

Control Number: 43355



Item Number: 2

Addendum StartPage: 0

House Bill (HB) 1600 and Senate Bill (SB) 567 83rd
Legislature, Regular Session, transferred the functions
relating to the economic regulation of water and sewer
utilities from the TCEQ to the PUC effective
September 1, 2014.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



91 7108 2133 3935 2003 7582

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

43355
RECEIVED
2014 SEP 25 PM 3:06
PUBLIC UTILITY COMMISSION
FILING CLERK

June 16, 2014

BY EMAIL: dandvsteere@comcast.net
AND CERTIFIED MAIL

Ms. Vicky Steere
P.O. Box 18078
Sugar Land, Texas 77496

NOTICE OF DEFICIENCY

Re: Application from Bear Springs Trails Water Supply Corporation (WSC) Inc., A2102, to Acquire Facilities and Transfer Certificate of Convenience and Necessity (CCN) No. 12963 held by Bear Springs Water Co., Inc., in Bandera County; Application No. 37912-C

CN: 604571539; RN: 101244531 (Bear Springs Trails WSC, Inc.)
CN: 600681084; RN: 101244531 (Bear Springs Water Co., Inc.)

Dear Ms. Steere:

Your application for Bear Springs Trails WSC, received on May 9, 2014, has been assigned Application No. 37912-C, but has not been accepted for filing. Please refer to the application number in future correspondence.

Additional information is necessary for your application to be accepted for filing.

Please provide four (4) copies of the following:

- A. A map showing **only** the proposed area by:
 - i. Metes and bounds survey certified by a licensed state or registered
 - ii. A copy of recorded plat map with metes and bounds.
- B. Provide separate and additional maps of the proposed area(s) to show the following:
 - i. all facilities, illustrating separately facilities for production, transmission and distribution of the applicant's service(s); and
 - ii. any facilities, customers or area currently being served outside the applicant's certificated area(s).

J

Ms. Vicky Steere

Page 2

June 16, 2014

Processing of the above referenced application cannot proceed and notices cannot be published or mailed until we receive the requested items. These items must be completed and returned to our office by **July 16, 2014**. If we do not receive the requested information by this date your application will be returned for failure to prosecute.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Cari-Michel La Caille", written over the word "Sincerely,".

Cari-Michel La Caille, Assistant Director
Water Supply Division
Texas Commission on Environmental Quality
CML/CM/mmg

To: Administrative Reviewer

Date Complete: May 23, 2014

From: Cartographer-Utilities & Districts Section

Subject: Overlap & Notice Check for Administrative Review No. **Application No. 37912-S to STM all of Bear Spring Water with CCN No. 12963 in Bandera 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?
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:

FIVE MILES:

X

11. Notice: **DO NOT NOTICE**

X

12. **Other comments: Maps do not meet requirements. Please submit the following:**

- A. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
- B. **A map showing ONLY the proposed area by:**
 - i. **metes and bounds survey certified by a licensed state or register professional land surveyor; or**
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled). Also, a 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.
- D. **Provide separate and additional maps of the proposed area(s) to show the following:**
 - i. all facilities, illustrating separately facilities for production, transmission, and distribution of the applicant's service(s); and
 - ii. any facilities, customers or area currently being served outside the applicant's certificated area(s).

There is no metes and bounds map associated with the metes and bounds description provided. The hard copy maps provided of the proposed CCN service areas and surrounding roads are not clearly legible, nor are maps scaled appropriately, so we may locate the proposed CCN service areas. The metes and bounds survey maps provided for the water distribution and facilities maps are not certified by a licensed state or registered professional land surveyor.

