



Control Number: 43177



Item Number: 10

Addendum StartPage: 0

DOCKET NO. 43177
Application of Ni America Texas, LLC to Amend a Certificate of Convenience and Necessity in Wise County (37937-C)

APPLICANT'S AFFIDAVIT OF PROVISION OF NOTICE

STATE OF TEXAS
COUNTY OF TRAVIS

§
§
§

BEFORE ME, the undersigned authority, on this day personally appeared Affiant, who, being by me duly sworn on oath, states as follows:

1. I am the attorney for Ni America Texas, LLC ("Ni America"), I have prepared the Application to Amend Certificate of Convenience and Necessity ("CCN") Number 11922 with the help of the Ni America staff, and I am filing this Affidavit of Provision of Notice with the Public Utility Commission on behalf of Ni America; and
2. This affidavit is executed to meet the requirements of 16 Texas Administrative Code §24.106(b)(6) that within 30 days of the date of notice, the applicant shall submit to the commission an affidavit specifying the persons to whom notice was provided and the date of that notice; and
3. Notices to Neighboring Systems, Landowners and Cities, as approved by the Commission in Order Number 4, were sent to Aqua Texas, Inc., City of New Fairview, City of Rhome, and Upper Trinity Groundwater Conservation District via certified mail on February 13, 2015, and exact copies of the notices provided and signed certified mail receipts from each recipient are attached as exhibits hereto.

EXHIBITS:

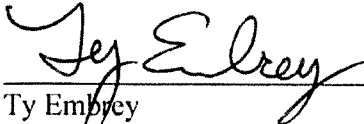
Exhibit A – Notice and certified mail receipt to Aqua Texas, Inc.
Exhibit B – Notice and certified mail receipt to City of New Fairview
Exhibit C – Notice and certified mail receipt to City of Rhome
Exhibit D – Notice and certified mail receipt to Upper Trinity Groundwater Conservation District

(Signature and Acknowledgement Appear on Following Page)

RECEIVED
2015 MAR -3 PM 1:52
PUBLIC UTILITY COMMISSION
FILING CLERK

DOCKET NO. 43177
**Application of Ni America Texas, LLC to Amend a Certificate of Convenience and
Necessity in Wise County (37937-C)**

EXECUTED this the 3rd day of March, 2015.

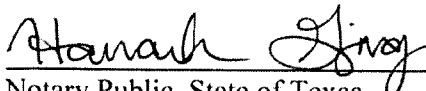


Ty Embrey
Attorney for Ni America Texas, LLC

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

This instrument was acknowledged before me on this the 3rd day of March, 2015,
by Ty Embrey, Attorney for Ni America Texas, LLC, a Texas corporation, on behalf of such
corporation.





Notary Public, State of Texas

(Exhibits Appear on Following Pages)

DOCKET NO. 43177
Application of Ni America Texas, LLC to Amend a Certificate of Convenience and
Necessity in Wise County (37937-C)

EXHIBIT A

Notice and Certified Mail Receipt to Aqua Texas, Inc.

Notice to Neighboring Systems, Landowners and Cities

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO
PROVIDE WATER/SEWER UTILITY SERVICE IN

WISE COUNTY(IES), TEXAS

To: Aqua Texas Inc. Date Notice Mailed February 13 20 15
(Neighboring System, Landowner or City)

1106 Clayton Lane, Suite 400W
(Address)
Austin TX 78723
City State Zip

Name of Applicant Ni America Texas, LLC has filed an application for a
CCN to obtain or amend CCN No. (s) 11922 and to
decertify a portion(s) of _____ with the
(Name of Decertified Utility)

Public Utility Commission of Texas to provide water
(specify 1) water or 2) sewer or 3) water & sewer)
utility service in Wise County(ies).

The proposed utility service area is located approximately 2 miles west
[direction] of downtown New Fairview, [City or Town] Texas, and is
generally bounded on the north by Graham Road; on the east by
Graham Road; on the south by Illinois Street; and on the west by State Highway 287

See enclosed map of the proposed service area.

The total area being requested includes approximately 10 acres and 0
current customers.

