

Control Number: 43422



Item Number: 1

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.



43422

Quadvest, L.P.
26926 FM 2978
Magnolia, TX 77354

Main: 281-356-5347
Fax: 281-356-5382
Quadvest.com

RECEIVED

2014 OCT -1 AM 11:32

PUBLIC UTILITY COMMISSION
FILING CLERK

July 21, 2014

TCEQ Water Utilities Division
Plans Review and Rate Design Team (MC-153)
Building F 3rd Floor
12100 Park 35 Circle
Austin Texas 78753

Re: Quadvest Application to decertify a portion of Water CCN No 11612 in Harris County

To Whom May Concern:

Please find enclosed an original application and three copies of an Application to Decertify Portions of CCN No 11612.

If you have any questions please feel free to call me at 281-305-1112.

Thank you

A handwritten signature in black ink, appearing to read 'Jeff Goebel', is written over the printed name.

Jeff Goebel

APPLICATION TO AMEND AND DECERTIFY A
PORTION OF CCN NO 11612

FOR

RECEIVED
JAN 31 2014

UTILITIES & DISTRICTS
SECTION

QUADVEST, L.P.
P.O. BOX 409
TOMBALL TX 77377



APPLICATION TO OBTAIN OR AMEND A WATER/SEWER CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN)

*CN# 602944746

*RN#

*If known (See Instructions)

PURPOSE OF THIS APPLICATION

☐ OBTAIN ☐ New Water CCN ☐ New Sewer CCN

☒ AMEND ☒ Water CCN# 11612 ☐ Sewer CCN#

1. APPLICANT INFORMATION

Utility Name Quadvest, L.P.

Utility Address (City/ST/ZIP/Code) PO Box 409, Tomball TX 77377

Utility Phone Number and Fax 281-356-5347

Contact Person: Please provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney, accountant manager, or other title related to the applicant.

Name Jeff Goebel

Title Business Development

Street Address (City/ST/ZIP/Code) Po Box 409, Tomball TX 77377

Telephone and Fax 281-356-5347

E-Mail Address jeff@quadvest.com

County (ies) in which service is proposed: Liberty

A. Check the appropriate box and provide information regarding the legal status of the applicant:

- ☒ Investor owned utility
- ☐ Individual
- ☐ Home or Property Owners Association
- ☐ Partnership
- ☐ For-profit corporation
- ☐ Non-profit, member-owned, member-controlled cooperative corporation (Water Code Chapter 67, Water Supply or Sewer Service Corporation)
- ☐ Municipality
- ☐ District
- ☐ Other Please Explain:

- B. If the applicant is a For-Profit business or corporation, please include the following information:
- Provide a copy of the corporation's "Certification of Account Status" from the Texas State Comptroller of Public Accounts.
 - Provide the corporation's charter number as recorded with the Office of the Texas Secretary Of State 17421243712
 - Provide a listing of all stockholders and their respective percentages of ownership.
 - Provide a copy of the company's organizational chart, if available.
 - Provide a list of all directors and disclose the title of each individual.
 - Provide a list of all affiliated organizations (if any) and explain the relationship with the applicant.
- ATTACHMENT A'
- C. If the applicant is a Water Code Chapter 67 water supply or sewer service corporation:
- Provide a copy of the Articles of Incorporation and By-Laws.
 - Provide the corporation's charter number as recorded with the Office of the Texas Secretary of State.
 - Identify all members including name, address, title, and telephone number.
 - Provide a copy of the corporation's Certificate of Account Status from the Texas Comptroller of Public Accounts.

2. LOCATION INFORMATION

- A. Are there people already living in the proposed area? ☐ Yes ☒ No

If YES, are any currently receiving utility service?

☐ Yes ☐ No If YES, from Whom? _____

Demonstrate the Need for Service by providing the following:

- B. Have you received any requests for service in the requested service area?

☐ Yes ☒ No If YES, provide the following:

- Describe the service area and circumstances driving the need for service in the requested area. Indicate the name(s) and address(es) of landowner(s), prospective landowner(s), tenant(s), or resident(s) that have requested service; and/or
- Describe the economic need(s) for service in the requested area (i.e. plat approvals, recent annexation(s) or annexation request(s), building permits, septic tank permits, hospitals, etc.); and/or
- Discuss in detail the environmental need(s) for service in the requested area (i.e. failing septic tanks in the requested area, fueling wells, etc.); and/or
- Provide copies of any written applications or requests for service in the requested area; and/or
- Provide copies of any reports and/or market studies demonstrating existing or anticipated growth in the requested area. If no, please justify the need for service in the proposed area.
- If none of these items exist or are available, please justify the need for service in the proposed area in writing.