Tracy Harbour

STM Checklist

Administrative Review #A - 049 - 14

Application Number (s) 379 D STM

Date TCEQ Received Application 5-9-14

Date Assigned to program area 5-12-14

Name of **Seller** on Application Bear Springs Water Co Inc

CCN(s) # 12963

County(s) Bandera

Name of **Buyer** Bear Springs Trails WSC Inc

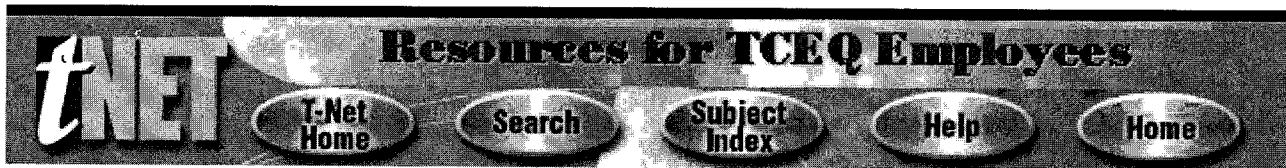
CCN(s) # A2102

County(s) Bandera

- ☐ Not on file in Central Registry. Needs Core Data Form
- ☒ **Attach a copy of CN and RN from WUD of both the seller and buyer involved**
- ☒ Account Fees due
- ☒ Regulatory Assessment Fees due
- ☒ Original and three copies of completed application and all required attachments, maps and exhibits. (Item 1 on page 1 of General Information and Instructions)
- ☒ Proposed action and CCN numbers involved.

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

Please assign
to George.
Thanks,
[Signature]



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

Utility details for (DBA) BEAR SPRING TRAILS WSC (A2102)

[Affiliations](#) [Documents](#) [Site Visits](#) [Schedules](#)

Buyer

Responsible Party

Organization: BEAR SPRINGS TRAILS WSC

Address: 997 E BEAR SPRINGS RD

PIPE CREEK , TX 78063-5849

Official Address / Phone

Address: 997 E BEAR SPRINGS RD

PIPE CREEK , TEXAS 78063-5849

Telephone: (830) 510-4284

Properties

CR Regulated Entity Number:

CCEDS Status: NO ACTIVE NOE EXISTS

Utility Type: WATER UTILITY

Ownership Type: WATER SUPPLY CORPORATION

Primary County: BANDERA

County Code: 10

Counties

| Code | County Name | Primary |
|------|-------------|---------|
| 10 | BANDERA | Y |

Activity

Activity Status: ACTIVE

Start Date: 05/09/2014

05/09/2014

Activity Date:

[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 V2.7.0



**? Utility details for (DBA) BEAR SPRINGS WATER
(12963)**

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

Seller

Responsible Party

Organization: **BEAR SPRINGS WATER CO INC**

Address: **4800 SUGAR GROVE BLVD
STAFFORD , TX 77477**

Individual: **GEM CHILDRESS**

Job Title: **PRESIDENT**

Phone: **(281) 340-1550 Ext:**

Customers

Reference Number

CN600681084

Name

BEAR SPRINGS WATER CO INC

Role

RESPONSIBLE PARTY

Official Address / Phone

Address: **PO BOX 18078**

SUGAR LAND , TEXAS 77496-0000

Telephone: **(281) 615-7189**

Properties

CR Regulated Entity Number: **RN101244531**

CCEDS Status: **NO ACTIVE NOE EXISTS**

Utility Type: **WATER UTILITY**

Ownership Type: **INVESTOR**

Primary County: **BANDERA**

County Code: **10**

Comments

Comment Date

06/14/2001

Occurrences retrieved.

Text

TO OBTAIN A WATER CCN

Staff Name

PWS for this Utility

| PWS Name | PWS ID | Status | District(Number) |
|--|---------------|---------------|-------------------------|
| <u>BEAR SPRINGS TRAILS SUBDIVISION</u> | 0100076 | A | |

Water System occurrences retrieved.

Counties

| Code | County Name | Primary |
|-------------|--------------------|----------------|
| 10 | BANDERA | Y |

Activity

Activity Status: **ACTIVE**
Start Date: **05/31/2000**
End Date: **12/31/9999**
Activity Date: **04/12/2007**
Activity Reason: **ACTIVE**

[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 V2.7.0



Franchise Tax Account Status

As of: 04/22/2014 11:30:50 AM

This Page is Not Sufficient for Filings with the Secretary of State

BEAR SPRINGS WATER CO., INC.

| | |
|--|---|
| Texas Taxpayer Number | 17606793994 |
| Mailing Address | PO BOX 18078 SUGAR LAND, TX 77496-8078 |
| Right to Transact Business in Texas | ACTIVE |
| State of Formation | TX |
| Effective SOS Registration Date | 05/22/2000 |
| Texas SOS File Number | 0158391400 |
| Registered Agent Name | GEM B CHILDRESS |
| Registered Office Street Address | 4800 SUGAR GROVE BOULEVARD, SUITE 190 STAFFORD, TX 77477 |



Franchise Tax Account Status

As of: 05/12/2014 09:03:29 AM

This Page is Not Sufficient for Filings with the Secretary of State

BEAR SPRINGS TRAILS WATER SUPPLY CORPORATION, INC.

