

Checklist for Obtaining or Amending a CCN

Name of Application City of Italy

Administrative Review #A - 099 - 13

Application Number (s) 37666-C, 37667-C

Date TCEQ Received Application 7/16/13

Date Assigned to program area 7/16/13

County(s) Ellis

Purpose of Application:

- | | |
|---|--|
| <input type="checkbox"/> Obtain New Water CCN
Temporary CCN# A _____ | <input type="checkbox"/> Obtain New Sewer CCN
Temporary CCN# A _____ |
| <input checked="" type="checkbox"/> Amend Water CCN # <u>10885</u> | <input checked="" type="checkbox"/> Amend Sewer CCN # <u>20350</u> |
| <input checked="" type="checkbox"/> Account Fees due <u>none</u> | <input checked="" type="checkbox"/> Regulatory Assessment Fees due <u>none</u> |
| <input checked="" type="checkbox"/> Attach a copy of CN and RN from WUD | |
| <input checked="" type="checkbox"/> Not on file with Central Registry. Core Data Form Needed. | |
| <input checked="" type="checkbox"/> Original and three copies of application received | |

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

[iWUD Main](#)[Districts](#)[Utilities](#)[PWS](#)[Reports](#)[Documents](#)[Maps](#)

? Utility details for CITY OF ITALY (10885)

 **Affiliations**  **Documents**  **Site Visits**  **Schedules**

Properties

CR Regulated Entity Number: **RN101393528** ✓

CCEDS Status: **NO ACTIVE NOE EXISTS**

Utility Type: **WATER UTILITY**

Ownership Type: **MUNICIPALITY**

Primary County: **ELLIS**

County Code: **70**

Customers

Reference Number

CN600460026 ✓

Name

CITY OF ITALY

Role

RESPONSIBLE PARTY

Official Address / Phone

Address: **PO BOX 66**

ITALY , TEXAS 76651-0000

Telephone: **(972) 483-6414**

PWS for this Utility

PWS Name

CITY OF ITALY

PWS ID

0700028

Status

A

District(Number)

Water System occurrences retrieved.

Counties

Code

70

County Name

ELLIS ✓

Primary

Y

Activity

Activity Status: **ACTIVE**

Start Date: **03/01/1986**

End Date: **12/31/9999**

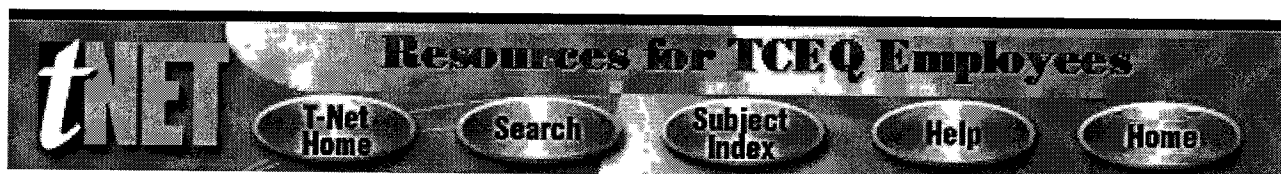
Activity Date: **11/02/2000**

[Run Utility Cases Report](#)
[Run Utility Summary Report](#)
[Show Map](#)

Utility successfully retrieved.

**For questions or comments regarding information on this page, contact the
[TCEQ iWUD Web Manager](#)**

Version V2.5.2



? Utility details for CITY OF ITALY (20350)

Affiliations Documents Site Visits Schedules

Properties

CR Regulated Entity Number: **RN101393528** ✓

CCEDS Status: **NO ACTIVE NOE EXISTS**

Utility Type: **SEWER UTILITY**

Ownership Type: **MUNICIPALITY**

Primary County: **ELLIS**

County Code: **70**

Customers

Reference Number

CN600460026 ✓

Name

CITY OF ITALY

Role

RESPONSIBLE PARTY

Official Address / Phone

Address: **PO BOX 66**

ITALY , TEXAS 76651-0000

Telephone: **(972) 483-6414**

Counties

Code

70

County Name

ELLIS ✓

Primary

Y

Activity

Activity Status: **ACTIVE**

Start Date: **03/01/1986**

End Date: **12/31/9999**

Activity Date: **11/02/2000**

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Version V2.5.2

To: Administrative Reviewer

Date Complete: July 17, 2013

From: Cartographer-Utilities & Districts Section

Subject: Overlap & Notice Check for Administrative Review No. A099-13/37666&7-C
City of Italy (19885 & 20350) to amend water and sewer CCN/s in Ellis county

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


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

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

11. Notice: **DO NOT NOTICE**
- X 12. Other comments: **Maps do not meet requirements. Please submit the following. (maps do not clearly show the proposed area. Color or shading would help. Data disk contain multiple records and the proposed is not clearly labeled and there amy be areas that should be removed. It is not clear. No map B of only the proposed area. No written description of the proposed area. Need new maps for a and B to clearly show the proposed and applicant should make sure the data is the same.)**
 - A. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 - B. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or

- ii. register professional land surveyor; or projectable digital data with metadata (proposed areas should be in a single record and clearly labeled). Also, a data disk labeled with the applicant's name must be provided; or
- iii. following verifiable natural and man-made landmarks; or
- iv. a copy of recorded plat map with metes and bounds.

C. A written description of the proposed service area.



Kent Steelman

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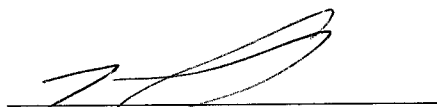
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