calibration shall be paid by Tiemann if the Water Meter was in error on the low side. If the Water Meter is in error by 2% or more, the Company's charge to Tiemann for Water during the period in question shall be increased or decreased, as appropriate, based on the difference in the amount of Water furnished to the Land for one-half of the time period since the previous calibration was made, but in any event for no longer a period than six months.

4. Within thirty (30) days of receipt of a statement for monthly charges from the Company, Tiemann will pay the statement unless there is a dispute as to the accuracy of the billing. In the event there is any dispute regarding the accuracy of the billing, the engineers for the Company and Tiemann shall confer to resolve the issues, which shall be resolved within sixty (60) days after the date of the statement. The undisputed amount of the statement shall be paid in full within the thirty (30) day payment period. If it is determined (whether through consultation, arbitration, or otherwise) that all or any part of the disputed amount of the billing to Tiemann was correct, Tiemann shall forthwith pay the correct portion of the disputed amount to the Company and may keep the balance of the disputed amount, if any.

#### ARTICLE III

## CONDITIONS GOVERNING WATER SUPPLY

Section 3.1: Quantity and Quality of Water.

(a) During the term of this Agreement and subject to Section 4.2 herein, the company shall provide a Water Supply that will be adequate for the needs of the present and future owners, customers, residents and occupants of the Land and those

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in privity with them. The Water shall be furnished at all Water Meters at a pressure and of a quality and quantity adequate to enable Tiemann to comply with applicable Regulatory Requirements including, without limitation, Texas Natural Resource Conservation Commission Regulation 30 TAC §290.45(f).

(b) During the term of this Contract, the Company shall provide a Water Supply sufficient to serve the Land according to the following phased schedule:

Year D	Cumulative Demand <sup>,</sup> LUE's	Avg.Day gpd	Peak Day gpd	Peak Hr.gpm
1996-1997	7 165	99,000	210,156	332
1997-1998	.416	249,600	526,656	832
1998-1999	666	399,600	843,156	1,132
1999-2000	916	549,600	1,159, <u>6</u> 56	1,557
2000-2001	1,166	699,600	1,476,156	1,982
2001-2002	1,416	849,600	1,792,656	2,407
2002-2003	3 1,666	999,600	2,109,156	2,832
2003-2004	1,916	1,149,600	2,425,656	3,257
2004-2008	2,166	1,299,600	2,742,156	3,682
2005-2006	2,416	1,449,600	3,058,658	4,107
2006-2007	7 2,666	1,599,600	3,375,156	4,532
2007-2008	3 2,916	1,749,600	3,691,656	4,957
- 2008-2009	•	1,800,000	3,798,000	5,100

The phased schedule is determined and the Water Supply shall be furnished according to the following criteria which are established pursuant to 30 TAC \$290.45:

- 50 psi minimum delivery pressure at the highest elevation on the Land,
   722 ft msl.
- 2. 200 gpd per person demand
- 3. 3 persons per household population
- 4. 600 gpd average per LUE or connection

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- 5. Average day at buildout:
  600 gpd per household x 3000 LUEs = 1:800.000 gpd average
- 6. Peak (maximum) day: 1,800,000 x <u>2.11</u> = 3,798,000 gpd peak
- 7. Peak (maximum) hour:
  - (A) 1.800,000 gpd = 1,250 gpm average x 4.08 = 5,100 gpm 1,440 minimum
  - (B) Provide at 2.0 gpm per LUE or connection or provide at least 1,000 gallons per minute and meet peak hourly demands.
- (c) Whenever at any time or from time to time it is reasonably determined in good faith by Tiemann that the Company through no fault of Tiemann is not able for any reason to furnish a Water Supply at a pressure and of a quantity and quality adequate to enable Tiemann to comply with the applicable Regulatory Requirements, Tiemann shall notify the Company in writing of such inadequacies. Thereafter, the Company shall have a period of time not to exceed ninety (90) days to cure the inadequacies described in the notice. If the Company is unable within that time period to cure the inadequacies described in the notice, then Tiemann may in its discretion obtain an alternate water supply from any source available to it. Such alternate source may be o btained only on a temporary basis until such time as the Company is able to provide a supply adequate to comply with the applicable Regulatory Requirements, whereupon Tiemann shall forthwith cease utilization of the alternate source.

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## Section 3.2: Construction of Water Facilities.

- (a) The Company agrees that it will acquire, construct and expand the Plant and acquire additional sources of Water as needed to have sufficient capacity to provide Wholesale Service to the Land as required by this Agreement. The Plant as it currently exists or as constructed and expanded will be designed and constructed to provide volumes, pressures and delivery points which meet the requirements of this Agreement.
- (b) At the request of Manville made at any time during the term of this Contract, Tiemann shall convey to Manville a two (2) acre tract of land for use as a site for constructing an elevated storage tank (the "Tank Site"). The location for the Tank Site shall be determined at the discretion of Tiemann and shall be generally located in the northeast corner of the Land. Additionally, Tiemann shall provide to Manville sufficient easements to allow Manville to access the Tank Site by vehicles and water lines. If Manville fails to construct a storage tank on the Tank Site within five (5) years after Tiemann conveys the land to Manville, ownership of the Tank Site shall revert to Tiemann.
  - Section 3.3: <u>Conservation Measures</u>. Tiemann will require all of its Customers that connect to the Internal Lines after the effective date of this Agreement to install water conservation devices.
- Section 3.4: <u>Testing of Water</u>. Tiemann with a representative of the Company shall be entitled to collect samples of the Water at the Water Meters and cause the same to be analyzed by a certified laboratory or a laboratory at the Texas Department

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of Health or the Texas Natural Resource Conservation Commission in accordance with the appropriate methods to determine if such Water complies with the Regulatory Requirements. If the analysis discloses that the Water does not comply with the Regulatory Requirements, the Company shall take all steps necessary to bring the Water into compliance.

Section 3.5: <u>Independent Contractors</u>. The Company and Tiemann are independent contractors in fulfilling their respective obligations under this Agreement, and nothing herein shall be interpreted as changing or modifying the relationship of the parties unless in writing and signed by both parties.

Section 3.6: Regulatory Action. The Parties recognize that the rights, duties and obligations of the Company and Tiemann as provided in this Agreement are subject to all present and future Regulatory Requirements; and the parties agree to cooperate in making any applications, obtaining permits and approvals as necessary, and doing such other things and taking such other actions as may be desirable in order to comply with all Regulatory Requirements and accomplish the purposes of this Agreement.

Section 3.7: Retail Service Conditions. Tiernann agrees to incorporate in its rules, regulations and policies, in the manner appropriate to the subject matter, the terms, rules and regulations that govern the Company's management of service to its retail customers, such as water conservation, drought management, taps and LUE fees, and take appropriate action to enforce the same.

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#### ARTICLE IV

#### MISCELLANEOUS PROVISIONS

Section 4.1: <u>Term:</u> Unless terminated by mutual agreement of the parties hereto, this Agreement shall continue in full force and effect for a period of forty (40) years from date hereof.

Section 4.2: Force Majeure. In the event either party is rendered unable, wholly or in part, by reason of force majeure to carry out any of its obligations under this Agreement, then the obligations of such party, to the extent affected by such force majeure and to the extent that due diligence is being used to resume performance at the earliest practicable time, shall be suspended during the continuance of any inability so caused to the extent provided but for no longer period. As soon as reasonably possible after the occurrence of the force majeure relied upon, the party whose contractual obligations are affected shall give notice and full particulars of such force majeure to the other party. Such cause, as far as possible, shall be remedied with all reasonable diligence. The term "force majeure", as used herein, shall mean acts of God, strikes, lockouts, or other industrial disturbances, acts of the police or enemy, orders of any kind of government or the United States, the State of Texas, a local or municipal government of competent jurisdiction or any other entity other than a party to this contract, or any civil or military authority. insurrections, riots, epidemics, landslides, lightening, earthquakes, fires, hurricanes. storms, floods, washouts, droughts, arrests, civil disturbances, explosions, breakage or accidents to machinery, pipelines or canals, partial or entire failure of water supply,

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and any other inabilities of either party, similar to those enumerated, which are not within the control of the party claiming such inability and which such party could not have avoided by the exercise of due diligence and care. It is understood and agreed that the settlement of strikes and lockouts shall be entirely within the discretion of the party having the difficulty and that the above requirements that any force majeure shall be remedied with all reasonable dispatch shall not require the settlement of strikes and lockouts by acceding to the demands of the opposing party or parties when such settlement is unfavorable to it in the judgment of the party having the difficulty.

Section 4.3: Remedies upon Default. It is not intended hereby to specify (and this Agreement shall not be considered as specifying) an exclusive remedy for any default, but all remedies existing at law or in equity, including specific performance and mandamus, may be availed of by either party and shall be cumulative; provided, however, that except as otherwise specifically provided in this Agreement, the manner of proceeding to settle any controversy, claim or dispute arising out of or relating to this Agreement, or any breach thereof, shall be by arbitration as provided in Section 4.11 of this Agreement.

Section 4.4: <u>No Additional Waiver Implied.</u> No waiver or waivers of any breach or default (or any breaches or defaults) by either party hereto of any term, covenant, condition, or liability hereunder, or of performance by the other party of any duty of obligation hereunder, shall be deemed or construed to be a waiver of subsequent breaches or defaults of any kind under any circumstances.

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Section 4.5: Addresses and Notice. Unless otherwise provided in this Agreement, any notice, communication, request, reply, or advice (herein severally and collectively, for convenience, called "notice") herein provided or permitted to be given, made, or accepted by either party to the other must be in writing and may be given or be served by depositing the same in the United States mail, postpaid and registered, or certified and addressed to the party to be notified, with return receipt requested, or be delivering the same to an officer of such party, or by prepaid telegram, when appropriate, addressed to the party to be notified. Notice deposited in the mail in the manner hereinabove described shall be conclusively deemed to be effective, unless otherwise stated in this Agreement, from and after the expiration of two (2) mail delivery days after the day it is so deposited. Notice given in any other manner shall be effective only if and when received by the party to be notified. For the purposes of notice, the addresses of the parties shall, until changed as hereinafter provided, be as shown on the signature page of this Agreement. The parties shall have the right from time to time and at any time to change their respective addresses and each shall have the right to specify as its address any other address by at least fifteen (15) days' written notice to the other party.

Section 4.6: <u>Modification</u>. This Agreement shall be subject to change or modification only by the execution of a writing signed by authorized representatives of each of the parties hereto.

Section 4.7: <u>Assignability: Notice of Assignment.</u> This Agreement shall be assignable by Tiemann only to a district operating under the authority of Article XVI.

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Section 59 of the Texas Constitution without the consent of Manville. In the event of assignment by Tiemann to a district operating under the authority of Article XVI, Section 59 of the Texas Constitution, the assignee district shall succeed to the rights and obligations of Tiemann under this Agreement and Tiemann shall be relieved of all responsibilities or obligations under this Agreement. An assignment to a district shall be effective upon the Company's receipt of written notice of the assignment. Any other assignment of this Agreement by Tiemann or by his successor district, shall be subject to the consent of the Company. Upon any such subsequent assignment, the Company may, at its sole option, terminate this contract and declare the same void. This Agreement may not be assigned by the Company to a private entity without the prior written consent of Tiemann, which consent shall not be unreasonably withheld. This Agreement is binding on the parties hereto and their respective successors, representatives and assigns. Without limitation of the foregoing, no part of this contract is assignable to a home rule or general law city without the consent of the Company.

Section 4.8: Notice of Proceedings Pertaining to Agreement. The Company shall notify Tiemann of all applications, hearings, enforcement actions and other proceedings to which the Company is a party, affecting or pertaining to this Agreement or the subject matter hereof, at or before the Texas Natural Resource Conservation Commission, any other agency having jurisdiction or any court as soon as practical after any such application, activity or proceeding is initiated or commenced.

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Section 4.9: <u>Parties in Interest.</u> This Agreement shall be for the sole and exclusive benefit of Tiemann and the Company and their successors and assigns.