A request for a public hearing must be in writing. You must state (1) your name, mailing address, and daytime telephone number; (2) the applicant's name, application number or another recognizable reference to this application; (3) the statement, "I/we request a public hearing"; (4) a brief description of how you or the persons you represent, would be adversely affected by the granting of the application for a CCN; and (5) your proposed adjustment to the application or CCN which would satisfy your concerns and cause you to withdraw your request for a hearing.

Persons who wish to intervene or comment should write the:

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

within thirty (30) days from the date of this publication or notice. A public hearing will be held only if a legally sufficient hearing request is received or if the commission on its own motion requests a hearing. Only those individuals who submit a written hearing request or a written request to be notified if a hearing is set will receive notice if a hearing is scheduled.

If a public hearing is requested, the commission will not issue the CCN and will forward the application to the State Office of Administrative Hearings (SOAH) for a hearing. If no settlement is reached and an evidentiary hearing is held, the SOAH will submit a recommendation to the commission for final decision. If an evidentiary hearing is held, it will be a legal proceeding similar to a civil trial in state district court.

If you are a landowner with a tract of land at least 25 acres or more, that is partially or wholly located within the proposed area, you may request to be excluded from the proposed area (or "opt out") by providing written notice to the commission within (30) days from the date that notice was provided by the applicant. All requests to opt out of the requested service area must include a scaled, general location map and a metes and bounds description of the tract of land.

Persons who meet the requirements to opt out, and wish to request this option should file the required documents with the:

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

A copy of the request to opt out of the proposed area must also be sent to the applicant. Staff may request additional information regarding your request.

Si desea informacion en Espanol, puede llamar al 1-888-782-8477



Note: This map's digital data file format is ESRI ArcGIS shapefiles (.shp). The digital data projection is NAD 1983 State Plane Texas North Central FIPS 4202 (US Feet). Map units are in feet and the base map used is Arc2Earth, Google Maps



Apex TITAN, Inc.
7001 Westport Boulevard, Suite 200
Frisco, Texas 75034
Phone: (469) 365-1800 • Fax: (469) 365-1199
A Subsidiary of Apex Companies, LLC

**FIGURE B2
PROPOSED ADDITIONAL
SERVICE AREA**

Application to Amend
NI America CGN #11922
Wise County, Texas
Apex-TITAN Project No. 84800334-08
December 2013

from USGS Quadrangle Rhomne, Texas
Ground Condition Depicted April 2013
Digital Data Courtesy of Google Earth

Proposed Additional
Service at Block E5
Smith Co School Land Survey
Abstract No. 744 Wise Co, Texas

Proposed Retail Connection

Proposed 1,540 LF
Water Main Extension

Existing M America
Water Line

City of New Fairview

FL West Denver Railroad

Highway 287



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Robert Laughman
Aqua Texas Inc.
1106 Clayton Lane, Suite 400 W
Austin, TX 78723

2. Article Number
(Transfer from service)

7009 1410 0000 2459 7449

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Scot Feltz*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Scot Feltz

C. Date of Delivery

2-17-15

- D. Is delivery address different from item 1?** ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

PS Form 3811, February 2004

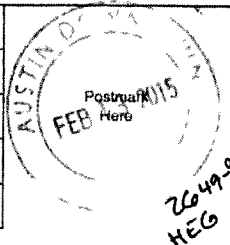
Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$.48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To *Mr. Robert Laughman*
Street, Apt. No., or PO Box No. *Aqua Texas Inc. 1106 Clayton Lane*
City, State, ZIP+4 *Suite 400 W Austin, TX 78723*

PS Form 3800, August 2006

See Reverse for Instructions

7009 1410 0000 2459 7449

DOCKET NO. 43177
Application of Ni America Texas, LLC to Amend a Certificate of Convenience and
Necessity in Wise County (37937-C)

EXHIBIT B

Notice and Certified Mail Receipt to City of New Fairview

Notice to Neighboring Systems, Landowners and Cities

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO
PROVIDE WATER/SEWER UTILITY SERVICE IN

WISE COUNTY(IES), TEXAS

To: City of New Fairview Date Notice Mailed February 13 20 15
(Neighboring System, Landowner or City)

999 Illinois Street

(Address)

New Fairview TX 76076
City State Zip

Name of Applicant NI America Texas, LLC has filed an application for a
CCN to obtain or amend CCN No. (s) 11922 and to
decertify a portion(s) of _____ with the
(Name of Decertified Utility)

Public Utility Commission of Texas to provide water
(specify 1) water or 2) sewer or 3) water & sewer)
utility service in Wise County(ies).

