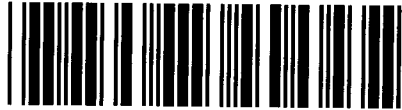




Control Number: 42923



Item Number: 2

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.

Bryan W. Shaw, Ph.D., *Chairman*
Carlos Rubinstein, *Commissioner*
Toby Baker, *Commissioner*
Zak Covar, *Executive Director*



42923

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

July 26, 2013

RECEIVED
2014 SEP 19 PM 2:45
PUBLIC UTILITY COMMISSION
FILING CLERK

BY FAX TO 956/262-4953 AND
BY CERTIFIED MAIL

Mr. Robert S. Schmalzried, Mayor
City of Edcouch
211 Southern Avenue
Edcouch, Texas 78538

NOTICE OF DEFICIENCY

Re: Application from the City of Edcouch, to Obtain a Certificate of Convenience and Necessity (CCN) in Hidalgo County; Application No. 37650-C

Dear Mr. Schmalzried:

Your CCN application for the City of Edcouch, received on June 28, 2013, has been assigned Application No. 37650-C, but has not been accepted for filing. Please refer to the application number in future correspondence.

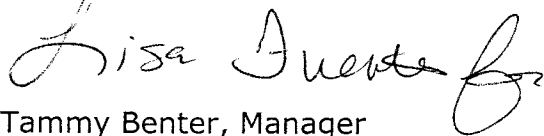
In order for your application to be accepted for filing, please submit four (4) copies of the following items:

1) The maps included with your application do not meet requirements.

- A. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area with the county;
- B. A map showing only the proposed area by:
 - i. Metes and bounds survey certified by a licensed state or register professional land surveyor; or
 - ii. Projectable digital data with metadata (proposed areas should be in a single record and clearly labeled). Also, a data disk labeled with the applicant's name must be provided; or
 - iii. Following verifiable natural and man-made landmarks; or
 - iv. A copy of recorded plat map with metes and bounds.
- C. A written description of the proposed service area; and

If you have any questions, please contact Ms. Christine Mester at 512/239-2788, by email at christine.mester@tceq.texas.gov, or if by correspondence, include Mail Code 153 in the letterhead address.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Benter". The signature is fluid and cursive, with a large initial "L" and a stylized "B" at the end.

Tammy Benter, Manager
Utilities & Districts Section
Water Supply Division
Texas Commission on Environmental Quality

TB/CM/sd

**** Transmit Conf. Report ****

P.1

Jul 25 2013 12:12

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
919562624953	NORMAL	25,12:12	0'43"	4	# O K	

How is our customer service? www.tceq.texas.gov/goto/customersurvey

Fax: 512-239-6972
 Phone: 512-239-2788
 Texas Commission on Environmental Quality
 Division : Water Supply Division
 From: Ms Christine Mester
 Fax: 512-239-6972

To: Administrative Reviewer

Date Complete: July 8, 2013

From: Cartographer-Utilities & Districts Section

Subject: Overlap & Notice Check for Administrative Review No. A-086-13/37650-C
City of Edcouch to obtain sewer CCN in Hidalgo county

1. No new overlap of service areas exists.
2. An overlap:
3. Dual certification:
4. An overlap exists with the city limits of:
5. If this is a Sale, Transfer, or Merger, is additional area being requested?
7. Map submitted is digital request digital data.
9. Utility notice was sufficient.
10. Utility notice was insufficient. In addition to those systems listed in the application, they will also need to notify:
TWO MILES:

All cities and etj's within 2 miles of proposed area

Any other Utility, District or entity that would be required to receive notice

11. Notice: **DO NOT NOTICE**

X 12. Other comments: **Maps do not meet requirements. Please submit the following. (Only 1 map in application. No detailed map. Detailed map should not contain any existing CCN area. Existing CCN's are not verifiable natural or manmade landmarks. No facility map.**