Section 4.10: <u>Severability</u>. This provisions of this Agreement are severable, and if any word, phrase, clause, sentence, paragraph, section or other part of this Agreement or the application thereof to any person or circumstance shall ever be held by any court of competent jurisdiction to be invalid or unconstitutional for any reason, the remainder of this Agreement and the application of such word, phrase, clause, sentence, paragraph, section or other part of this Agreement to other persons or circumstances shall not be affected thereby.

Section 4.11. Arbitration. Except as otherwise expressly provided in this Agreement, any controversy, dispute or claim arising out of or relating to this Agreement, or any breach thereof, shall be settled by arbitration in accordance with the Commercial Rules of Arbitration of the American Arbitration Association; provided, however, that the arbitrator(s) to whom any controversy, which is subject to arbitration under the terms of this Agreement, shall be submitted in accordance with the provisions hereof, shall (1) reside in Travis County, Texas; (2) if three arbitrators, include at least one accountant; and (3) be familiar with water and sewer utilities. The arbitrator(s) have jurisdiction and authority to interpret and apply the applicable provisions of this Agreement in accordance with applicable Regulatory Requirements. Such application or interpretation of the provisions of this Agreement must be in accordance with the spirit and letter of this Agreement. No arbitrator shall have the jurisdiction or authority to add to, take from, nullify, or modify any of the terms of this

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Agreement, directly or indirectly, under the guise of interpretation. The arbitrator(s) shall be bound by the facts and evidence submitted in the hearing and may not go beyond the terms of this Agreement in rendering the award. It is further understood and agreed that the power of the arbitrator(s) shall be strictly limited to determining the meaning and interpretation of the explicit terms of this Agreement as herein expressly set forth and that no arbitrator shall have the power to base any award on any alleged practices or oral understandings not incorporated herein. Any award rendered in arbitration proceedings under this Agreement shall be subject to administrative or judicial review at the instance of either party for the purpose of determining whether the arbitrator(s) exceeded the power as herein limited, and neither party shall be deemed to have waived its right to such review by proceeding to arbitration. Within the power as herein limited, the arbitrator(s) may enter an award based upon any remedy available to the parties as provided in Section 4.3 of this Agreement. Judgment upon the award may be entered in any court having jurisdiction thereof. Any such arbitration proceeding shall be held at such place in Travis County. as may be designated by the parties. Each party represents that this Agreement was concluded upon the advice of counsel as evidenced by the respective signatures below. The provisions of this Section are subject to and shall not be considered as attempting to exclude the jurisdiction of the Texas Natural Resource Conservation Commission or any other governmental regulatory authority to arbitrate or settle disputes, hold hearings or enter orders relating to the subject matter of this Agreement.

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Section 4.12: Merger. This Agreement, together with the exhibits attached hereto and made a part hereof for all purposes, constitutes the entire agreement between the parties relative to the subject matter hereof.

Section 4.13: <u>Binding</u>. This Agreement shall be binding on and inure to the benefit of the parties, and their respective successors, representatives and assigns. EXECUTED in multiple originals as of the <u>Who</u>day of OCTUBER. 1996.

TIEMANN LAND & CATTLE DEVELOPMENT, INC.

Robert M. Tiemann, President

Address:

P.O. Box 1190

Pflugerville, Texas 78691

MANVILLE WATER SUPPLY CORPORATION

H. Leonard Dearing

President

Address: P.O. Box 248

Coupland, Texas 78615

# AGREEMENT FOR PROVIDING WHOLESALE WATER SERVICE BETWEEN TIEMANN LAND & CATTLE DEVELOPMENT, INC AND MANVILLE WATER SUPPLY CORPORATION

#### Schedule 1

#### Living Unit Equivalent ("LUE") Fees.

- 1. <u>Single Family residence</u>. For each lot on which a single family residence will be built, with a 5/8" meter, the sum of \$800.00.
- 2. <u>Multi-Family.</u> For each residential living unit within a multi-family structure, the sum of \$800.00.
- 3. Commercial-Standard. For each commercial structure or use for which a 5/8" meter will be needed, the sum of \$800.00.
- 4. Commercial-Nen Standard. For each commercial structure or use for which a meter larger than 5/8" will be needed, a fee to be determined by the Company's Engineer based on the size of the meter and the anticipated water use converted to commercial standard as stated in paragraph 3 above, subject to review and concurrence by the Engineer for Tiemann.
- 5. Industrial and Other Non-standard Service. For each industrial structure, use or service other than that shown in 1-4 above, a fee to be determined by the Engineer for the Company in consultation with and the concurrence of the Engineer for Tiemann.

SCHEDULE 1

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## PISCO NOTES FOR 1113.57 ACRES

BEING & TRACT OF LAND SITUATED IN TRAVIS COUNTY AND IN WILLIAMSON COUNTY, TEXAS, AND BEING & PART OF THE V. W. SWEARENGEN SURVEY NO. 32, THE GEORGE GRIME SURVEY NO. 33, THE A. BAILEY SURVEY NO. 34 AND THE J. C. LEE SURVEY NO. 35 AND BEING & PART OF TRACT ONE. AS INDIVIDUALLY, AND SHIRLEY J. PREWITT, OR BEHALF OF LOKI, LTD TO PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS, AND BEING ALL OF THAT CERTAIN 5.273 ÁCRE PARCEL LESS AND EXCEPTED FROM THE SAID DEED TO PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS, AND BEING ALL OF THAT ROBERT M. TIEMANN RECORDED IN VOLUME 12212, PAGE 1510 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS, AND BEING A PART OF THAT JE., INDIVIDUALLY AND SHIRLEY J. PREWITT, ON BEHALF OF LOKI, LTD. 12.256 ACRE PARCEL DEEDED TO ROBERT TIEMANN FROM GEORGE P. PREWITT PRECORDED IN VOLUME 12625, PAGE 570 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS, AND BEING A PART OF THAT RECORDED IN VOLUME 12625, PAGE 570 OF THE REAL PROPERTY RECORDS OF PARCEL DESCRIBED IN THE MEMORANDUM OF OPTION RECORDED IN VOLUME 12625, PAGE 570 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS, AND BEING A PART OF THAT CERTAIN J21.88 ACRE PARCEL DESCRIBED IN THE MEMORANDUM OF OPTION RECORDED IN VOLUME 12625, PAGE 353 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS, AND BEING A PART OF THAT 261.88 ACRE PARCEL DEEDED TO ROBERT JULY 27, 1982, AND BEING A PORTION OF THAT 305.98 ACRE PARCEL JULY 27, 1982, AND BEING A PORTION OF THAT 305.98 ACRE PARCEL DESCRIBED IN EXHIBIT "A" RECORDED IN VOLUME 10839, PAGE 680 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS; AND BEING MORE PARCEL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS; AND BEING MORE PARCEL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS; AND BEING MORE PARCEL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS; AND BEING MORE PARCEL PARCEL

BEGIN AT THE SOUTHEAST CORNER OF LOT 1, BLOCK D, MEADOWS OF BLACKHAWK PHASE ONE, ACCORDING TO THE PLAT TREREOF RECORDED IN VOLUME 95 PAGES 96, 97 AND 98 OF THE PLAT RECORDS OF TRAVIS COUNTY,

THENCT N.22 DEG 22"17" E., ACONG THE EAST LINE OF LOTS 1 AND 2. BLOCK D. 239.70 FEET;

THENCE H. 76 DEG 62'15" W. . ALONG THE HORTHERLY LINE OF LOT 2, BLOCK D, 120 OS FERT:

THENCE W.18 DEG 04'33" E., ALONG THE EAST GINE OF EZHNEHER DRIVE, 57.21 FRET:

THENCE W.72 DRG 08'11" W., ALONG THE BOUNDARY OF SAID PLAT OF HEADOWS OF BEACKHAWK PHASE ONE, 60.00 FEET;

THENCE ALONG THE ARC OF A CURVE TO THE RIGHT (SAID CURVE HAVING A RADIUS OF 20.00 FEET, A CENTRAL ANGLE OF 30 DEG 00'00", A CHORD BEARING 5.52 DEG 51'29" W., AND A CHORD LENGTH OF 28.28 FERT) AND ALONG SAID PLAT BOUNDARY, 31.42 FEET;

THENCE N: 72 DEG 08'31" W., ALONG SAID PLAT BOUNDARY, 46.82 FEET;

THENCE ALONG THE ARC OF A CURVE TO THE RIGHT (SAID CURVE HAVING A RADIUS OF 475.00 FEET, A CENTRAL ANGLE OF 9 DEG 28'38", A CHORD BEARING N. 67 DEG 24'12" W., AND A CHORD LENGTH OF 78.48 FEET) AND ALONG SAID PLAT BOUNDARY, 78.57 FEET:

THENCK N. 26 DEG 43'12" E., ACONG SAID PLAT BOUNDARY, 163.96 FEET;

THENCE N. 31 DEG 36'17" 2.. ALONG SAID PLAT BOUNDARY, 166.62 FEET:

THENCE W. 40 DEG 37'06" E., ALONG SAID PLAT BOUNDARY, 154.69 FEET;

THENCE H. 51 DEG 09'50" E., ALONG SAID PLAT BOUNDARY, 176.23 PEET:

THENCK H. 30 DEG Z1'06" W., ALONG SAID PLAT BOUNDARY, 174.06 FEZT:

THENCE N. 16 DEG 12'18" W., ALONG SAID PLAT BOUNDARY, 92.80 FEET;

THENCE N. 5 DEG 27'58" W., ALONG SAID PLAT BOUNDARY, 97.97 FEET:

. A.,

THENCE N. 2 DEG 44'44" 5., ALONG SAID PLAT BOUNDARY, 72.83 FEET:

THENCE H. 7 DEG 05'58" E., ALONG SAID PLAT BOUNDARY, 64.63 PEET;

THENCE N. 5 DEG 42'10" P. ALONG SAID PLAT BOUNDARY, 98.03 FEET;

THENCE N. 4 DEG 39'14" W. . ACONG SALD PGAT BOUNDARY, 56.21 FEET;

THENCE H. 23 DEG 24'22" H. ALONG SAID PLAT BOUNDARY, 70.20 FEET;

THENCE N. 29 DEG 26'12" W., ACONG SAID PEAT BOUNDARY. 139.11 FEET;

THENCE ALONG THE ARC OF A CURVE TO THE LEFT (SAID CURVE HAVING A RADIUS OF 325.00 FEST, A CENTRAL ANGLE OF 13 DEG 49'14", A CHORD BEARING M. 51 DEG 22'11" K., AND A CHORD LENGTH OF 78. 20 FEST; AND ALONG SAID PLAT BOUNDARY, 78.39 FEST;

THENCE ALONG THE ARC OF A CURVE TO THE RIGHT (SAID CURVE HAVING A BADIUS OF 15.00 PRET, A CENTRAL ANGLE OF 92 DEG 09'(3", A CHORD BEARING S. 89 DEG 27'34" E., AND A CHORD LENGTH OF 21.61 PRET) AND ACONG SAID PLAT BOUNDARY. 24.13 PRET;

THENCE N. 43 DEG 22'42" N., ACONG SAID PLAT BOUNDARY, 118.87 PEET;

THENCE AGONG THE ARC OF A CURVE TO THE RIGHT (SAID CURVE HAVING A RADIUG OF 455.90 FEET, A CENTRAL ANGLE OF 7 DEG 11'27", A.CHORD BEARING'N. 38 DEG 47'48" W. AND A CHORD LENGTH OF 57.18 FEET ) AND ALONG SAID PLAT BOUNDARY, 57.22 FEET;

THENCE S. 54 DEG 50'45" W., ALONG SAID PLAT BOUNDARY, 49.83 FEET;

THENCE S. 73 DEG 12'30" H.; KLONG SAID PLAT BOUNDARY, 100.16 FEET,

THENCE S. 88 DEG 40'14" W., ALONG SAID PLAT BOUNDARY, 95.82 FEET;

THENCE N. 61 DEG 53 26" W., ALONG SAID PLAT BOUNDARY, 258.78 FEET;

THENCE N. 78 DEG 46'47" M., ALONG SAID PEAT BOUNDARY, 110.02 FEET;