The proposed utility service area is located approximately 2 miles west
[direction] of downtown New Fairview, [City or Town] Texas, and is
generally bounded on the north by Graham Road; on the east by
Graham Road; on the south by Illinois Street; and on the west by State Highway 287

See enclosed map of the proposed service area.

The total area being requested includes approximately 10 acres and 0
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A request for a public hearing must be in writing. You must state (1) your name, mailing address, and daytime telephone number; (2) the applicant's name, application number or another recognizable reference to this application; (3) the statement, "I/we request a public hearing"; (4) a brief description of how you or the persons you represent, would be adversely affected by the granting of the application for a CCN; and (5) your proposed adjustment to the application or CCN which would satisfy your concerns and cause you to withdraw your request for a hearing.

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Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

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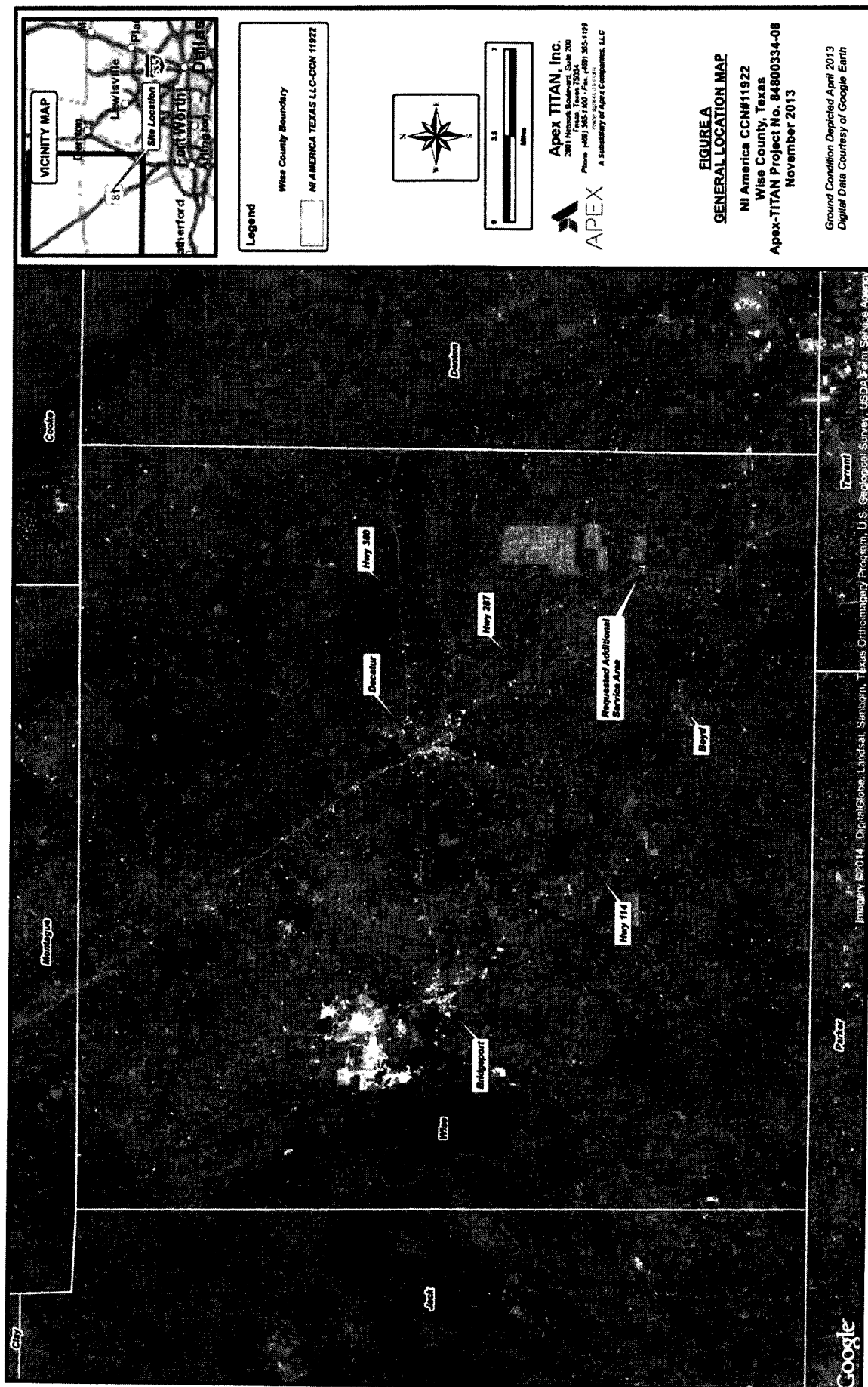
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Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

