

Control Number: 43183



Item Number: 10

Addendum StartPage: 0

20H DEC 12 PH 1:

Lass Water Company Inc.
P. O. Box 315
Magnolia, Texas 77353-0315
832-934-2200 Office
281-259-9601 Fax

12-10-14

FAX COVER SHEET

7 pages Including this cover sheet

TO

Debbie Reyes Tamayo Water Utilities Division Public Utility Commission of Texas

Debbie.ReyesTamayo@puc.texas.gov

Phone: (512) 936-7221 Fax: (512) 936-7328

Thank You,

Sandra Barbey

OATH FOR SELLER OR FORMER SERVICE PROVIDER

STATE OF TEXAS	_
COUNTY OF MONGONERY	_
	per of partnership, title as officer of sant); that, in such capacity, I am qualified and sally familiar with the documents filed with ments contained in the application; and, that all respect to applicant are true and correct. and belief. I further state that the application
I further state that I have provided to the purchaser or trany contributed property as required under Section 13.3 the Commission or Attorney General and have also con 13.301(k) of the Water Code.	01(i) and copies of any outstanding Orders of
If the Affiant to this form is any person other than the s attorney, a properly verified Power of Attorney must be	ole owner, partner, officer of the Applicant, or its enclosed.
SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, State of Texas Notary Public, State of Texas My Commission Expires June 28, 2017	NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS
	PRINT OR TYPE NAME OF NOTARY MY COMMISSION EXPIRES June 28, 201
One copy of this page must be submitted for each utilit	y involved in this transaction.

TCEQ-10516 (Revised 02/07/11)

Page 16 of 21

Regulated Entity/Site Name Regulated Entity Contact Investigation Type TCEQ EXIT INTERVIEW FORM: Potential Violations and/or Records Request Contract Operator Mark Patterson RECON Preston Club Utility Corporation Public Water System Contact Made In-House (Y/N) 4 Purpose of Investigation FAX #/Email address Telephone No. TCEQ Add. ID No. RN No (optional) pattprosery@aol.com Reconnaissance 903-744-2599 FAX/Email date Date Contacted 0910143 12/9/14 12/9/14

NOTICE: The information provided in this form is intended to provide chrity to issues that have arisen during the investigation process between the TCEQ and the regulated entity named intove and does not represent fund TCEQ findings reduced to virtations. Any potential or alleged violations discovered after the date on this form will be communicated to the regulated entity representative prior to the issuance of a notice of violation or enforcement. Conclusions drawn from this investigation, including additional violations or potential violations discovered (if any) during the course of this investigation, will be documented in a final investigation-report.

si.	Issue	For Records Request, identify rule in question with the clear	Issue For Records Request, identify the necessary records, the company contact and date due to the agency. For Alleged and Potential Violation issues, include the rule in question with the clearly described potential problem. Other type of issues: fully describe.
No.	Type¹	Rule Citation (if known)	Description of Issue
	ΑV	30 TAC §290.46(r)	Failure to provide a minimum pressure of 35 psi throughout the distribution system during normal operating conditions.
2	AI		Permanent boil water notices should be re-issued to customers every quarter until they are rescinded.

Note 1: Issue Type Can Be One or More of: AV (Alleged Violation), PV (Potential Violation), O (Other), or RR (Records Request)

Did the investigator advise the regulated entity representative that continued operation is not authorized?	Did the TCEQ document the regulated entity named above operating without proper authorization?
Yes	Yes
© No	₩ No

Steve Zawrotny Document Acknowledgment. Signature on this document establishes only that the regulated entity (RE) representative received a copy of this document and associated continuation pages on the date noted, contact was made by telephone, the document will be sent via FAX or Email to RE; therefore, the RE signature is not required. Investigator Name (Signed &Printed) 12/9/14 Date Regulated Entity Representative Name (Signed & Printed) Date =

If you have questions about any information on this form, please contact your local TCEQ Regional Office.
Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282

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Regulated Entity/Site Name	Regulated Entity/Site Name		TCEQ Add. ID No. RN No. (optional)		
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investigation Type	Contact Made In-House (Y/N)	Purpose of Investigation	CCH		
Regulated Entity Contact	LONZU CTOL	Telephone No.	(110) 45 - 455	Date Contacted	
Title	Parieur I	Fax No.		Date Faxed	
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	D No	☐ Yes	Did the TCEQ document the regulated entity named above operating without proper authorization?