- A. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
- B. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or register professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled). Also, a



TCEQ Use Only

TCEQ Core Data Form

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.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Customer Reference Number (if issued)	4. Regulated Entity Reference Number (if issued)
CN 600626683	RN 101916377

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
6. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check only <u>one</u> of the following:	
<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
<input type="checkbox"/> Occupational Licensee	<input type="checkbox"/> Responsible Party
<input type="checkbox"/> Owner & Operator	<input type="checkbox"/> Voluntary Cleanup Applicant
<input type="checkbox"/> Other:	
7. General Customer Information	
<input checked="" 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 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 checked="" type="checkbox"/> City Government	<input type="checkbox"/> County Government
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other:
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)	
City of Edcouch	
10. Mailing Address:	
City of Edcouch	
211 Southern Ave.	
City	Edcouch
State	TX
ZIP	78538
ZIP + 4	
11. Country Mailing Information (if outside USA)	
12. E-Mail Address (if applicable)	
cityofedcouch@aol.com	
13. Telephone Number	
(956) 262-2140	
14. Extension or Code	
15. Fax Number (if applicable)	
(956) 262-2920	
16. Federal Tax ID (9 digits)	
746000709	
17. TX State Franchise Tax ID (11 digits)	
036380699	
18. DUNS Number (if applicable)	
036380699	
19. TX SOS Filing Number (if applicable)	
20. Number of Employees	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher	
21. Independently Owned and Operated?	
<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 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)	

24. Street Address of the Regulated Entity: (No P.O. Boxes)						
	City		State		ZIP	ZIP + 4
25. Mailing Address:						
	City		State		ZIP	ZIP + 4
26. E-Mail Address:						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)			
() -			() -			
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:					
36. Nearest City	County	State	Nearest ZIP Code		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:				
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 type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

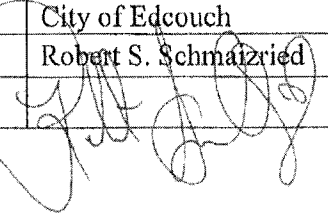
SECTION IV: Preparer Information

40. Name:	George E. Lazro	41. Title:	General Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(956) 797-3411		(956) 797-3400	gelazaro@aol.com

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:	City of Edcouch	Job Title:	Mayor
Name (In Print):	Robert S. Schmaizried	Phone:	(956) 262-2140
Signature:		Date:	

Checklist for Obtaining or Amending a CCN

Name of Application City of Edcouch

Administrative Review #A - 086 - 13

Application Number (s) 37650-C

Date TCEQ Received Application 6/28/13

Date Assigned to program area 7/2/13

County(s) Hidalgo

Purpose of Application:

Obtain New Water CCN
Temporary CCN# A _____

Obtain New Sewer CCN
Temporary CCN# A 2077

Amend Water CCN # _____

Amend Sewer CCN # _____

Account Fees due

Regulatory Assessment Fees due

Attach a copy of CN and RN from WUD

Not on file with Central Registry. Core Data Form Needed. Requested 7/2

Original and three copies of application received

J:\UDS\Utilities Forms and Checklists Admin Review\CCN.doc

Stacey Duncan

From: Stacey Duncan
Sent: Tuesday, July 02, 2013 10:24 AM
To: 'rysquierdo@fulcrum-cs.com'
Cc: Debbie Reyes Tamayo
Subject: City of Edcouch Application to Obtain or Amend a Water or Sewer CCN
Attachments: Core Data Form.doc

Importance: High

Pursuant to your letter of transmittal dated 6/27/2013 regarding the captioned please complete the attached Core Data Form and return to us at your earliest convenience.

Thank you,

Stacey Duncan

Texas Commission on Environmental Quality
Business Support Section
Water Supply Division, Bldg. F3-31044,
Mail Code 157, Phone: (512) 239-2064
Email: Stacey.Duncan@tceq.texas.gov