THENCE N. 12 DEG 58'21" E., ALONG THE WESTERLY LINE OF TRACT ONE, AS CONVEYED TO ROBERT N. TIEMANN BY WARRANTY DEED RECORDED IN VOLUME 12212, PAGE 1510 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS, 900.86 FEET, TO THE SOUTH LINE OF ROWE LAKE (ALSO KNOWN AS COUNTY-ROAD NO. 139);

THENCE S. 79 DEC \$5'59" B., ACONG THE SOUTH LINE OF ROWE LANE AND ALONG THE NORTH LINE OF SAID TRACT ONE, 866.45 FEET;

THENCE S. AG DEG 22"42" E., ALONG THE SOUTH LINE OF ROWE LANE, 1205.36 FEET TO THE HORTH CORNER OF A PARCEL OF LAND SAID TO CONTAIN 95.256 ACRES OF CAND AS DESCRIBED IN A DEED TO ROBERT H. TIEHANN BY DEED RECORDED IN VOLUME 12625, PAGE 570 OF THE REAL DEGREES OF TRAVES COUNTY TEXAS. PROPERTY RECORDS OF TRAVES COUNTY, TEXAS;

THENCE ALONG THE HORTHERLY LINE OF SAID 95.256 ACRES AND ALONG THE SOUTHERLY LINE OF SOME DANE THE FOLLOWING THREE (3) COURSES:

1. S. 80 DEG 22'42" E., 20.62 FEET;
2. S. 81 DEG 30'35" E. 648.33 FEET;
3. S. 80 DEG 28'17" E., 1006.56 FEET TO THE EAST CORNER OF SAID
35.256 AGRE TRACT AND TO THE NORTHWEST CORNER OF THAT PARCEL SAID
TO CONTAIN 321'88 AGRES OF CAND AS DESCRIBED IN THE MEMORANDUM OF
OPTION BETWEEN JACQUELINE H. SMITH AND ROBERT H. TIEMAHN RECORDED
IN VOLUME 12652, PAGE 353 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS;

THENCE ALONG THE NORTH LINE OF SAID 312.88 ACRE PARCEL AND ALONG THE SOUTH LINE OF ROWE LANE THE FOLLOWING TWO (2) COURSES:

. I. S. 80 DEG 22' E., 927.07 FEET;

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2. S. 79 DEG 52' S., 2428.48 FEET TO THE HORTHEAST CORNER OF SAID

THENCE S. 79 DEG 53'10" E., ALONG THE SOUTH LINE ROWE LANG AND ALONG THE HORTH LINE OF A PARCEL SAID TO CONTAIN 261.87 ACRES OF LAND DERDED TO ROBERT M. TIEHANN

JULY 27, 1987, 2251.00 FEST TO THE HORTHEAST CORNER OF SAID 261.87 ACRE PARCEL AND TO THE HORTHWEST CORNER OF A PARCEL SAID TO CONTAIN 105.98 ACRES OF LAND AS DESCRIBED IN EXHIBIT "A" RECORDED IN VOLUME 10839. PAGE 680 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY.

THENCE S. 79 DEG 53'30" E., ALONG THE SOUTH LINE OF ROWE LANG AND ALONG THE WORTH LINE OF SAID 305.98 ACRE PARCEL, 2281.37 FEET TO THE WEST LINE OF HODDE LANE AND TO THE MORTHEAST CORNER OF SAID 305.98 ACRE PARCEL;

THENCE S. 29 DEG 32' W., ALONG THE WEST LINE OF HODDE LANE AND ALONG THE EASTERLY LINE OF SAID 305.98 ACRE PARCEL, 2270.11 FRET;

THENCE S. 29 DEG 50'30" W., ALONG THE WEST LINE OF HODDE LANE AND ALONG THE EASTERLY LINE OF SAID 305.98 ACRE PARCEL, 2053.76 FEET;

THENCE S. 29 DEG 16' W., ALONG THE WEST LINE OF HODDE LANE AND ALONG THE EASTERLY LINE OF SAID 305.98 ACRE PARCEL, 13.13 FEET TO THE NORTHEAST CORNER OF THE PLAT OF ROWE VALLEY SUBDIVISION SECTION ONE, AS RECORDED IN VOLUME 90, PAGES 308, 309 AND 310 OF THE PLAT RECORDS OF TRAVIS COUNTY, TEXAS;

THENCE N.60 DEG 00'00" W., ALONG THE NORTH LINE OF SAID ROWE VALLEY SUBDIVISION SECTION ONE, 867.78 FEET TO THE NORTHWEST CORNER OF SAID PLAT;

THENCE 5.30 DEG 00'00" W., ALONG THE WEST GINE OF SAID ROWE VALLEY SUBDIVISION SECTION ONE, 2005.13 TO THE SOUTHWEST CORNER OF SAID PLAT:

THENCE S. 60 OBG GO'OG" E. ALONG THE SOUTH LINE OF SAID ROWE VALLEY SUBDIVISION SECTION ONE, 870.11 FEET TO THE SOUTHEAST CORNER OF SAID PLAT!

THENCE S. 29 DEG 56' W., ALONG THE WEST LINE OF HODDE LANE AND ALONG THE EASTERLY LINE OF THE SAID 305.98 ACRE PARCEL, 88.05 FEET;

THENCE S. 51 DEG 07 W., ALONG THE WEST LINE OF HODDE LANE, 53.57 FEET;

THENCE S. 79 DEG 40' W., ALONG THE WESTERLY LINE OF HODDE LANE, 51.98 FERT;

THENCE M. 67 DEG OI' W., ALONG THE NORTH LINE OF HODDE LANE, 278.20 FEET;

THENCE N. 60 DEG.01'57" W., ALONG THE SOUTH LINE OF SAID 305.98 ACRE PARCEL, ALONG THE SOUTH LINE OF THE SAID 261.87 ACRE PARCEL AND ALONG THE SOUTH LINE OF THE SAID 121.88 ACRE PARCEL, 6325.92 FEET TO THE SOUTHWEST CORNER OF THAT CERTAIN TRACT OF LAND CONVEYED TO GEORGE P. PREWITT, JR., BY DEED RECORDED IN VOLUME 5680. PAGE 1549 OF THE DEED RECORDS OF TRAVIS COUNTY, TEXAS;

THENCE S, 31 DEG 33' W.. ALONG THE SOUTHERLY LINE OF SAID 121.88 ACRE PARCEL, 37.70 FEET;

THENCR N. 60 DEG 09' W., ALONG THE SOUTHERLY LINE OF SAID 121.88 ACRE PARCEL, 780.63 FRET TO THE SOUTHWEST CORNER OF SAID 321.88 ACRE PARCEL AND THE SOUTHEAST CORNER OF SAID 95.256 ACRE PARCEL;

THENCE N.60 DEG OB'22" W., ALONG THE SOUTH LINE OF SAID 95 256 AGRE PARCS! 139 83 FEET TO A POINT IN THE EAST LINE OF DIABLO DRIVE, AS

RECORDED IN VOLUME 93, PAGE 245 OF THE PLAT RECORDS OF TRAVES COUNTY, TEXAS, THE SAME BEING THE EAST LINE OF PAIRWAYS OF BLACKRAWK, PHASE IIA, RECORDED IN BOOK 93, PAGE 245 OF THE PLAT RECORDS OF TRAVIS COUNTY, TEXAS;

THENCE H. 29 DEG 52'57" E., ALONG THE EAST LINE OF BLABLO DRIVE AND ALONG THE EAST LINE OF SAID FARWAYS OF BLACKHAWK, PHASE IIA, 71.19 FEET TO THE HORTHEAST CORNER OF DIABLO DRIVE AND THE HORTHEAST CORNER OF BLACKHAWK, PHASE IIA;

THENCE H. 60 DEG 08'23"W., ALONG THE HORTH LINE OF FAIRWAYS OF BLACKHAWK, PHASE ITA, AT A DISTANCE OF 30.00 FEET PASS THE HORTHWEST CORNER OF DIABLO DRIVE, IN ALL A TOTAL DISTANCE OF 761.94 FEET:

THENCE H. 67 DEG 14'56" W. ALONG THE HORTH LINE OF SAID FAIRWAYS OF ELACKHAWK, PHASE IIA, 74.59 FEET TO THE WEST LINE OF THE SAID 95.256 ACRE PARCEL AND TO THE EASTERLY LINE OF THE SAID TRACT ONE AS DESCRIBED IN DEED RECORDED IN VOLUME 12212, PAGE 1510 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS;

THENCE N. 67 DEG 14'56"W., CROSSING SAID TRACT ONE, 500.57 FEET TO THE SOUTHERLY LINE OF SAID TRACT ONE;

THENCR N. 60 DEG 08'22" W., ALONG THE SOUTHERLY LINE OF SAID TRACT ONE, 665.50 PEET:

THENCE N. 59 DBG 40'15" W., ALONG SAID SOUTHERLY LINE, 839.51 FEET TO THE SAID POINT OF REGINNING.

THE BEARING BASIS FOR THIS TRACT IS THE SAME AS TRACT ONE AS DESCRIBED IN THE WARRANTY DEED RECORDED IN VOLUME 12212 PAGE 1510 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS.

THIS SURVEY WAS HADE FROM AVAILABLE DEED INFORMATION, PLAT RECORDS AND OTHER RECORDED PHYSORMATION AVAILABLE AND DOES NOT PURPORT TO BE AN ON THE GROUND SURVEY.

6-22-96

EDRES E. GUCAS
REGISTREED PROFESSIONAL
LAND SURVEYOR NO. 4160
STATE OF TEXAS
FILE: C:\WPDOCS\314FN

RANDALE JONES ENGINEERING, INC. 1212 EAST BRAKER LANE AUSTIN TEXAS



Exhibit A Yorky.

#### TEXAS NATURAL RESOURCE CONSERVATION COMMISSIONMENT 5



#### General Information and Instructions on the

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

#### GENERAL INFORMATION

Pursuant to V.T.C.A., Water Code Section 13.301, this application must be filed with the Commission and notice must be provided to each customer being transferred and each utility within 2 miles at least 120 days before the effective date of any sale, acquisition, lease or rental, merger or consolidation of any water or sewer system required by law to possess a certificate of convenience and necessity (CCN). A transaction that has taken place since September 1, 1991, and has not been completed in accordance with Section 13.301 of the Texas Water Code including the 120 day prior notice, is void.

This form should be used by investor owned utilities (IOU), water supply or sewer service corporations (WSC). affected counties, and any CCN holder to notify the Texas Natural Resource Conservation Commission 126 days prior to the sale, acquisition, lease, rental, merger or consolidation of any water or sewer system required by law to possess a CCN. This form is also used to transfer, obtain, or amend a CCN in conjunction with a sale, acquisition, lease, rental, merger or consolidation of a public utility.

#### = INSTRUCTIONS

Please answer each question on the attached forms completely. These forms may be re-typed; however, the original sequence, content and wording of the questions must be preserved. You may attach additional sheets, if necessary, out each sheet should be marked with the applicant's name and mailing address, clearly labeled "Attachment 1", Questions 16, Attachment 2, Question 17;" etc., and accompanied by a brief explanation of the attachment. If a question is not applicable, please mark "N/A" and explain why the question does not apply. The applicant should not assume any knowledge of their specific water or sewer utility by the Texas Natural Resource Conservation Commission (TNRCC or Commission). DO NOT LEAVE ANY QUESTIONS BLANK

#### A complete application will include:

- An original and three (3) copies of the completed application, and all required attachments, maps and exhibits;
- 2 Four Copies of the agreement between parties, contingent contract, or other documents supporting the proposed transaction;
- An original and three (3) copies of the proposed tariff for the purchased system. For utilities subject to the Commission's original rate jurisdiction, the tariff's rates must reflect the current rates being charged to the customers. Water supply or sewer service corporations, districts and municipalities must file a schedule of rates to be charged after the transfer. Districts and municipalities need not file a full tariff, but WSCs who

TALLINS (Rev. 12/95)

EXHIBIT C

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do not have a complete tariff on file with the Commission for information purposes must file a copy of their current tariff. Water and sewer utility tariff forms may be obtained from the Utility Rates and Services Section:

- η. An original and three (3) copies of your notice provided to customers and neighboring utilities;
- 5. The required filing fee according to the following schedule:
  - a. fewer than 100 connections \$50
- 201 to 500 connections \$200
- b. 100 to 200 connections \$100
- d. more than 500 connections \$500
- 6. If the system being sold or acquired does not have a CCN an additional \$100 filing fee is required to cover issuance of a CCN. The notice form labeled Notice to Current Customers, Neighboring Systems and Cities Form B should be used to notify customers and neighboring utilities;
- 7. Four copies of the latest Texas Water Commission (TWC) or TNRCC annual inspection report for the systems being acquired and your response letter if any;
- 8. For corporations, four (4) copies of "Certification of Account Status";
- An original and three (3) copies of each of the sworn affidavits of the transferor and transferee utilities' representatives.