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Regulated Entity/Site Name			TCEQ Add. ID No.		The latest designation of the latest and the latest
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Regulated Entity Contact					
G Contract		Telephone No.	713·542-84n5	2-8405 Date Contacted	the section of the se
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No.	Type'	Rule Citation (if known)	Describtion of Issue
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۵		(2) th 06C	The service and desired and pump not librard in a secure and sure
0		(4)(m),14,00C	leat on the object in accordance with ANWA standards (shage)
=		- 1	C) -1 - Transfer tank
	_		& 1 gal pressure tank not provided with pressure release device
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14 cmm.	Caro	ue of profe of: Av (Alleged vio	(Alleged Violation), PV (Potential Violation), O (Other), or RR (Records Request)

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If you have questions about any information on this form, please contact your local TCEQ Regional Office. Manually Investigator Name (Signed & Printed) 11 lease Shawnette Gillespie 9 115/13 Date Regulated Entify Representative Name (Signed & Printed) Date

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Investigation Type	-House (Y/N)	Purpose of Investigation CI			
Regulated Entity Contact		Telephone No.	(713)547-8405 Date Contacted	Date Contacted	
Title	Ropeives	Fax No.	(281) 250 -9(0) Date Faxed	Date Faxed	2) 75 12

NOTICE: The information provided in this form is intended to provide clarity to issues that have arisen change the investigation process between the TCEQ and the regulared entity named above and class not represent that TCEQ inchings related to notations. Any potential or alleged violations discovered after the date on this form will be communicated by telephone to the regulated entity representative prior to the issuance of a netice of violation or potential violations discovered (if any) during the course of this investigation, will be documented in a final investigation, report.

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21 290.110(c)(4)(A)(Chlorine residual only being measure	290.44/d)(1	290.44(d)/L	290.44(a)(4	290.43(e)	4)(0)84.096	290, 43(c)(7	Rule Citation (if known)	For Records Request For Alleged and Poter
290,110(c)(4)(A)(Chlorine residual only being measured at one sample site.	290.44(d)(1) Opening to the atmosphere on ground storage tank ant movement	290.44(d)(4) Meters not provided for each residence	290.44(a)(4) Lines installed above the surface of the amind (Portion of line from the nell and	Fence around pressure tank and around storage, tank betering to a	290.43(c)(4) Ground storage tank does not have a proper liquid level indicator (site and	290,43(c)(7) Ground storage tank does not have a means to remove silts to onsite	Description of Issue	For Records Request: identify the necessary records, the company contact and date due to the agency. For Alleged and Potential Violation issues: include the rule in question with the clearly described potential problem. Other type of issues: fully describe.

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Investigation Type	CCT Contact Made In-House (V/N)	Purpose of Investigation CAT	COT		
Regulated Entity Contact	Lonzo Gale	Telephone No.	(712) FU7-SUNC Date Contacted	Date Confacted	American in State State primarings. It is a square to one on the same
Title	Receiver	Fax No.	(281)259-9601	l	2 7 7 7
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		Complaint records 2012, Distribution Map # of consistion + +	# 24 2025-201-201-4-2-1-
		Plant Operations Manual, Service agreement, Customer Service Inc.	t (Helmoor Sanita large (Helmold)
		for new construction on CR 12/2 Sanitary	Combon Source + O II
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coptinuation pages on the date noted. If contact was made by telephone, document will be faxed to regulated entity; therefore, signature not required. Investigator Name (Signed & Printed) Shownette Gillespie 2115/13 Date Regulated Entity Representative Name (Signed & Printed)

If you have questions about any information on this form, please contact your local FCFQ Regional Office.

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