Texas Taxpayer Number 32051697889

Mailing Address 997 BEAR SPRINGS TRAIL
PIPE CREEK, TX 78063-

Right to Transact Business in Texas ACTIVE

State of Formation TX

Effective SOS 08/08/2013

Registration Date

Texas SOS File Number 0801831957

Registered Agent Name JAN SERENE

Registered Office Street 997 BEAR SPRINGS TRAIL
Address PIPE CREEK, TX 78063



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

| | | | |
|---|--|--|--|
| 1. Reason for Submission (If other is checked please describe in space provided) | | | |
| <input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application) | | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | | <input type="checkbox"/> Other | |
| 2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.) | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Application for Sale, Transfer or Merger of a Retail Public Utility TCEQ 10516 | |
| 3. Customer Reference Number (if issued) | | 4. Regulated Entity Reference Number (if issued) | |
| CN | | RN 101244531 | |

SECTION II: Customer Information

| | | | |
|--|--|--|----|
| 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | | | |
| 6. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check only one of the following: | | | |
| <input checked="" type="checkbox"/> Owner | <input type="checkbox"/> Operator | <input type="checkbox"/> Owner & Operator | |
| <input type="checkbox"/> Occupational Licensee | <input type="checkbox"/> Responsible Party | <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other: _____ | |
| 7. General Customer Information | | | |
| <input checked="" type="checkbox"/> New Customer | | <input type="checkbox"/> Update to Customer Information | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State) | | <input checked="" type="checkbox"/> Change in Regulated Entity Ownership | |
| | | <input type="checkbox"/> No Change** | |
| **If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information. | | | |
| 8. Type of Customer: | | | |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship- D.B.A | |
| <input type="checkbox"/> City Government | <input type="checkbox"/> County Government | <input type="checkbox"/> Federal Government | |
| <input type="checkbox"/> Other Government | <input type="checkbox"/> General Partnership | <input type="checkbox"/> State Government | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other: _____ | | |
| 9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) | | | |
| Bear Springs Trails Water Supply Corporation, Inc. | | If new Customer, enter previous Customer below | |
| Bear Springs Water Company, Inc. | | End Date: _____ | |
| 10. Mailing Address: | | | |
| Bear Springs Trails Water Supply Corporation, Inc./Jan W. Serene | | | |
| P.O. Box 63479 | | | |
| City | Pipe Creek | State | TX |
| ZIP | 78063 | ZIP + 4 | |
| 11. Country Mailing Information (if outside USA) | | | |
| 12. E-Mail Address (if applicable) | | | |
| jan.serene@att.net | | | |
| 13. Telephone Number | | | |
| (830) 510-4284 | | | |
| 14. Extension or Code | | | |
| 15. Fax Number (if applicable) | | | |
| () - | | | |
| 16. Federal Tax ID (9 digits) | | 17. TX State Franchise Tax ID (11 digits) | |
| 464493058 | | 32051697889 | |
| 18. DUNS Number (if applicable) | | 19. TX SOS Filing Number (if applicable) | |
| | | 801831957 | |
| 20. Number of Employees | | | |
| <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | | |
| 21. Independently Owned and Operated? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

SECTION III: Regulated Entity Information

| | | | |
|--|--|---|--|
| 22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) | | | |
| <input type="checkbox"/> New Regulated Entity | | <input type="checkbox"/> Update to Regulated Entity Name | |
| <input type="checkbox"/> Update to Regulated Entity Information | | <input checked="" type="checkbox"/> No Change** (See below) | |
| **If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information. | | | |
| 23. Regulated Entity Name (name of the site where the regulated action is taking place) | | | |
| | | | |

| | | | | | | | |
|---|-----------------------------------|--|--------------------------------|--|-----|--|---------|
| 24. Street Address of the Regulated Entity: (No P.O. Boxes) | | | | | | | |
| | City | | State | | ZIP | | ZIP + 4 |
| 25. Mailing Address: | | | | | | | |
| | City | | State | | ZIP | | ZIP + 4 |
| 26. E-Mail Address: | | | | | | | |
| 27. Telephone Number | 28. Extension or Code | | 29. Fax Number (if applicable) | | | | |
| () - | | | () - | | | | |
| 30. Primary SIC Code (4 digits) | 31. Secondary SIC Code (4 digits) | 32. Primary NAICS Code (5 or 6 digits) | | 33. Secondary NAICS Code (5 or 6 digits) | | | |
| | | | | | | | |
| 34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.) | | | | | | | |
| | | | | | | | |