Mail these items to:

Texas Natural Resource Conservation Commission
Water Utilities Division
Utility Rates and Services Section, MC-153
P. O. Box 13088
Austin, Texas 78711-3088

## PROCESSING YOUR STM APPLICATION

Enclosed in this packet is a flow chart of the review process. Your application will go through an Administrative Review and, when accepted for filing, through a Technical Review. For uncontested applications, processing time depends on the response time of the applicant. Contested applications generally take longer because of the need for scheduling a public hearing, and processing time depends on whether a settlement agreement between the applicant and the protestor(s) is reached. The dates provided in the flow chart are generally the time it takes to process an uncontested application.

## ■ ADMINISTR ATIVE REVIEW OF YOUR STM APPLICATION

Your application will be reviewed for administrative completeness by the staff within ten working days after receipt. You will receive a modified notice and instructions for re-noticing and/or publication after your application has been reviewed if it is eletermined that notice was inadequate or publication is required. If the application is determined to be incomplete or deficient, you will be notified of the deficiencies by mail and will have thirty days in which to mend the application and correct the deficiencies. Failure to correct the deficiencies may result in the Exect O'westor requesting that a hearing be scheduled which will delay the effective date of the proposed transaction \_ .til after a hearing is completed and the Commission has rendered a decision.

#### S'NOTICE

Notice of the proposed transaction must be given to the public at least 120 days prior to Attech feetive date. Noti should be provided at the time the application is submitted to the Commission. Enclosed in this packet are to notice forms labeled Notice to Current Customers, Neighboring Systems and Cities - Form A and Form B. For ould be used if the seller utility has a CCN. Form B should be used if the seller utility does not have a CCN a the purchaser utility will obtain it or will amend its current CCN as a result of the transaction. When in doubt, plea contact the Utility Rates and Services Section for assistance. The executive director may also request that not i be published and/or provided to other affected parties.

#### TECHNICAL REVIEW OF YOUR STM APPLICATION

Prior to the expiration of the 120 day notification period, the staff will investigate the proposed transaction. Y will receive notice of the executive director's decision as to whether a public hearing will be held. The executi director may request a hearing (as outlined in V.T.C.A. Water Code Section 13.301(c)) if: (1) the notification to t commission or the public notice was improper; (2) the person purchasing or acquiring the water or sewer system inexperienced as a utility service provider; (3) the person or an affiliated interest of the person purchasing acquiring the water or sewer system has a history of noncompliance with the requirements of the commission or the Texas Department of Health or of continuing mismanagement or misuse of revenues as a utility service provider; (2) the person purchasing or acquiring the water or sewer system cannot demonstrate the financial ability to provide the necessary capital investment to ensure the provision of continuous and adequate service to the customers of the water or sewer system; or (5) there are concerns that the transaction may not serve the public interest, after the application of the considerations provided by Section 13.246(c) for determining whether to grant a certificate of convenient and necessity.

Unless a public hearing is held, the transaction may be completed as proposed at the end of the 120 day period in after you receive notice that a hearing will not be requested. If a hearing is requested or if proper notice provided, the transaction may not be completed without a determination by the Commission that the transaction serves the public interest.

If the application is contested and a hearing is requested, the application will be referred to the State Office and Administrative Hearings (SOAH). During the preliminary hearing, the presiding Administrative Law Judge (AL may give the parties time to negotiate a settlement. If a settlement is reached, the application will be remanded a staff for administrative processing. If a settlement is not reached, a discovery schedule and a date for an evidential hearing will be set. The ALL will take testimony from each party and present a report to the Commission to consider in making a final decision on the application.

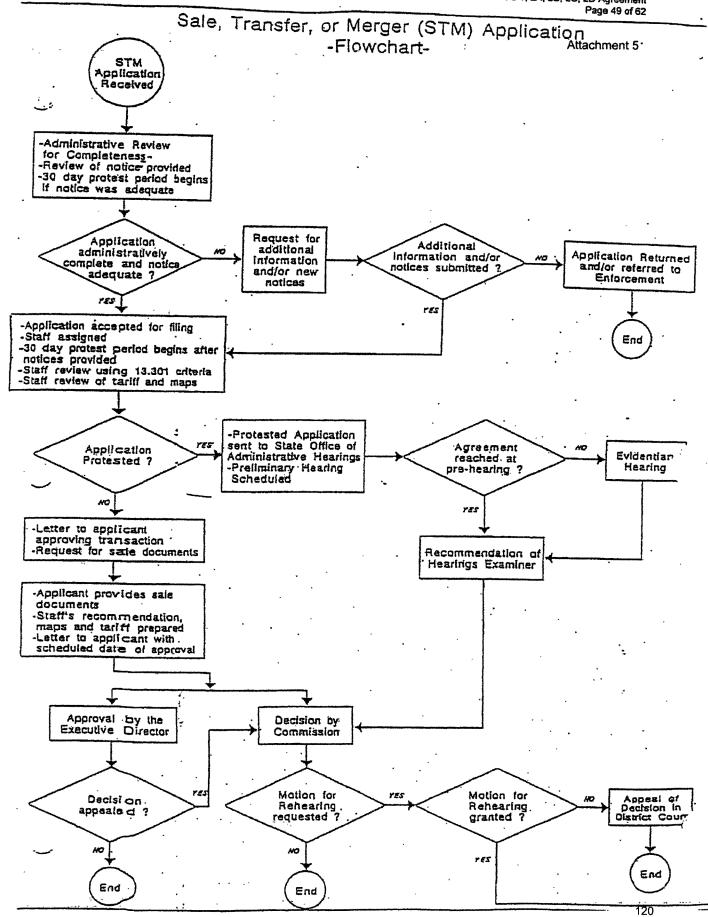
## FILING OF SIGNED CONTRACT

Within 30 days after the effective date, the parties must file a signed contract, bill of sale, or other appropriate documents as evidence that the transaction has been made final and also file documents supporting the transfer constoner deposits or other disposition and a swom affidavir explaining the disposition of customer deposits. The Commission cannot issue or transfer the CCN without evidence that the transaction had been executed.

## **■ ORDERING ADDITIONAL FORMS OR INFORMATION**

1 information Order form is attached which includes all current application and petition forms, pamphlets and or he tion available from the Utility Rates and Services Section at no charge.

The Texas Natural Resource Conservation Commission is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, as disability in employment or in the provision of services, programs, or entirities, compliance with the Armericans with Disabilities Act, this document may be requested in alternate formats by contacting the Utility Rates and Services Section at \$12/239-696 (acsimile number \$12/239-6972, by calling 1-800-RELAY-TX (TDD), or by writing or visiting at 12015 Park 35 Circle, Building F. Austin, Texas 78753.



## Exhibit D

## TEXAS NATURAL RESOURCE CONSERVATION COMMISSION Attachment 5

Water Utilities Division Utility Rates and Services Section

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

| 1. Proposed action of application (check all the boxes that apply):  Sale  Of All  Water system(s) under CCI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <br>N No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Portion Sewer system(s) under CCI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Case/Rental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A STATE OF THE STA |
| Transfer of All Certificated water service area - CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The second secon | 7 Table 30 190 190 190 190 190 190 190 190 190 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| If only a portion of a system or certificated service area is affected by this transaction subdivisions involved:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a, please specify the areas or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Obtain a CCN for the transferee (purchaser)  Amend the transferee's CCN No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Merge or consolidate public utilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Cancel CCN of the transferor (seller)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2. Proposed effective date of this transaction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| QUESTIONS 3 THROUGH 5 APPLY TO AND SHOULD BE COMPLETED TRANSFEROR, CURRENT SERVICE PROVIDER OR SELLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ling of this application).  STED ONLY BY THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3. For the current CCN holder or service provider please indicate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. Name: ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (Individual, Corporation or Other Legal Entity)  who is a(n): Individual Corporation WSC HOA or POA Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ther:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 2 FM.APP (Rev. 1295)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · .<br>Page & of fig.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Attachment | 5 |
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| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                                   | Telephone:                              |
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| C. Contact person. Please this person is the owner,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | provide information shows                                                                                                                  | ic person to be                                                   | - mepitone:                             |
| this person is the owner,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | operator, engineer, attorney                                                                                                               | or accountant                                                     | garding this aplication. In             |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            |                                                                   | Title:                                  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            | *                                                                 |                                         |
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| About the last rate increase f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or the system or facilities be                                                                                                             | ng transferred:                                                   |                                         |
| A. What was the effective of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | late of the last rate increase?                                                                                                            | •                                                                 | •                                       |
| B. Was notice of this increa predecessors Public Utili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | se provided to the Texas Na<br>ity Commission or Texas Wa                                                                                  | tural Resource Conservation (control of the Commission)           | on Commission or its                    |
| Yes. Application/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Docket Number:                                                                                                                             |                                                                   | Date:                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7 :5                                                                                                                                       | <b>`</b>                                                          | Date:                                   |
| Please provide a list of all custo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | omers affected by this transact                                                                                                            | ion who have denosire hel                                         | i hu the transfermine and the           |
| if any, and include the follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ing information (attach addit                                                                                                              | ional sheets if necessary):                                       | a of air ampletot or seller             |
| Name and Address of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ·                                                                                                                                          | •                                                                 |                                         |
| utility customer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Deposit                                                                                                                            | Amount of Deposit                                                 | Amount of unpaid<br>interest on Deposit |
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| Check the appropriate has                                                                                                                                                 | and manda information                                           |                                                                                |                                                                                                  |                                        |
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| Check the appropriate box                                                                                                                                                 | r sug brovigs intermation                                       | i teknomik die feksi sminz                                                     | of the transferee ap                                                                             | bricant                                |
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| Home or Property O                                                                                                                                                        | 20 N. W. W. W. J. J.                                            | • •                                                                            | ,                                                                                                | •                                      |
| 1 1 - •                                                                                                                                                                   | py of partnership agreen                                        | y 1994 - 19 - 19                                                               |                                                                                                  | į.                                     |
|                                                                                                                                                                           | charter number as record                                        | ed with the Office of the S                                                    | ecretary of State                                                                                | •                                      |
| for Texas:                                                                                                                                                                |                                                                 | *                                                                              | •                                                                                                |                                        |
| Mon-profit, member-                                                                                                                                                       | wned, member-controlle                                          | ed Cooperative Corporation                                                     | n (Article [434(a) 7                                                                             | Vater Supply of                        |
|                                                                                                                                                                           | ation); provide charter n                                       |                                                                                |                                                                                                  |                                        |
| Municipally-owned u                                                                                                                                                       | ility ·                                                         | Ÿ                                                                              |                                                                                                  | ************************************** |
| District (MUD, SUD,                                                                                                                                                       | WCID, etc.)                                                     | *                                                                              | .•                                                                                               |                                        |
| County                                                                                                                                                                    |                                                                 | •                                                                              |                                                                                                  | •                                      |
| Other (please explain)                                                                                                                                                    | •                                                               | • • • • •                                                                      | <i>:</i>                                                                                         |                                        |
| If the applicant is an Indivi                                                                                                                                             | e see we                                                        |                                                                                | Telephone:                                                                                       | *                                      |
| Name:                                                                                                                                                                     | * 102 mg                                                        |                                                                                |                                                                                                  | 3                                      |
| Name: Address:  If the applicant is other than:                                                                                                                           | un <i>Individual</i> : provide the l                            |                                                                                | n en s                                                                                           | partners of the                        |
| Name:  Address:  If the applicant is other than a catify applying for the transfe applicant.                                                                              | n <i>Individual</i> provide the l<br>c. You must complete e     |                                                                                | n en s                                                                                           | partners of the                        |
| Name:  Address:  If the applicant is other than a cutify applying for the transfe applicant.  Name:                                                                       | n <i>Individual</i> provide the i                               | ollowing information regar<br>ther question 8. or question                     | n en s                                                                                           | partners of the<br>lies to the trans   |
| Name: Address:  If the applicant is other than a cutify applying for the transfe applicant.  Name: Address:                                                               | un <i>Individual</i> : provide the l<br>r. You must complete ei | ollowing information regar<br>ther question 8. or question                     | ding the officers or<br>a 9., whichever app                                                      | partners of the                        |
| Name: Address:  If the applicant is other than a entity applying for the transfe applicant.  Name: Address: Position:                                                     | n <i>Individual</i> provide the<br>c. You must complete ei      | ollowing information regar<br>ther question 8. or question                     | ding the officers or<br>a 9., whichever app<br>Telephone:                                        | partners of the                        |
| Name: Address:  If the applicant is other than a cutify applying for the transfer applicant.  Name: Address: Position:                                                    | un <i>Individual</i> provide the i                              | ollowing information regar<br>ther question 8. or question<br>Ownership % (if  | ding the officers or<br>a 9., whichever app<br>Telephone:                                        | partners of the<br>lies to the trans   |
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es Important: • If the applicant is a for-profit corporation, please provide a copy of the corporation's "Cattachment 5 Status" from the State Compiroller Office. This "Certification of Account Status" can be obtained from:

