

Control Number: 42899



Item Number: 18

Addendum StartPage: 0

House Bill (HB) 1600 and Senate Bill (SB) 567 83rd
Legislature, Regular Session, transferred the functions
relating to the economic regulation of water and sewer
utilities from the TCEQ to the PUC effective
September 1, 2014.



TCEQ Core Data Form

42899 TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)	
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)	
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.) UTILITIES & DISTRICTS SECTION	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Customer Reference Number (if issued)	4. Regulated Entity Reference Number (if issued)
CN 602884991	RN 101267078

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		8/15/2013	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee	<input type="checkbox"/> Responsible Party	<input type="checkbox"/> Voluntary Cleanup Applicant	<input type="checkbox"/> Other:
7. General Customer Information			
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input checked="" type="checkbox"/> Change in Regulated Entity Ownership	
		<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:			
<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government	
<input type="checkbox"/> State Government	<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other:		
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Lucero, Brenda		Bourbon, Terry	
10. Mailing Address:		P.O. Box #290	
4869 Titanic		Canutillo, TX 79835	
City	El Paso	State	TX
ZIP	79904	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
N/A		cujet@sbcglobal.net	
13. Telephone Number		14. Extension or Code	
(915) 422-6466		0	
15. Fax Number (if applicable)			
(915) 757-6376			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
557926376			
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
20. Number of Employees		21. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity	<input type="checkbox"/> Update to Regulated Entity Name
<input checked="" type="checkbox"/> Update to Regulated Entity Information	<input type="checkbox"/> No Change** (See below)
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.	
23. Regulated Entity Name (name of the site where the regulated action is taking place)	
Green Acres Mobile Home Park	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	Green Acres Mobile Home Park							
	8600 Hickory Ln							
	City	Anthony	State	TX	ZIP	79821	ZIP + 4	
25. Mailing Address:	P.O. Box #290							
	City	Canutillo	State	TX	ZIP	79835	ZIP + 4	
26. E-Mail Address:	cujet@sbcglobal.net							
27. Telephone Number	28. Extension or Code			29. Fax Number (if applicable)				
(915) 422-6466				(915) 757-6376				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)		32. Primary NAICS Code (5 or 6 digits)			33. Secondary NAICS Code (5 or 6 digits)		
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)								

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	8600 Hickory Ln, Anthony, TX 79821				
36. Nearest City	County	State	Nearest ZIP Code		
Anthony	El Paso	TX	79821		
37. Latitude (N) In Decimal:	31.96038		38. Longitude (W) In Decimal:	106.61490	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input checked="" type="checkbox"/> Utilities
				water only
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

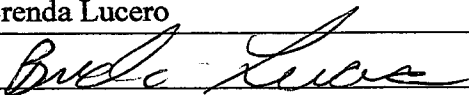
SECTION IV: Preparer Information

40. Name:	Brenda Lucero	41. Title:	Owner/Operator
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(915) 422-6466	N/A	(915) 757-6376	cujet@sbcglobal.net

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Green Acres/River View Waterworks	Job Title:	Manager
Name (In Print):	Brenda Lucero	Phone:	(915) 422-6466
Signature:		Date:	8/15/2013



TCEQ Use Only

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SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN 602884991		RN 101267078

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		8/15/2013	
6. Customer Role (Proposed or Actual) – as it relates to the <u>Regulated Entity</u> listed on this form. Please check only <u>one</u> of the following:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee	<input type="checkbox"/> Responsible Party	<input type="checkbox"/> Voluntary Cleanup Applicant	<input type="checkbox"/> Other: _____
7. General Customer Information			
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	<input checked="" type="checkbox"/> Change in Regulated Entity Ownership
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:			
<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government	
<input type="checkbox"/> State Government	<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other: _____		
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Lucero, Brenda		Bourbon, Terry	
		End Date: N/A	
10. Mailing Address:			
4869 Titanic		P.O. Box #290	
		Canutillo, TX 79835	
City	El Paso	State	TX
ZIP	79904	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
N/A		cujet@sbcglobal.net	
13. Telephone Number		14. Extension or Code	
(915) 422-6466		0	
15. Fax Number (if applicable)			
(915) 757-6376			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
557926376			
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
20. Number of Employees		21. Independently Owned and Operated?	
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SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity	<input type="checkbox"/> Update to Regulated Entity Name
<input checked="" type="checkbox"/> Update to Regulated Entity Information	<input type="checkbox"/> No Change** (See below)
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.	
23. Regulated Entity Name (name of the site where the regulated action is taking place)	
Riverview Estates	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	Riverview Estates							
	141 Libby							
	City	Canutillo	State	TX	ZIP	79835	ZIP + 4	
25. Mailing Address:	P.O. Box #290							
	City	Canutillo	State	TX	ZIP	79835	ZIP + 4	
26. E-Mail Address:	cujet@sbcglobal.net							
27. Telephone Number	28. Extension or Code			29. Fax Number (if applicable)				
(915) 422-6466				(915) 757-6376				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)		32. Primary NAICS Code (5 or 6 digits)			33. Secondary NAICS Code (5 or 6 digits)		
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)								

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	141 Libby Dr Canutillo, TX 79835							
36. Nearest City	County			State		Nearest ZIP Code		
Anthony	El Paso			TX		79821		
37. Latitude (N) In Decimal:	31.94395			38. Longitude (W) In Decimal:		106.60704		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input checked="" type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	water only
				<input type="checkbox"/> Other:

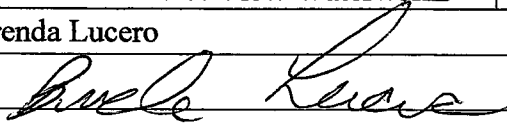
SECTION IV: Preparer Information

40. Name:	Brenda Lucero			41. Title:	Owner/Operator
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(915) 422-6466	N/A	(915) 757-6376	cujet@sbcglobal.net		

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Green Acres/River View Waterworks	Job Title:	Manager
Name (In Print):	Brenda Lucero	Phone:	(915) 422-6466
Signature:		Date:	08/14/2013