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

| | | | | | |
|---------------------------------------|---------|---------|-------------------------------|---------|---------|
| 35. Description to Physical Location: | | | | | |
| 36. Nearest City | County | State | Nearest ZIP Code | | |
| Pipe Creek | Bandera | TX | 78063 | | |
| 37. Latitude (N) In Decimal: | | | 38. Longitude (W) In Decimal: | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds |
| | | | | | |

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

| | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Dam Safety | <input type="checkbox"/> Districts | <input type="checkbox"/> Edwards Aquifer | <input type="checkbox"/> Industrial Hazardous Waste | <input type="checkbox"/> Municipal Solid Waste |
| <input type="checkbox"/> New Source Review – Air | <input type="checkbox"/> OSSF | <input type="checkbox"/> Petroleum Storage Tank | <input type="checkbox"/> PWS | <input type="checkbox"/> Sludge |
| <input type="checkbox"/> Stormwater | <input type="checkbox"/> Title V – Air | <input type="checkbox"/> Tires | <input type="checkbox"/> Used Oil | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Voluntary Cleanup | <input type="checkbox"/> Waste Water | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights | <input type="checkbox"/> Other: |
| | | | | |

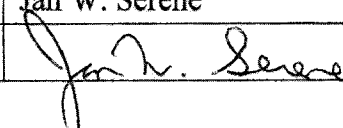
SECTION IV: Preparer Information

| | | | |
|----------------------|---------------|----------------|--------------------|
| 40. Name: | Jan W. Serene | 41. Title: | President |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address |
| (830) 510-4284 | | () - | jan.serene@att.net |

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

| | | | |
|------------------|---|------------|------------------|
| Company: | Bear Springs Trails Water Supply Corporation, Inc. | Job Title: | President |
| Name (In Print): | Jan W. Serene | Phone: | (830) 510-4284 |
| Signature: |  | Date: | 5/1/2014 |

| | | | | | | | |
|---|-----------------------------------|--|--------------------------------|--|-----|--|---------|
| 24. Street Address of the Regulated Entity: (No P.O. Boxes) | | | | | | | |
| | City | | State | | ZIP | | ZIP + 4 |
| 25. Mailing Address: | | | | | | | |
| | City | | State | | ZIP | | ZIP + 4 |
| 26. E-Mail Address: | | | | | | | |
| 27. Telephone Number | 28. Extension or Code | | 29. Fax Number (if applicable) | | | | |
| () - | | | () - | | | | |
| 30. Primary SIC Code (4 digits) | 31. Secondary SIC Code (4 digits) | 32. Primary NAICS Code (5 or 6 digits) | | 33. Secondary NAICS Code (5 or 6 digits) | | | |
| | | | | | | | |
| 34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.) | | | | | | | |
| | | | | | | | |

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

| | | | | | | | |
|---------------------------------------|---------|---------|-------------------------------|---------|------------------|--|--|
| 35. Description to Physical Location: | | | | | | | |
| 36. Nearest City | County | | State | | Nearest ZIP Code | | |
| Pipe Creek | Bandera | | TX | | 78063 | | |
| 37. Latitude (N) In Decimal: | | | 38. Longitude (W) In Decimal: | | | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | | |
| | | | | | | | |

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

| | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Dam Safety | <input type="checkbox"/> Districts | <input type="checkbox"/> Edwards Aquifer | <input type="checkbox"/> Industrial Hazardous Waste | <input type="checkbox"/> Municipal Solid Waste |
| <input type="checkbox"/> New Source Review – Air | <input type="checkbox"/> OSSF | <input type="checkbox"/> Petroleum Storage Tank | <input type="checkbox"/> PWS | <input type="checkbox"/> Sludge |
| <input type="checkbox"/> Stormwater | <input type="checkbox"/> Title V – Air | <input type="checkbox"/> Tires | <input type="checkbox"/> Used Oil | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Voluntary Cleanup | <input type="checkbox"/> Waste Water | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights | <input type="checkbox"/> Other: |
| | | | | |