#### Comptroller of Public Accounts, Office Management 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.

| IAS            | unie:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                | Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| IF<br>SH<br>EA | THERE ARE MORE THAN TWO PARTIES INVOLVED IN THIS TRANSACTION, PLEASE AT<br>EETS PROVIDING THE INFORMATION REQUIRED IN QUESTION 6 THROUGH QUESTION IO<br>CH PARTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Plea           | ase 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| В.             | Has the applicant acquiring the CCN or facilities or an affiliated interest of the applicant been Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | under enforcement action by the Texas Department of Health, the Commission, the Attorney  General or EPA in the past for noncompliance with rules, orders or State Stantes?  No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | under enjoycement action by the Texas Department of Health, the Commission the Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| -              | General or EPA in the past for noncompliance with rules, orders or State Stamtes?  No.  If yes, please attach copies of any correspondence with these regulatory agencies seems at the standard of the standar |
| C.             | General or EPA in the past for noncompliance with rules, orders or State Stamtes?  No.  If yes, please attach copies of any correspondence with these regulatory agencies seems at the standard of the standar |
| C.             | General or EPA in the past for noncompliance with rules, orders or State Stantes?  No.  If yes, please attach copies of any correspondence with these regulatory agencies concerning these enforcem actions and describe any actions and efforts to comply with those requirements.  Describe the source and availability of funds required to make the planned or required improvements to morning many requirements of the Texas Natural Resource Conservation Commission and ensure continuous.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| C.             | General or EPA in the past for noncompliance with rules, orders or State Stantes?  No.  If yes, please attach copies of any correspondence with these regulatory agencies concerning these enforcem actions and describe any actions and efforts to comply with those requirements.  Describe the source and availability of funds required to make the planned or required improvements to morning many requirements of the Texas Natural Resource Conservation Commission and ensure continuous.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| C.             | General or EPA in the past for noncompliance with rules, orders or State Stantes?  No.  If yes, please attach copies of any correspondence with these regulatory agencies concerning these enforcem actions and describe any actions and efforts to comply with those requirements.  Describe the source and availability of funds required to make the planned or required improvements to morning many requirements of the Texas Natural Resource Conservation Commission and ensure continuous.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | General or EPA in the past for noncompliance with rules, orders or State Stantes?  No.  If yes, please attach copies of any correspondence with these regulatory agencies concerning these enforcem actions and describe any actions and efforts to comply with those requirements.  Describe the source and availability of funds required to make the planned or required improvements to m minimum requirements of the Texas Natural Resource Conservation Commission and ensure continuous and equate service.  Describe the anticipated impact of this transaction on the quality of utility service and explain account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| ~. <b>.</b> | Please describe the nature of the proposed transaction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
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| _           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
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| f           | If the transferee applicant is an IOU and will be under the rate jurisdiction of the TNRCC, ploblowing information. Water supply or sewer service corporations and political subdivision mark this section N/A.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ease provide the<br>s of the state sh |
| A           | Total Purchase Price:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |
|             | <ul> <li>Total Original Cost (as recorded on books of seller or merging entity):</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *                                     |
|             | <ul> <li>Accumulated Depreciation as of the proposed effective date of the transaction:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |
|             | - Contributions in Aid of Construction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7                                     |
|             | -Specific surcharges approved by TNRCC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                     |
|             | -Revenues from explicit customer agreements:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
| •           | -Developer Contributions (please explain):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |
|             | -Other Contributions (please explain);                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
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|             | Total Contributions in Aid of  |                                       |
|             | Total Contributions in Aid of Construction:  Net Book Value:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
|             | Total Contributions in Aid of Construction:  • Net Book Value:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |
|             | Net Book Value:  If the Original Cost or any of the about the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |
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| *           | <ul> <li>Net Book Value:</li> <li>If the Original Cost or any of the above items has been established in a rate case proce</li> <li>TWC or the TNRCC, please provide the Application/Docket Number and date:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | eding By the PU                       |
| *           | Net Book Value:  If the Original Cost or any of the above items has been established in a rate case proce TWC or the TNRCC, please provide the Application/Docket Number and date:  Application/Docket Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |
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| •           | <ul> <li>Net Book Value:</li> <li>If the Original Cost or any of the above items has been established in a rate case proced</li> <li>TWC or the TNRCC, please provide the Application/Docket Number and date:</li> <li>Application/Docket Number:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
| •           | Net Book Value:  If the Original Cost or any of the above items has been established in a rate case proce TWC or the TNRCC, please provide the Application/Docket Number and date:  Application/Docket Number:  Date:  If the applicant is not under the rate jurisdiction of the TNRCC, only the purchase price related to Contributions in Aid of Construction is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and information                       |
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|             | Net Book Value:  If the Original Cost or any of the above items has been established in a rate case proce TWC or the TNRCC, please provide the Application/Docket Number and date:  Application/Docket Number:  Date:  If the applicant is not under the rate jurisdiction of the TNRCC, only the purchase price related to Contributions in Aid of Construction is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and information                       |
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|             | Net Book Value:  If the Original Cost or any of the above items has been established in a rate case proce TWC or the TNRCC, please provide the Application/Docket Number and date:  Application/Docket Number:  Date:  If the applicant is not under the rate jurisdiction of the TNRCC, only the purchase price related to Contributions in Aid of Construction is required.  Please provide any other information concerning to the purchase price of the transport of the tra  | and informatio                        |
|             | Net Book Value:  If the Original Cost or any of the above items has been established in a rate case proce TWC or the TNRCC, please provide the Application/Docket Number and date:  Application/Docket Number:  Date:  If the applicant is not under the rate jurisdiction of the TNRCC, only the purchase price related to Contributions in Aid of Construction is required.  Please provide any other information concerning to the purchase price of the transport of the tra  | and informatio                        |
|             | Net Book Value:  If the Original Cost or any of the above items has been established in a rate case proce TWC or the TNRCC, please provide the Application/Docket Number and date:  Application/Docket Number:  Date:  If the applicant is not under the rate jurisdiction of the TNRCC, only the purchase price related to Contributions in Aid of Construction is required.  Please provide any other information concerning to the purchase price of the transport of the tra  | and informatio                        |
|             | Net Book Value:  If the Original Cost or any of the above items has been established in a rate case proce TWC or the TNRCC, please provide the Application/Docket Number and date:  Application/Docket Number:  Date:  If the applicant is not under the rate jurisdiction of the TNRCC, only the purchase price related to Contributions in Aid of Construction is required.  Please provide any other information concerning to the purchase price of the transport of the tra  | and informatio                        |
|             | Net Book Value:  If the Original Cost or any of the above items has been established in a rate case proce TWC or the TNRCC, please provide the Application/Docket Number and date:  Application/Docket Number:  Date:  If the applicant is not under the rate jurisdiction of the TNRCC, only the purchase price related to Contributions in Aid of Construction is required.  Please provide any other information concerning to the purchase price of the transport of the tra  | and informatio                        |
|             | Net Book Value:  If the Original Cost or any of the above items has been established in a rate case proce TWC or the TNRCC, please provide the Application/Docket Number and date:  Application/Docket Number:  Date:  If the applicant is not under the rate jurisdiction of the TNRCC, only the purchase price related to Contributions in Aid of Construction is required.  Please provide any other information concerning to the purchase price of the transport of the tra  | and informatio                        |

| ·* | C.                                      | Complete the following proposed entries in books of purchasing (or surviving) company to record purchas or merger). Additional entries may be made, the following are suggested only, and not intended to pose descriptive limitations.                                                                                              |
|----|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                         | Utility Plant in Service:                                                                                                                                                                                                                                                                                                            |
|    |                                         | Plant Acquisition Adjustment:                                                                                                                                                                                                                                                                                                        |
|    |                                         | Extraordinary Loss on Purchase:                                                                                                                                                                                                                                                                                                      |
|    |                                         | Accumulated Depreciation of Plant:                                                                                                                                                                                                                                                                                                   |
|    |                                         | Cash:                                                                                                                                                                                                                                                                                                                                |
|    |                                         | "Notes Payable:                                                                                                                                                                                                                                                                                                                      |
|    | • •                                     | 'Mortage Payable:                                                                                                                                                                                                                                                                                                                    |
|    |                                         | Others (please list):                                                                                                                                                                                                                                                                                                                |
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|    |                                         |                                                                                                                                                                                                                                                                                                                                      |
|    | All<br>Son                              | Purchaser's Initials:  Date:  Indicate the proposed effect of this transaction on the rates to be charged to the affected customers:  the customers will be charged the same rates as they were charged before the transaction.  All customers will be charged different rates than they were charged before the transaction.  Date: |
|    |                                         | Licant is an IOU and intends to file with the Commission or municipal regulatory authority an application to                                                                                                                                                                                                                         |
| •  | *************************************** |                                                                                                                                                                                                                                                                                                                                      |
| ſ  | Othe                                    | T. Please explain:                                                                                                                                                                                                                                                                                                                   |
| Ļ  |                                         | it . Ficase explain:                                                                                                                                                                                                                                                                                                                 |
| T. | ist all ne                              | ighboring water and/or sewer utilities, cities, and political subdivisions providing the same service within tw<br>of area affected by this proposed transaction. This information should be available from Applicant's license                                                                                                      |
| Ç. | vater ope                               | erator or regional Texas Department of Health Office.                                                                                                                                                                                                                                                                                |
| Ç. | vater ope                               | erator or regional Texas Department of Health Office.                                                                                                                                                                                                                                                                                |