A copy of the request to opt out of the proposed area must also be sent to the applicant. Staff may request additional information regarding your request.

Si desea informacion en Espanol, puede llamar al 1-888-782-8477



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <u>2-17-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Mayer Joe Max Wilson City of New Fairview 999 Illinois St. New Fairview, TX 76078</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number</p> <p>(Transfer from service lab.)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7009 1410 0000 2459 7432</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7009 1410 0000 2459 7432

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$.48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Sent To <u>Mayer Joe Max Wilson</u></p> <p>Street, Apt. No., or PO Box No. <u>City of New Fairview</u></p> <p>City, State, ZIP+4[®] <u>999 Illinois St. New Fairview TX 76078</u></p>	

PS Form 3800, August 2006 See Reverse for Instructions

DOCKET NO. 43177
Application of Ni America Texas, LLC to Amend a Certificate of Convenience and
Necessity in Wise County (37937-C)

EXHIBIT C

Notice and Certified Mail Receipt to City of Rhome

Notice to Neighboring Systems, Landowners and Cities

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO PROVIDE WATER/SEWER UTILITY SERVICE IN

WISE COUNTY(IES), TEXAS

To: City of Rhome Date Notice Mailed February 13 20 15
(Neighboring System, Landowner or City)

P.O. Box 228

(Address)
Rhome TX 76078
City State Zip

Name of Applicant Ni America Texas, LLC has filed an application for a CCN to obtain or amend CCN No. (s) 11922 and to decertify a portion(s) of _____ with the
(Name of Decertified Utility)

Public Utility Commission of Texas to provide water
(specify 1) water or 2) sewer or 3) water & sewer)
utility service in Wise County(ies).

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Persons who wish to intervene or comment should write the:

