASO

I, Brenda Lucero, being duly sworn, file this application for

sale, lease, rental or merger or consolidation as Green Acres /Riverview Water Works
(indicate relationship to applicant) that is, owner, member of partnership, title as officer of corporation, or other authorized representative of applicant); that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the documents filed with this application, and have complied with all the requirements contained in the application; and, that all such statements made and matters set forth therein with respect to applicant are true and correct. Statements about other parties are made on information and belief. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Commission.

I am also authorized and do agree to be bound by and comply with any outstanding orders of the Commission or the Attorney General which have been issued to the system or facilities being acquired and recognize that I will be subject to administrative penalties or other enforcement actions if I do not comply.

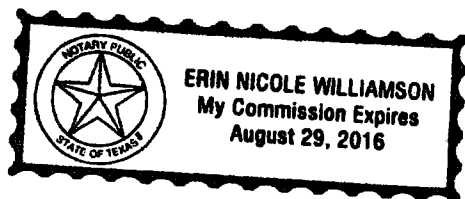
Brenda Lucero
AFFILIANT
(Utility's Authorized Representative)

If the Affiant to this form is any person other than the sole owner, partner, officer of the Applicant, or its attorney, a properly verified Power of Attorney must be enclosed.

Applicant represents that all other parties to this transaction have been furnished copies of this completed application.

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for the State of Texas,
day 14 of August, 20 13.

SEAL



Erin Nicole Williamson
NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

Erin Nicole Williamson
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES 8-29-2016

One copy of this page must be submitted for each utility involved in this transaction.