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| 17. | <b>A</b> .•                                | Are any improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s required to meet TNRC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C standards? 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|     | C.                                         | Provide details of each standards (attach additional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 19. | Do you                                     | currently purchase wate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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|     | Do you  Wa  Source:                        | currently purchase wate  ter Sewer  :  utriber of existing conn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r or sewer treatment capac<br>Purchased on a ( )regu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rom the city.  scity from another source?  Yes  No  vlar - ( ) seasonal - ( ) emergency basis.  % of total supply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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Acity from another source?  Yes  No  Plar - ( ) seasonal - ( ) emergency basis.  70 of total supply:  this transaction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|     | Do you Wa Source: List the n               | currently purchase water  Sewer  Sewer  Connection  Some devision connection  Non Metered  S/8" or 3/4" meter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Purchased on a ( ) regulations to be affected by t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rom the city.  scity from another source?  Yes  No  vlar - ( ) seasonal - ( ) emergency basis.  % of total supply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | Do you Wa Source: List the n               | currently purchase water  Sewer  Sewer  Some  So | Purchased on a ( ) regulations to be affected by the control of th | city from another source?  Yes No  No  Plar - ( ) seasonal - ( ) emergency basis  70 of total supply:  this transaction:  Sewer: Residential connection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|     | Do you Wa Source: List the n               | currently purchase water  Sewer  Sewer  Sewer  Significant of existing common Metered  | Purchased on a ( ) regulated by the control of the  | city from another source?  Yes No  No  Plar - ( ) seasonal - ( ) emergency basis  % of total supply:  this transaction:  Sewer: Residential connection  Commercial connection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|     | Do you Wa Source: List the n               | currently purchase water  Sewer  Sewer  Sewer  Significant of existing common Metered  | Purchased on a ( ) regulations to be affected by the control of th | city from another source?  Yes No  Plar - ( ) seasonal - ( ) emergency basis  % of total supply:  this transaction:  Sewer: Residential connection  Commercial connection  Industrial connection  Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 20. | Do you  Wa  Source:  List the n  Water:  I | ster Sewer  Sewer  Sewer  Sewer  Sewer  Sewer  Sewer  Total Water  Stern reached 85% of its                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Purchased on a ( ) regularity processed on a ( ) regularity proces | city from another source?  Plar - ( ) seasonal - ( ) emergency basis  % of total supply:  this transaction:    Sewer: Residential connection   Commercial connection   Industrial connection   Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 20. | Do you  Wa  Source:  List the n  Water:  I | ster Sewer  Sewer  Sewer  Sewer  Sewer  Sewer  Sewer  Total Water  Stern reached 85% of its                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Purchased on a ( ) regularity processed on a ( ) regularity proces | city from another source?  Yes No  Plar - ( ) seasonal - ( ) emergency basis  % of total supply:  this transaction:  Sever: Residential connection  Commercial connection  Industrial connection  Other  Total Sewer connections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

- Attach the following maps with each copy of the application: (All maps should include Applicant's name, address, and 23. telephone number, and date of drawing or revision. All maps should be folded to 814 X 11")
  - One county map (Texas Highway Department I" = 2 miles) clearly showing affected service area. Service area boundaries should conform to verifiable landmarks such as roads, creeks, railroads, etc. County maps may be obtained locally or from the State Department of Highways and Public Transportation, Attention File D-10, P. O. Box 5051, Austin, Texas 78763, (512) 465-7397.
  - One large scale map showing the proposed service area boundaries being sold, transferred, or merged and, if b. 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. Applicant should use U.S.G.S. 71/4-minute series, subdivision plat, engineer planning map. or other large scale map.

## OATH FOR SELLER OR FORMER SERVICE PROVIDER Chiment 5

| STATE OF_                                                                                                                                    |                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                                                                                     |                                                                                             |                                                                                                                         |                                                                                                    |
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| COUNTY OF                                                                                                                                    |                                                                                                                                                | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 90                                                                                              | <i>*</i>                                                                                            | ge Next-                                                                                    |                                                                                                                         | 1                                                                                                  |
| 4-                                                                                                                                           | -                                                                                                                                              | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | à * 3: W                                                                                        |                                                                                                     |                                                                                             | •                                                                                                                       |                                                                                                    |
| authorized to file<br>and have comp<br>matters set forth<br>information and<br>duplicate any fil<br>I further state the<br>property as requi | coration, or other<br>and verify such<br>lied with all the<br>therein with resp<br>belief. I further<br>ing presently be<br>at I have provided | , being dul     (indicate relative relative relative relative representation, am requirements contect to applicant restate that the applicant fore the Commission 13.301(f) and continuous to the purchaser in 13.301(f) and continuous to the purchaser restate that the purchaser restate the purchaser restate that the purchaser restate the purchaser restate that the purchaser restate that the purchase | escriptive of personally far ntained in the are true and copplication is notion.  Or transferce | applicant) the applicant); to miliar with the application correct. State and in good a written disc | t is, owner, har, in such he document and, that al ements about faith and the closure state | member of p<br>capacity, I as<br>is filed with a<br>I such states<br>it other parti-<br>nat this appli-<br>ment about a | artnership, ti m qualified ar this application tents made are made ocation does not the contribute |
| •                                                                                                                                            |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Adamente.                                                                                       | in Decrioil 1                                                                                       | 2.301161.011                                                                                | he Water Co                                                                                                             | de.                                                                                                |
| Notice of this tr                                                                                                                            | ansaction was                                                                                                                                  | mailed or _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | hand del                                                                                        | ivered to ea                                                                                        | ch customer                                                                                 | and neighbo                                                                                                             | Oring utility o                                                                                    |
|                                                                                                                                              | ***************************************                                                                                                        | ••••••••••••••••••••••••••••••••••••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | ,                                                                                                   |                                                                                             | ~                                                                                                                       | - , -                                                                                              |
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| If the Affi<br>tomey, a proper                                                                                                               | fiant-to this form<br>ly verified Powe                                                                                                         | n is any person o<br>er of Attomey m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ther than the ust be enclose                                                                    | sole owner,                                                                                         | partner, off                                                                                | icer of the ap                                                                                                          | oplicant or its                                                                                    |
| TPCCD.m.c.                                                                                                                                   |                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _                                                                                               |                                                                                                     | •                                                                                           |                                                                                                                         | •                                                                                                  |
| UBSCRIBED A is day of _                                                                                                                      | ND SWORN TO                                                                                                                                    | D BEFORE ME,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a Notary Pub                                                                                    | lic in and fo                                                                                       | or the State                                                                                | and County a                                                                                                            | hove-name d                                                                                        |
|                                                                                                                                              | · · · · · · · · · · · · · · · · · · ·                                                                                                          | ¥                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 | * *                                                                                                 | 4                                                                                           |                                                                                                                         | TOTO MARKE CI,                                                                                     |
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| copy of this pa                                                                                                                              | ige must be sub-                                                                                                                               | nitted for each ut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ilitý involved                                                                                  | in this team                                                                                        |                                                                                             |                                                                                                                         |                                                                                                    |
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## OATH FOR PURCHASER OR ACQUIRING ENTITY

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|         | I,, being duly                              | y sworn, file this notice of intent to purchase, acquire, lease or rent,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| nart    | ge or consolidate as                        | (indicate relationship to applicant) that is, owner, member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| I am    | Qualified and authorized to file and werify | such and live or representative of applicant); that, in such capacit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| this    | application, and have complied with a       | the documents filed with the documents filed with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| state   | ments made and matters set forth therein    | with respect to applicant are true and correct. Statements about other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| appt    | ication does not duplicate any filing pres  | ently before the Commission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Lam     | also authorized and do agree to be bound    | by and comply with any outstanding orders of the Commission or th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| يعتقطسه | THE SECRET WHICH HAVE COUNTY ISSUED TO THE  | C'SYSICITIOF REUTICS Demographed and recommism at the visit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 0.80    | ministrative penalties or other enforcem    | ent actions if I do not comply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|         | •                                           | (Applicant's Authorized Representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|         | TE street A STEERING WILLIAM ST.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| attorn  | ey, a properly verified Power of Attender   | on other than the sole owner, partner, officer of the applicant or it: ey must be enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| •       | Applicant represents that all other par     | ties to this transaction have been furnished copies of this completee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| oilqqı  | ation.                                      | to any namenous have occur furnished cobies of this combine fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| מחז:    | COMED AND SWODN TO BEFORE                   | MC - Notes Publication of Social Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| his _   | _day of, 19                                 | ME, a Notary Public in and for the State and County above-named,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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# MWSC & Lwcid 1, 2A, 2B, 2C, 2D Agreement Notice to Current Customers, Neighboring Systems and Cities - Form

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MWSC & Lwcid 1, 2A, 2B, 2C, 2D Agreement
Page 61 of 62
Notice to Current Customers, Neighboring Systems and Cities - Form E

| NOTICE OF INTENT TO SELL FA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SELL FACILITIES OF                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Attachment 5                                                                    |  |  |
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| Gentlemen:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date Notice Mailed:                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |  |  |
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| has submitted an application with the Texas N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jahural Resource Conservation                                                                                                                                                                                                                         | C::                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P C                                                                             |  |  |
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| Purchaser's or Transferee's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address                                                                                                                                                                                                                                               | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Zip Code                                                                        |  |  |
| The transferee has also requested to obtain/an approved by the Executive Director Of T.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nend a CCN in this application                                                                                                                                                                                                                        | The cale is an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | £                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _                                                                               |  |  |
| approved by the Executive Director (V.T.C.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A. Water Code \$13,301). The                                                                                                                                                                                                                          | r trie safe 12 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | neduled to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | take place                                                                      |  |  |
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Utility Certification and Rate Design Section Water Utilities Division Texas Natural Resource Conservation Commission P.O. Box 13087 Austin, Texas 78711-3087

> RE: Transfer of a Portion of the Certificated Water Service Area Under CCN No. 11144

Manville Water Supply Corporation consents to the transfer of a portion of the water service area under Certificate of Convenience and Necessity No. 11144 to Tiernann Land & Cattle Development, Inc. [or Water Control and Improvement District]. The service area to be transferred is located in Travis and Williamson Counties and is described on the attached Exhibit "A." Tiernann Land & Cattle Development, Inc. [or Water Control and Improvement District] is hereby designated the agent of Manville Water Supply Corporation for the purpose of prosecuting any required application to transfer this service area.

Sincerely.

President Board of Directors

EXHIBIT D

PROFESSIONAL SERVICES AGREEMENT BETWEEN LAKESIDE WATER CONTROL AND IMPROVEMENT DISTRICT NO. I AND THE CITY OF PFLUGERVILLE, TEXAS CONCERNING THE OPERATION, MAINTENANCE AND MANAGEMENT OF WATER AND WASTEWATER FACILITIES AND SERVICES WITHIN LAKESIDE WATER CONTROL AND IMPROVEMENT DISTRICT NO. I.

This Professional Services Agreement ("Agreement") is made and entered into on the dates set forth below, by and among Lakeside Water Control and Improvement District No. I (the "District") and the City of Pflugerville (the "City"), a municipal corporation, each acting by and through its undersigned, duly authorized representative.

#### RECITALS

Tiernann Land and Cattle Development, Inc. ("Developer") plans to or is currently constructing a water distribution system and a sanitary wastewater collection and transportation system (collectively, the System) which will serve customers located within the geographic boundaries of the District, and the District is desirous of obtaining services for the competent operation, maintenance, and management of the system.

The City desires to provide operations, maintenance, and management services for the District's System.

The District and the City are desirous of entering into a definitive agreement pursuant to which the City shall operate, maintain and manage the System.

In consideration of the mutual agreements herein set forth and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the City and the District agree as follows:

## ARTICLE L DEFINITIONS

The following terms and expressions when used in the Agreement have the following meanings unless the context clearly indicates otherwise:

A. "Agreement" means this "Professional Services Agreement between Lakeside Water Control and Improvement District No. 1 and the City of Pflugerville, Texas Concerning the Operation, Maintenance and Management of Water and Wastewater Facilities and Services within Lakeside Water Control and Improvement District No. 1."

- B. "City" means the City of Pflugerville, Texas, a municipal corporation with its principal offices at 100 E. Main Street in Pflugerville, Travis County, Texas.
- C. "Consent Agreement" means the Comprehensive Development Agreement Between Tiemann Land and Cattle Development, Inc. and the City Pflugerville, Texas Including Consent to the Creation of Water Control and Improvement Districts and the Development of a Certain 1113 Acre Tract Located in Williamson and Travis Counties, Texas
- D. "Development" means the lands within the current or fixture boundaries of Lakeside Water Control and Improvement District No. 1, or its successors.