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

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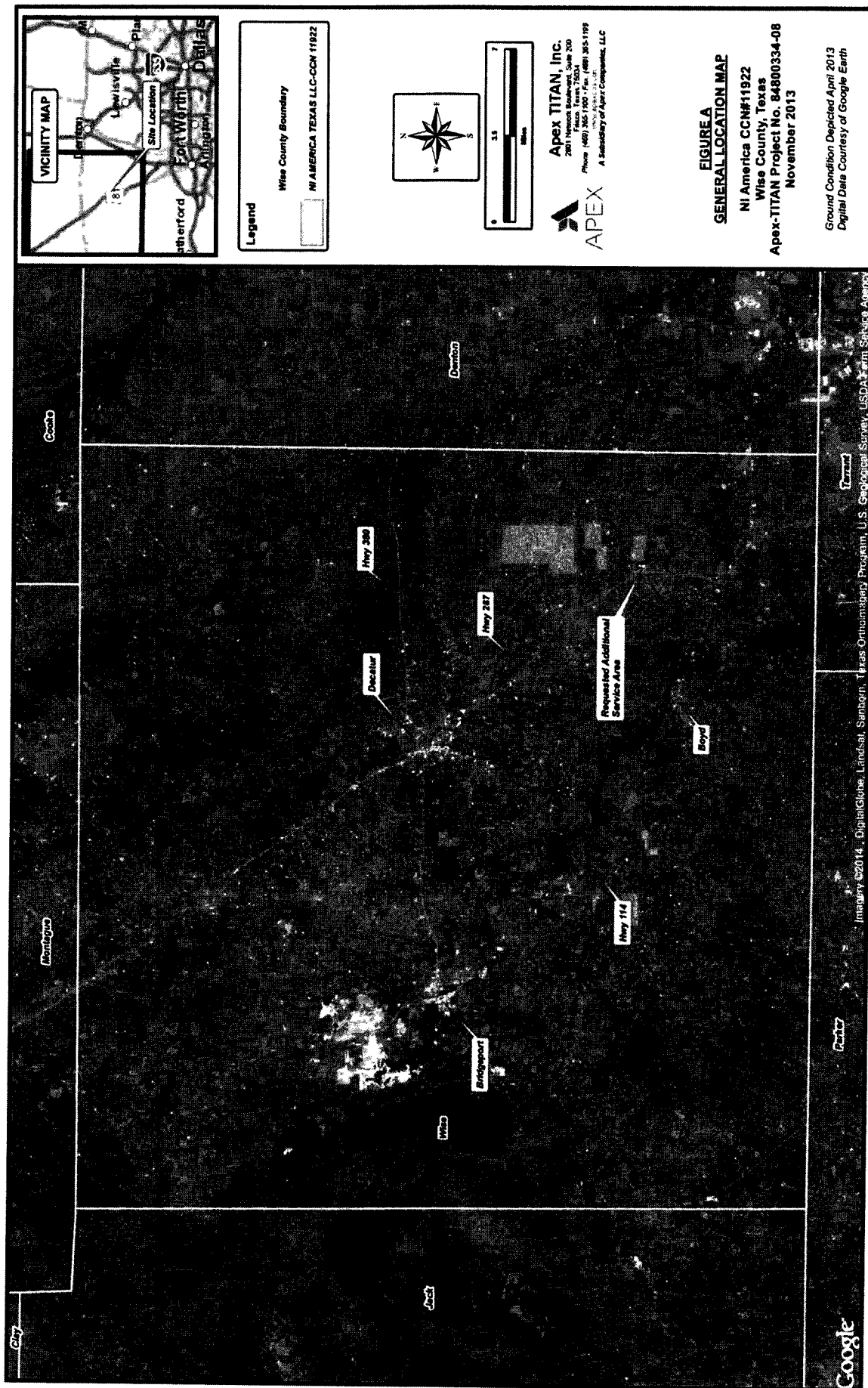
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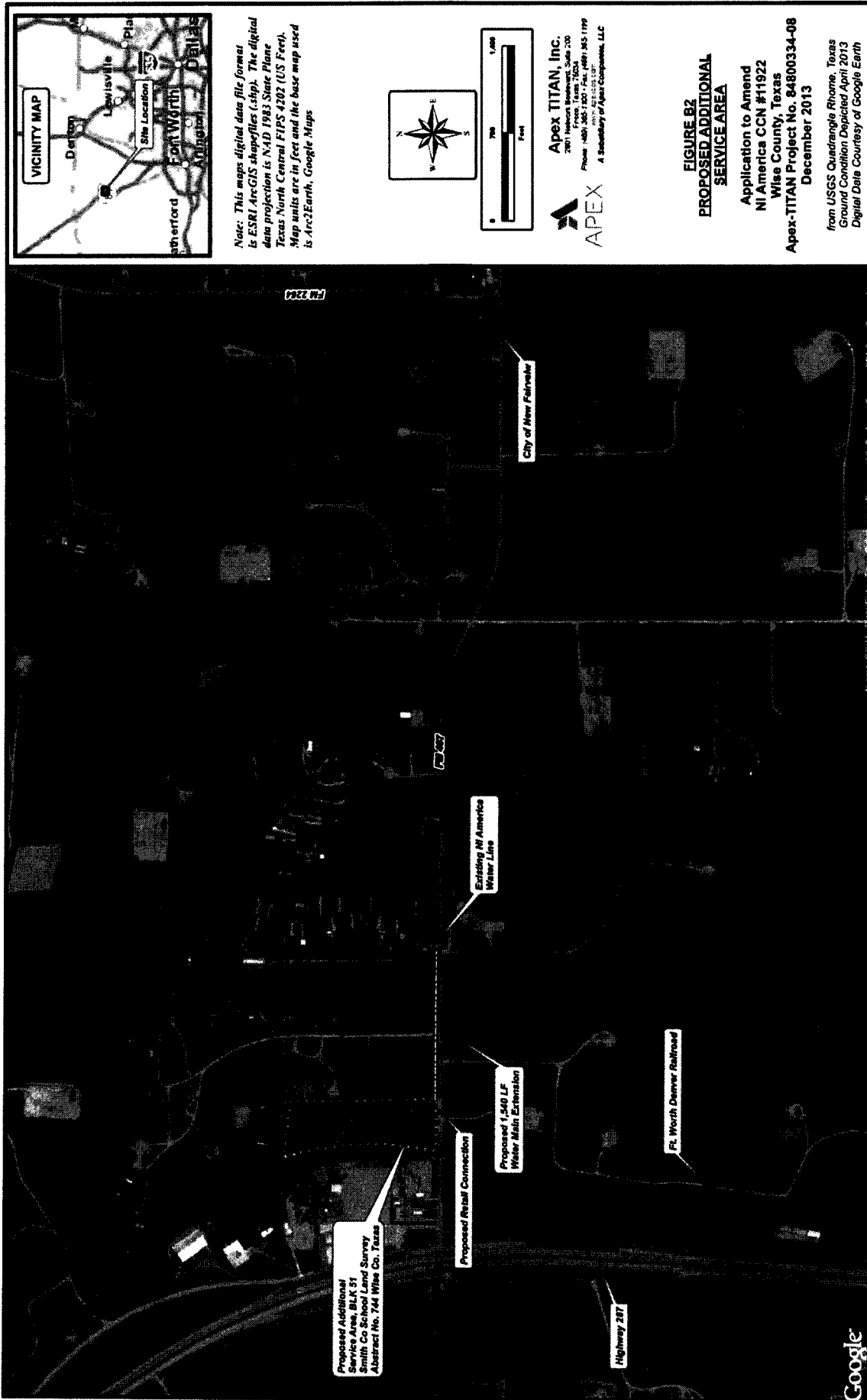
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Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