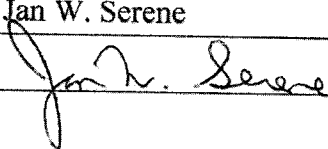
SECTION IV: Preparer Information

| | | | | |
|----------------------|---------------|----------------|--------------------|-----------|
| 40. Name: | Jan W. Serene | | 41. Title: | President |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address | |
| (830) 510-4284 | | () - | jan.serene@att.net | |

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

| | | | | |
|------------------|---|--|------------|------------------|
| Company: | Bear Springs Trails Water Supply Corporation, Inc. | | Job Title: | President |
| Name (In Print): | Jan W. Serene | | Phone: | (830) 510-4284 |
| Signature: |  | | Date: | 5/1/2014 |



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

| | | | |
|--|--|---|--|
| 1. Reason for Submission (If other is checked please describe in space provided) | | | |
| <input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application) | | | |
| <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | | <input type="checkbox"/> Other | |
| 2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.) | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Application for Sale, Transfer or Merger of a Retail Public Utility TCEQ 10516 | | | |
| 3. Customer Reference Number (if issued) | | 4. Regulated Entity Reference Number (if issued) | |
| CN | | RN 101244531 | |

SECTION II: Customer Information

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | | | | | | | |
| 6. Customer Role (Proposed or Actual) – as it relates to the <u>Regulated Entity</u> listed on this form. Please check only <u>one</u> of the following: | | | | | | | |
| <input checked="" type="checkbox"/> Owner | | <input type="checkbox"/> Operator | | <input type="checkbox"/> Owner & Operator | | | |
| <input type="checkbox"/> Occupational Licensee | | <input type="checkbox"/> Responsible Party | | <input type="checkbox"/> Voluntary Cleanup Applicant | | <input type="checkbox"/> Other: _____ | |
| 7. General Customer Information | | | | | | | |
| <input checked="" type="checkbox"/> New Customer | | <input type="checkbox"/> Update to Customer Information | | <input checked="" type="checkbox"/> Change in Regulated Entity Ownership | | | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State) | | | | <input type="checkbox"/> No Change** | | | |
| **If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information. | | | | | | | |
| 8. Type of Customer: | | | | | | | |
| <input checked="" type="checkbox"/> Corporation | | <input type="checkbox"/> Individual | | <input type="checkbox"/> Sole Proprietorship- D.B.A. | | | |
| <input type="checkbox"/> City Government | | <input type="checkbox"/> County Government | | <input type="checkbox"/> Federal Government | | <input type="checkbox"/> State Government | |
| <input type="checkbox"/> Other Government | | <input type="checkbox"/> General Partnership | | <input type="checkbox"/> Limited Partnership | | <input type="checkbox"/> Other: _____ | |
| 9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) | | | | <i>If new Customer, enter previous Customer below</i> End Date: | | | |
| Bear Springs Trails Water Supply Corporation, Inc. | | | | Bear Springs Water Company, Inc. | | | |
| 10. Mailing Address: | | | | | | | |
| Bear Springs Trails Water Supply Corporation, Inc./Jan W. Serene | | | | | | | |
| P.O. Box 63479 | | | | | | | |
| City | | Pipe Creek | | State | | TX | |
| ZIP | | 78063 | | ZIP + 4 | | | |
| 11. Country Mailing Information (if outside USA) | | | | 12. E-Mail Address (if applicable) | | | |
| | | | | jan.serene@att.net | | | |
| 13. Telephone Number | | | | 14. Extension or Code | | 15. Fax Number (if applicable) | |
| (830) 510-4284 | | | | | | () - | |
| 16. Federal Tax ID (9 digits) | | 17. TX State Franchise Tax ID (11 digits) | | 18. DUNS Number (if applicable) | | 19. TX SOS Filing Number (if applicable) | |
| 464493058 | | 32051697889 | | | | 801831957 | |
| 20. Number of Employees | | | | | | 21. Independently Owned and Operated? | |
| <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION III: Regulated Entity Information

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application) | | | | | | | |
| <input type="checkbox"/> New Regulated Entity | | <input type="checkbox"/> Update to Regulated Entity Name | | <input type="checkbox"/> Update to Regulated Entity Information | | <input checked="" type="checkbox"/> No Change** (See below) | |
| **If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information. | | | | | | | |
| 23. Regulated Entity Name (name of the site where the regulated action is taking place) | | | | | | | |
| | | | | | | | |