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- E. "District" means the Lakeside Water Control and Improvement District No. 1. Such terms shall also mean each additional district (five in total) which may be created by Developer either by division of the District into multiple districts, pursuant to Article 51.748, Texas Water Code or by creation of multiple (five in total) new districts as provided in the Consent Agreement.
- F. "System" means the Developer or District owned meters, lines, facilities, equipment, lands and rights-of-way for the storage, transportation and distribution of a potable water supply, and any extensions or additions thereto, that may be constructed to serve water customers in the Development, and the Developer or District owned facilities, equipment, lands and rights-of-way for the collection and transportation of wastewater, and any extensions or additions thereto, to be constructed to serve wastewater customers in the Development.

## ARTICLE II. ADMINISTRATIVE SERVICES

The following administrative services shall be provided to the District by the City.

- 1. <u>Organization</u> The City shall administer the work, activities, and operations of the District's water and wastewater systems in accordance with the terms of this Agreement and the Consent Agreement.
- 2. <u>Personnel.</u> The City shall provide competent, trained personnel. System supervisors and/or operators shall be licensed or certified by the appropriate State governmental authority. Accounting, billing, and field personnel shall be trained to be professional and courteous in dealing directly with the District's customers.
- 3. Start Up. The City shall:

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- A. . Maintain all of the District's customer information and records necessary to provide monthly billings to the District's customers.
- B. Inventory and maintain a listing of all of the District's equipment including manufacturers' model and serial numbers, motor frame numbers and other such data as

required to provide relevant information for the scheduled maintenance and repair of replacement of the equipment comprising the System.

- 4. <u>Maintenance Scheduling</u>. The City shall implement a Scheduled Maintenance Program for System equipment. The City shall ensure that System equipment is maintained in the same fashion and with the same frequency as equipment owned and operated by the City or as may be required by Texas Natural Resource Conservation Commission or other regulatory agency with jurisdiction. Because the District(s) are under the continuing supervision of the Texas Natural Resource Conservation Commission, City shall submit its Scheduled Maintenance Program to the District for comment.
- 5. 24 Hour Service. The City shall maintain 24-hour telephone and dispatch service with qualified personnel to respond to customer problems and equipment malfunctions within the District in the same manner and fashion as for retail customers located within the City limits.
- 6. <u>Automatic Telephone Alarm.</u> The City shall monitor computer or automatic dialed telephone alarm systems at any of the water and wastewater facilities within the District, which are installed and programmed to call the City's 24-hour telephone dispatch service. City shall notify the District of all alarm responses it makes to District facilities.
- 7. <u>Employee Identification.</u> The City's operating and maintenance employees shall be readily identifiable to customers within the District by distinctive clothing. Service vehicles shall have the City emblem prominently displayed.
- 8. <u>Coordination with Consultants</u>. The City shall coordinate with other consultants, such as attorneys, engineers, general manager, contractors, auditors, tax assessors, and financial advisors hired by the Developer and/or the District as necessary to maintain efficient operation of the System.
- 9. <u>Inquiries and Correspondence.</u> The City shall respond to inquiries or correspondence from governmental or regulatory authorities and the District's directors, customers or consultants in a prompt, professional manner.
- 10. <u>District Meetings</u>. The City's Water and Wastewater System Manager, or other City representative designated by the City Manager, shall attend regularly scheduled meetings which have an agenda item relating to the District's operations. The City representative will have direct knowledge of the District's on-going operations or agenda items as appropriate.
- II. <u>Customer Relations.</u> The City shall render reasonable assistance in the promotion of good relations with the customers located within the District and act in a manner befitting a professional contractor of the District.

### ARTICLE III. WHOLESALE WATER AND WASTEWATER SERVICE

Wholesale water and wastewater service to the District shall be provided by Manville Water Supply Corporation and Kelly Lane Utility Company, Inc. Developer shall collect from builders and pay capacity fees due under the wholesale contracts directly to the wholesale supplier. All other fees and amounts due under the wholesale water and wastewater contracts shall be paid by the City directly to the wholesale supplier from revenues collected by the City for the District.

# ARTICLE IV. RETAIL WATER AND WASTEWATER MANAGEMENT SERVICES

- 1. <u>System Operations</u>. The City shall provide: personnel, vehicles, hand tools, spare parts, and other equipment necessary for the operation of the System.
- 2. <u>Bookkeeping Service</u>. The City shall provide bookkeeping services including: accounting for all transactions involving the District's construction, operating, and tax funds, in accordance with the requirements of the Texas Natural Resource Conservation Commission (or its successors) as outlined in the WATER DISTRICT ACCOUNTING MANUAL.
- 3. Meter Reading, Billing and Collection. The City shall read the District's water meters once each month and bill the customers at rates set by the District. The City shall collect all revenues arising from the rates set by the District. The City is authorized to make adjustments to water bills for clerical errors, over or under registration of water meters, erroneous meter readings, establishment of water usage during times when a meter has been inoperative and other similar adjustments. City will resolve billing disputes with individual customers consistent with its in-city procedure.
- 4. <u>System Inspection.</u> The City shall monitor the District's facilities daily, including weekends and holidays as required by state regulations. This shall include lift stations. City employees, whenever they are within the District boundaries, shall monitor the System in order to observe condition of fire hydrants, leaks, defects, damages and be alert for missing District equipment. City shall be responsible for resolving builder damage issues with the cooperation of the District.
- 5. <u>Daily Preventative Maintenance</u>. The City shall provide all personnel and equipment necessary for preventative maintenance tasks.
- 6. <u>Bulk Chemicals.</u> The City shall be responsible, at its own expense, for maintaining an adequate inventory of chlorine and other bulk chemicals required to operate the System.
- 7. Expendable Items. The City shall, at the City's expense, replace those items expended in the daily operation of the System. Those items include, but are not limited to, brooms, mops, dip nets, rakes, shovels, trash cans, hoses, nozzles, padlocks, and other such items.

- Monthly Operations Report. The City shall render a monthly operations report, which shall include the following information, or other information to which the parties can agree:
  - A. Daily and monthly water flow data.
  - The number of gailons of water purchased by the District and the number of gallons B. billed to District's customers and a written explanation of the resulting difference.
  - Total number of service connections, water and wastewater. C.
  - Records regarding equipment repairs and replacements. D.
  - Abnormal changes in condition of the District's equipment, needed repairs and E. recommended schedules for the repair of such equipment.
  - Insurance claims filed on behalf of the District with the concurrence of the District. F.
  - Regular billing and collection reports including cash receipts, billings and receivables. G.
  - Delinquent customer reports, including information on termination of water service and H protests or appeals made by customers.
  - L Summary of meters installed, inspections performed and fees collected.
  - Damage to the System and the possible causes thereof. In instances where the damage may be attributable to a contractor, builder, utility company or other entity, the City shall use its best efforts to identify the party responsible for such damage, including administrative costs thereof, and include such information in the monthly report. The District will assess and collect the cost of repairs from the responsible part and remit to city.
  - K. Statistics relating to overall System operations, as appropriate.
  - L. Operations and maintenance cost data
  - M Information and reports as may be required for audit of the District's accounts.
- Regulatory Reports. The City shall prepare and submit reports and other documents required by regulatory authorities. The City shall provide the District copies of all reports prior to submittals.
- 10. Regulatory Inspections. The City shall advise the District of inspections by regulatory authorities. When possible, the City shall schedule regulatory inspections to provide an opportunity for a representative of the District (District Engineer) to attend such inspections.

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### ARTICLE V. INSTALLATION AND INSPECTION SERVICES

- 1. <u>General</u> All meters and installation materials shall meet American Water Works Association standards and be in compliance with applicable city, county, or state codes. All installation and inspection fees shall be collected from the District's customers in advance, and shall be equal in amount to the installation and inspection fees charged by the City to in-city customers. The City shall maintain permanent records of meter services installed and tap fees paid. This includes a plat or map, as available, which shows the location of each meter installed and each sewer inspection performed.
- 2. <u>Residential Meters.</u> Residential 5/8 inch water meter sets made to a visible curb stop set near ground level will be made for a fee equal to the then current charge assessed in-city customers for such service. Non-standard residential water meter sets, including location buried curb stops, will be made by the City for the same fee assessed in-city customers for such service.
- 3. <u>Commercial Meters.</u> Commercial meter tie-ins will be made by the City for a price quoted for each installation in accordance with the applicable specifications, the price to be equal to that charged commercial customers located within the City limits.
- 4. <u>Water Tap Inspections.</u> Inspection of water taps and service lines will be made as necessary at no cost to the District but subject to the fee for in-city inspections, which shall be imposed according to City Ordinances.
- 5. <u>Sanitary Sewer Inspections</u>. The City shall inspect each sanitary sewer connection to the District's system to assure compliance with the District's specifications and procedures when and as necessary, at no cost to the District but subject to the fee for in-city inspections which shall be imposed according to City Ordinances. The fee will be collected from the customer requesting service.
- 6. Other Inspections. The City shall perform other inspections as requested or authorized by the District. Such inspections include, but are not limited to, grease traps, sample wells, cross connections or new facilities prior to acceptance by the District. The City may also participate in site inspections with contractors prior to the start of building activity to assist in verifying the condition of the District's system. All such other inspections shall be subject to such fees as are charged for similar in-city inspections or such fees authorized by the Consent Agreement.

# ARTICLE VI. MAINTENANCE, REPAIR AND REPLACEMENT SERVICES

- 1. <u>Maintenance</u>. The City shall provide all personnel, tools, spare parts, and equipment necessary to perform maintenance on the District's facilities and equipment. Maintenance shall include, but not be limited to, the following:
  - A. Maintenance or replacement of pumps, motors, valves and other equipment of facilities.

- . Calibration and servicing of instrumentation, control systems and other equipment.
- Other maintenance as necessary, which requires special skills and/or tools, performed in conformance with equipment manufacturer's recommendations to maintain warranties and to extend the useful life of the equipment.
- Repair. The City shall provide all personnel and equipment necessary to perform repairs on, and shall bear sole cost responsibility for repair of, meters, lines, facilities, equipment, collection and distribution systems including, but not limited to, service line leaks, leaks at water meters, water main breaks, repairs to valves and fire hydrants, manhole repairs, and sewer line repair and cleaning, as needed. The City shall not, however, bear cost responsibility for initial repair of any equipment or facilities identified by the City as in need of repair on the date of assumption of repair responsibility pursuant to the terms of this Agreement. The District will assign contractors' warranties to the City, and the City will cause repairs to be made under the terms of the warranty. Subsequent to acceptance of facilities by the City, the City shall be responsible for all repairs or replacement of same.
- Replacement. The City shall use a reasonable degree of care with respect to replacement of 3. equipment or facilities but shall not be responsible to the District for any guarantees or warranties offered by others in connection with such equipment or facilities.
- Emergency Response. The City shall maintain personnel and equipment for emergency response 24 hours per day, seven days per week, 365 days per year. Emergencies shall include, without limitation, water leaks, water line breaks, loss of water pressure, degradation of water quality occurring within the water supply system, and blockage in the sewage collection system. Additionally, the City shall undertake reasonable efforts to respond to requests by the District or its representatives Or insistent residents
- Materials and Supplies. The cost of all materials and supplies used to provide services under 5 this Agreement shall be borne solely by the City.

### ARTICLE VII. COLLECTION, PAYMENT, AND REMITTANCE

The City and the District agree that City's compensation for retail water and wastewater operation, maintenance and management services provided by the City, shall be satisfied from, and shall equal, the revenues collected by the City from the District's retail water and wastewater customers for retail water and wastewater service, excluding any amounts collected by the City on behalf of the District. All fees and charges assessed the District's retail water and wastewater customers by the City shall be set by the District to recover the costs of operating the District, operating and maintaining District facilities, obtaining wholesale water and sewer service, and compensating the City for services provided under this Agreement. No additional charges, fees or the like shall be assessed against Developer or the District for such services. The City shall collect all revenues arising from rates set by the District, pay all expenses arising from the services provided under this Agreement, including amounts set by the District to compensate the City, and remit any remainder to the District.

### ARTICLE VIII. OPERATION AND MAINTENANCE OF DRAINAGE FACILITIES

At the option of the District, the City shall operate and maintain the District drainage and water detention facilities. Upon election of this option, the District and the City shall set mutually acceptable fees and charges to compensate the City for operating and maintaining the District's drainage and water detention facilities. The City shall collect such rates and disburse such revenues as provided in this Agreement for other rates collected by the City.