A copy of the request to opt out of the proposed area must also be sent to the applicant. Staff may request additional information regarding your request.

Si desea informacion en Espanol, puede llamar al 1-888-782-8477





SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>x/Chris Moore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Angie Young</i> C. Date of Delivery <i>2/18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Mayor Chris Moore City of Rhome P.O. Box 228 Rhome, TX 76078</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7009 1410 0000 2459 7456</p>			
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1</p>	

7009 1410 0000 2459 7456

U.S. Postal Service [®]	
CERTIFIED MAIL [™] RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$.48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Sent To Mayor Chris Moore / City of Rhome</p> <p>Street, Apt. No., or P.O. Box No. P.O. Box 228</p> <p>City, State, ZIP+4 Rhome, TX 76078</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

Postmark Here
 2649-9
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DOCKET NO. 43177
Application of Ni America Texas, LLC to Amend a Certificate of Convenience and
Necessity in Wise County (37937-C)

EXHIBIT D

Notice and Certified Mail Receipt to Upper Trinity
Groundwater Conservation District

Notice to Neighboring Systems, Landowners and Cities

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO
PROVIDE WATER/SEWER UTILITY SERVICE IN

WISE

COUNTY(IES), TEXAS

To: Upper Trinity Groundwater Conservation District
(Neighboring System, Landowner or City)

Date Notice Mailed February 13 20 15

P.O. Box 1749

(Address)

Springtown TX 76082
City State Zip

Name of Applicant Ni America Texas, LLC has filed an application for a
CCN to obtain or amend CCN No. (s) 11922 and to
decertify a portion(s) of _____ with the
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Public Utility Commission of Texas to provide

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(specify 1) water or 2) sewer or 3) water & sewer)

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P.O. Box 13326
Austin, Texas 78711-3326