### ARTICLE IX. MISCELLANEOUS PROVISIONS

### 1. Responsibilities.

- A. <u>City Responsibilities</u>. The City shall exercise a reasonable degree of care and diligence in the operation and maintenance of the System in conformity with applicable laws, rules and regulations.
- B. <u>District Responsibilities</u>. The District represents that the System is in good working order, does not contain any known defective equipment or facilities, is suitable and adequate for the needs of its customers and that all of its facilities are, or shall be, built in accordance with local, state and federal regulations. The District shall provide:
  - i. All utilities and plant facilities necessary to commence operation of the System in a manner required to meet applicable regulations.
  - ii. A complete set of record drawings of the System and any other information necessary for the administration of the System.
- 2. <u>Relationship of the District and the City.</u> The City shall serve in the capacity of an independent contractor for the District during the period of this Agreement.

### 3. <u>Insurance.</u>

A. The City shall at all times during the effectiveness of the Agreement maintain in full force and effect Liability and Worker's Compensation Insurance covering the City's performance under this Agreement. All insurance shall be provided by insurers licensed and approved to do an insurance business in the State of Texas. Before commencement of work hereunder, the City agrees to furnish the District Certificates of Insurance or other evidence satisfactory to the District to the effect that such insurance has been procured and is in force. The City shall carry the following types of insurance in at least the limits specified below:

| Coverages                                   | Limits of Liability Attachment 5                           |
|---------------------------------------------|------------------------------------------------------------|
| Worker's Compensation                       | Statutory                                                  |
| Employers' Liability                        | \$500,000.00                                               |
| Bodily Injury Liability Except Automobile   | \$500,000.00 each occurrence<br>\$1,000,000.00 aggregate   |
| Property Damage Liability Except Automobile | \$500,000.00 each occurrence<br>\$1,000,000.00 aggregate   |
| Automobile Bodily Injury<br>Liability       | \$500,000.00 each person<br>\$1,000,000.00 each occurrence |
| Automobile Property Damage Liability        | \$250,000.00 each occurrence                               |
| Excess Umbrella Liability                   | \$2,000,000.00 each occurrence                             |

- B. The District shall carry insurance in amounts adequate to cover the costs of repair or replacement of District facilities.
- 4. <u>Indemnity.</u> To the extent allowed by law, the City shall indemnify and save harmless the District and its officers, agents, and employees from all suits, actions, losses, damages, claims, or liability of any character, type, or description, including without limitation, any claim and damages arising from strict liability imposed in the District by statute, regulations, or common law, and all expenses of litigation, court costs, and attorney's fees for injury or death to any person, or injury to any property, received or sustained by any person or persons or property, arising out of, or occasioned by, the negligent acts of City, its agents or employees, in the execution or performance of this Agreement. The liability that is assumed by City under the terms of this Paragraph shall not exceed the sum of \$2,000,000.00 which sum is the amount of liability insurance coverage required to be carried by City pursuant to this Agreement or maximum liability allowed by law, whichever is less.
- 5. Force Majeure. In the event that the City or the District is rendered unable, wholly or in part, by force majeure to carry out its obligations under this Agreement, it is agreed that each party shall give written notice of such force majeure to the other party as soon as possible after the occurrence of the cause relied on and shall, therefore, be relieved of its obligations, so far as they are affected by such force majeure, during the continuance of any inabilities so caused, but for no longer. The term "force majeure," as employed herein, shall mean acts of God, strikes, lockouts, or other industrial disturbances, acts of the public enemy, orders of any kind of the government of the United States or of the state or any civil or military authority, insurrections, riots, epidemics, landslides, lightning, earthquakes, fires, hurricanes, storms, floods, washouts, disturbances, explosions, partial or entire failure of utilities, shortages of labor, material, supplies or transportation, or any other similar or

different cause not reasonably within the control of the party claiming such inability.

- 6. <u>Full Compensation</u>. The compensation to be paid to the City herein is inclusive of any tax, assessment, or other charge which may be imposed upon the City by any governmental authority as a result of performing its obligations pursuant to this Agreement.
- 7. Applicable Law. Venue and jurisdiction of any sult, right or cause of action arising under, or in connection with this Agreement shall lie exclusively in Travis County, Texas.
- 8. <u>Notice.</u> Whenever the provisions of this Agreement require notice to be given, such notice shall be given in writing by certified or registered mail and addressed to the party for whom intended at its then address of record and such notice shall be deemed to have been given when the notice was then mailed.
- 9. <u>Term of Agreement.</u> This Agreement shall take effect when executed by the City and District and shall continue in force for three years after execution unless terminated earlier as provided in this Agreement. Unless either party gives written notice of its election to terminate this Agreement at least 180 days prior to the end of any three-year period, this Agreement shall automatically be renewed for an additional three-year period at the expiration of each period.
- 10. <u>No Additional Waiver Implied.</u> The failure of any party hereto to insist, in any one or more instances, upon performance of any of the terms, covenants or conditions of the Agreement, shall not be construed as a waiver or relinquishment of the future performance of any such term, covenant or condition by any other party hereto, but the obligation of such other party with respect to such future performance shall continue in full force and effect.
- 11. <u>Modification</u> Except as otherwise provided in this Agreement, this Agreement shall be subject to change or modification only with the mutual written consent of the parties hereto or their successors and assigns.
- 12. <u>Captions.</u> The captions appearing at the first of each numbered section in this Agreement are inserted and included solely for convenience and shall never be considered or given any effect in construing this Agreement, or any provision hereof, or in connection with the duties, obligations or liabilities of the respective parties hereto or in ascertaining intent, if any question of intent should arise.
- 13. <u>Severability</u> The provisions of this Agreement are severable, and if any provision or part of this Agreement or the application thereof to any person or circumstance shall ever be held by any court of competent jurisdiction to be invalid or unconstitutional for any reason, the remainder of this Agreement and the application of such provision or part of this Agreement to other persons or circumstances shall be not affected thereby.
- 14. <u>Construction of Agreement.</u> The parties agree that this Agreement shall not be construed in favor of or against any party on the basis that the party did or did not author this Agreement.

Other Instruments The parties hereto covenant and agree that they snall take such further actions, and shall execute and deliver such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the intent of this Agreement.

ATTEST:

- Conflict Among Agreements. In the event a conflict is determined to exist between the terms and conditions of the Consent Agreement and this Agreement, the parties agree that the language of the Consent Agreement shall be controlling.
- Termination. This Agreement shall be terminated at the time the land within the District has 17. been annexed by the City of Pflugerville. Additionally, this Agreement may be terminated by the District if the City has failed to adequately operate and maintain the District's system pursuant to the terms and conditions of this Agreement, provided, however, that this right of termination may be enforced only after written notice has been given to the City of such failure and a reasonable opportunity is given to the City to cure the deficient performance, which in no event shall be less than ninety (90) days from the date of the notice.

EXECUTED in multiple copies, each of which shall constitute an original, on the dates set forth below:

| ATTEST:        | CITY OF PFLUGERVILLE, TEXAS                              |
|----------------|----------------------------------------------------------|
| Karen Thompson | By: St Janes                                             |
| •              | Its: City Manager                                        |
|                | Date: 6/20/00                                            |
| ATTEST:        | LAKESIDE WATER CONTROL AND<br>IMPROVEMENT DISTRICT NO. 1 |
| Jerry Jutel    | By: Dott & Curland                                       |
| V              | Its: President                                           |
|                | Date: 5-24-00                                            |
|                |                                                          |

FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT BETWEEN LAKESIDE WATER CONTROL AND IMPROVEMENT DISTRICT NO. 1 AND THE CITY OF PFLUGERVILLE, TEXAS

This First Amendment to Professional Services Agreement is entered into to be effective as of the dates appearing below by and between Lakeside Water Control and Improvement District No. 1 (the "District") and the City of Pflugerville (the "City"), a municipal corporation, each acting by and through its undersigned, duly authorized representative.

#### RECITALS

The District and the City have previously entered into a Professional Services Agreement providing the terms and conditions by which the City shall provide operations, maintenance, and management services for the District's System (as such terms are defined in the Agreement).

The District and the City desire to amend the Agreement to specify how security deposits collected by the City on behalf of the District shall be treated.

### **AGREEMENT**

In consideration of the mutual agreements herein set forth and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the City and the District agree as follows:

Section 3 of the Agreement is replaced with the following:

Meter Reading, Billing and Collection, Customer Deposits. The City shall read the District's water meters once each month and bill the customers at rates set by the District. The City shall collect all revenues arising from the rates and charges set by the District. The City is authorized to make adjustments to water bills for clerical errors, over or under registration of water meters, erroneous meter readings, establishment of water usage during times when a meter has been inoperative and other similar adjustments. City will resolve billing disputes with individual customers consistent with its in-city procedure. The City shall collect and maintain security deposits on the District's behalf, and the District agrees that such deposits and interest earned thereon may be maintained in the City's accounts.

EXECUTED in multiple copies, each of which shall constitute an original, on the dates set forth below:

ATTEST:

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CITY OF PFLUGERVILLE, TEXAS

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Lwcid 1, 2A, 2B, 2C, 2D PSA w/CoP Page 13 of 18

Attachment 5

| Its: CITY MANAGER                                     |
|-------------------------------------------------------|
| Date: 04/02/03                                        |
| LAKESIDE WATER CONTROL AND IMPROVEMENT DISTRICT NO. 1 |
| By: Alf ? Comball                                     |
| Its: Presient                                         |
| Date: February 5, 2003                                |
|                                                       |

ATTEST:

# SECOND AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT BETWEEN LAKESIDE WATER CONTROL AND IMPROVEMENT DISTRICT NO. 1 AND THE CITY OF PFLUGERVILLE, TEXAS

This First Amendment to Professional Services Agreement is entered into to be effective as of the dates appearing below by and between Lakeside Water Control and Improvement District No. 1 (the "District") and the City of Pflugerville (the "City"), a municipal corporation, each acting by and through its undersigned, duly authorized representative.

#### RECITALS

The District and the City have previously entered into a Professional Services Agreement providing the terms and conditions by which the City shall provide operations, maintenance, and management services for the District's System (as such terms are defined in the Agreement).

The District and the City desire to amend the Agreement to allow the City to contract and provide for solid waste disposal services in the District.

#### **AGREEMENT**

In consideration of the mutual agreements herein set forth and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the City and the District agree as follows:

1. The Agreement is amended to add Article X as follows:

### ARTICLE X SOLID WASTE DISPOSAL SERVICES

The City shall make available Municipal Solid Waste Disposal Services (as hereinafter defined) to properties and residents located within the boundaries of the District. The City shall bill such retail customers directly and contract directly with a municipal solid waste disposal service provider to carry out its duties under this Article. Charges by the City to customers located within the District shall not exceed the charges paid by in-City customers except for an administrative fee that may be charged by the City to recoup its costs in administering such services within the District not to exceed \$2.00 per account per month.

The parties acknowledge that this Article does not create an exclusive contract with the City or any municipal solid waste service provider contracted by the City to provide services within the boundaries of the District. In the event that the District ever converts to a municipal utility district, the parties agree that such municipal utility district shall be successor in interest to the District for the purposes of this Agreement, and upon such conversion, this Agreement shall be exclusive for the purposes of the provision of municipal solid waste disposal services within the boundaries of the municipal utility district; provided however, neither the District nor the City shall be required to

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municipal utility district; provided however, neither the District nor the City shall be required to take any action that terminates or interferes with the rights of parties to a contract for solid waste disposal services.

Municipal Solid Waste Disposal Services shall mean, for the purposes of this article, the collection, transport and disposal and/or recycling of municipal solid waste.

EXECUTED in multiple copies, each of which shall constitute an original, on the dates set forth below:

ATTEST:

CITY OF PFLUGERVILLE, TEXAS

16m. (

Date:

ATTEST:

LAKESIDE WATER CONTROL AND IMPROVEMENT DISTRICT NO. 1

ву: **/У//** 

Its: PASI dent

Date: November 8, 2005