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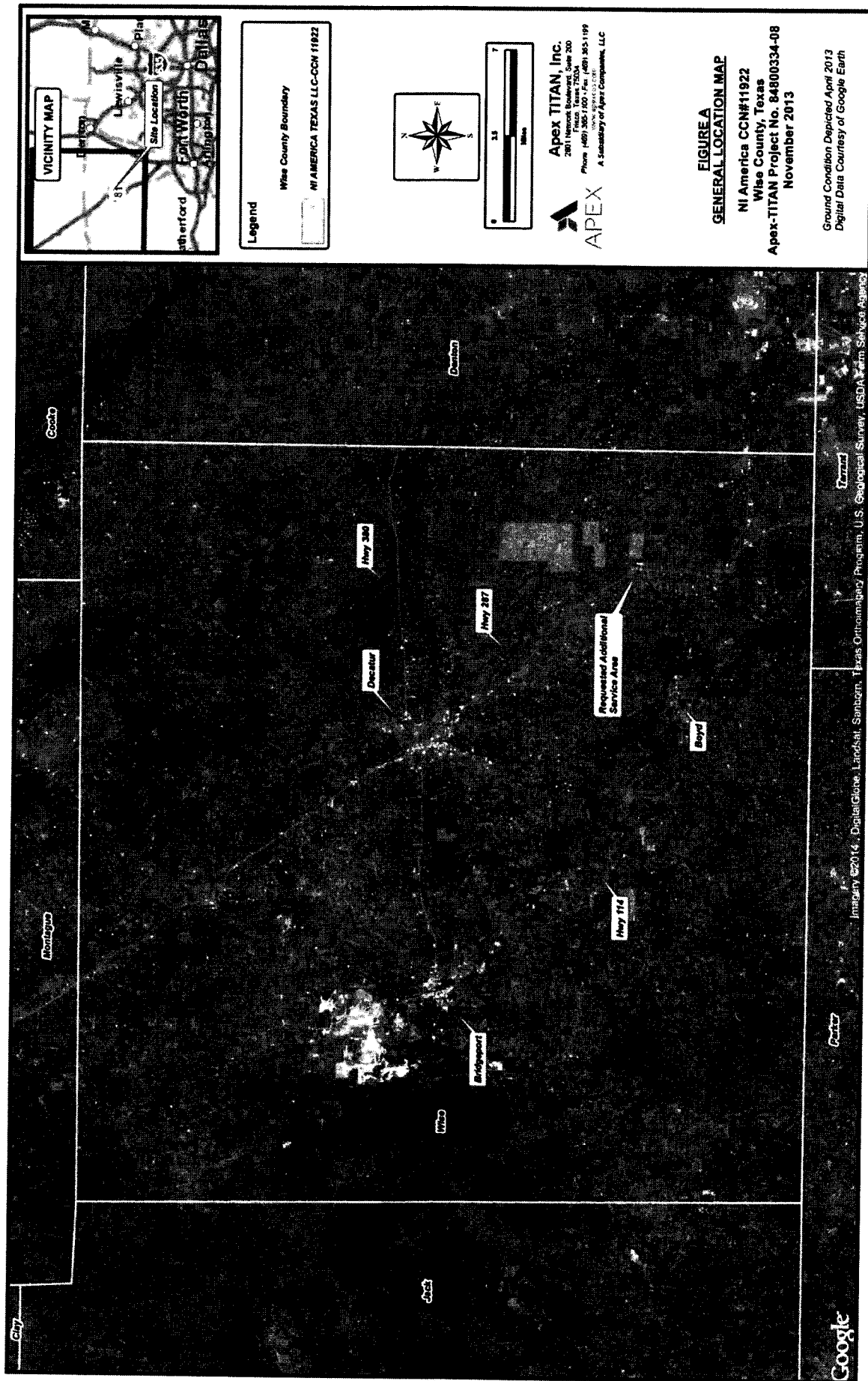
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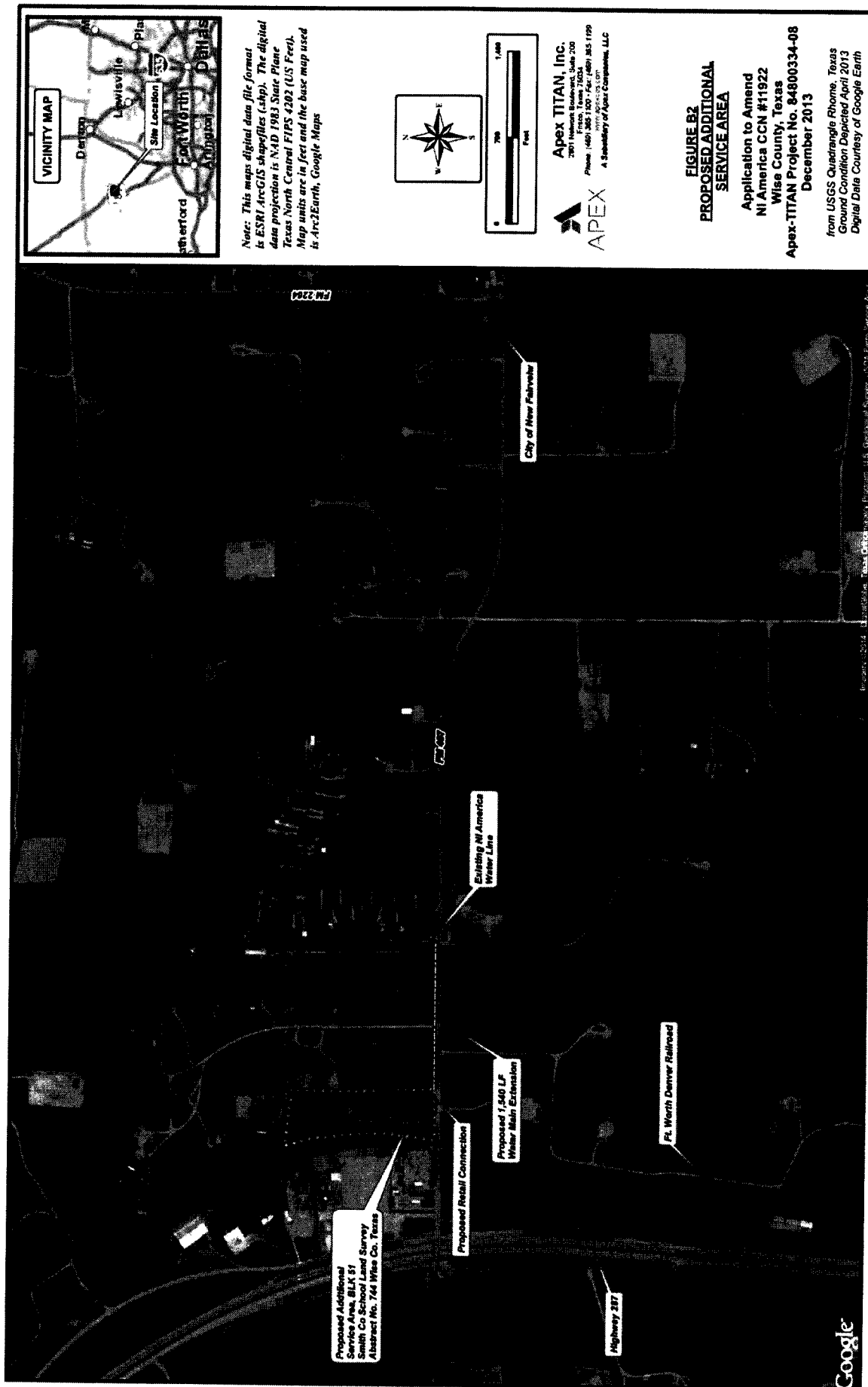
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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Doug Shaw
Upper Trinity GCD
P.O. Box 1749
Springtown, TX 76082

2. Article Number
(Transfer from service label)

7009 1410 0000 2459 7425

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

2/18/15

D. Is delivery address different from item 1?

- ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☒ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

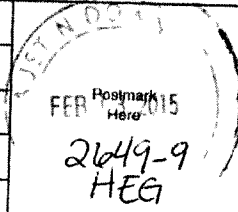
U.S. Postal Service[®]
CERTIFIED MAIL[™] RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$.48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To *Mr. Doug Shaw / Upper Trinity GCD*
Street, Apt. No., or PO Box No. *P.O. Box 1749*
City, State, ZIP+4 *Springtown, TX 76082*

PS Form 3800, August 2006

See Reverse for Instructions

7009 1410 0000 2459 7425