Note: Failure to demonstrate a need for additional service in the proposed service area may result in the delay and /or possible denial of the application.

- C. Is any portion of the proposed service area inside an incorporated city or district?

☐ Yes ☒ No

If YES, within the corporate limits of: _____

Provide a copy of any franchise, permit, or consent granted by the city or district. If not available please explain:

- D. Is any portion of the proposed service area inside another utility's CCN area?

☐ Yes ☒ No

If YES, has the current CCN holder agreed to decertify the proposed area?

☐ Yes ☐ No

If NO, are you seeking dual or single certification of the area? Explain why decertification of the area is in the public interest.

3. MAP REQUIREMENTS:

ATTACHMENT 'C'

Attach the following hard copy maps with each copy of the application:

- 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:
- ☒ metes and bounds survey certified by a licensed state or 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
 - ☐ following verifiable natural and man-made landmarks; or
 - ☐ a copy of recorded plat map with metes and bounds.
- C. A written description of the proposed service area. - Decertified AREA
- D. Provide separate and additional maps of the proposed area(s) to show the following: NA - Decertification
- ☐ all facilities, illustrating separately facilities for production, transmission, and distribution of the applicant's service(s); and
 - ☐ any facilities, customers or area currently being served outside the applicant's certificated area(s).

Note: Failure to provide adequate mapping information may result in the delay or possible denial of your application. Digital data submitted in a format other than ESRI ArcGIS may result in the delay or inability to review applicant's mapping information.

4. NEW SYSTEM INFORMATION OR UTILITIES REQUESTING A CCN FOR THE FIRST TIME

- A. Please provide the following information: ATTACHMENT 'D'
- i. a list of public drinking water supply system(s) or sewer system(s) within a 2 mile radius of the proposed system;
 - ii. copies of written requests seeking to obtain service from each of the public drinking water systems or sewer systems listed in #4.A.i above or documentation that it is not economically feasible to obtain service from each entity;
 - iii. copies of written responses from each system or evidence that they did not reply; and
 - iv. for sewer utilities, documentation showing that you have obtained or applied for a wastewater discharge permit.
- B. Were your requests for service denied?
- i. If yes, please provide documentation of the denial of service and go to 4.C.
 - ii. If no, please provide a detailed analysis which justifies your reasons for not accepting service. A separate analysis must be prepared and submitted for each utility that granted your request for service.
- C. Please summarize how the proposed utility system will be constructed and describe each projected construction phase, if any:

Application is for decertification of portion of current CCN.

- D. Date of plat approval, if required: _____
Approved by: _____
- E. Date Plans & Specifications submitted for approval: _____
Log # _____ Attach copy of approval letter if available.
- F. Date construction is scheduled to commence: _____
- G. Date service is scheduled to commence: _____

5. EXISTING SYSTEM INFORMATION

A. Please provide the following information for **each** water and/or sewer system, attach additional sheets if necessary.

i. Water system's TCEQ Public Water System identification number(s):

1	0	1	1	8	1	0												

ii. Sewer system's TCEQ Discharge Permit number(s)

W	Q							-					W	Q							-				
---	---	--	--	--	--	--	--	---	--	--	--	--	---	---	--	--	--	--	--	--	---	--	--	--	--

- iii Date of last inspection: _____
- iv Attach a copy of the most recent inspection report letter.
- v For each system deficiency listed in the inspection report letter; attach a brief explanation listing the actions taken or being taken by the utility to correct the listed deficiencies, including the proposed completion dates.

B. Provide the following information about the utility's certified operators

Name	Classes	License Number
Quadvest, L.P.		

- Attach additional sheet(s) if necessary -

C. Using the current number of customers, is any facility component in systems named in #5A above operating at 85% or greater of minimum standard capacity?

☐ Yes ☒ No

Attach an explanation listing the actions to be taken to make system improvements including proposed completion dates (See 291.93(3)(A) of TCEQ Rules).

D. in the table below, the number of existing and/or proposed metered and non-metered connections (by size). The proposed number should reflect the information presented in the business plan or financial documentation and reflect the number of service requests identified in Question 2.b in the application.

Water System			Sewer System		
Connection	Existing	Proposed	Connection	Existing	Proposed
5/8" or 3/4" meter			Residential		
1" meter or larger			Commercial		
Non-Metered			Industrial		
Other:			Other:		
Total Water			Total Sewer		

- E. If this application is for a water CCN only, please explain how sewer service is or will be provided:

Application is for decertification of portion of current CCN.

- F. If this application is for a sewer CCN only, please explain how water service is or will be provided:

Application is for decertification of portion of current CCN.

- G Effect of Granting a Certificate Amendment.
Explain in detail the effect of granting of a certificate or an amendment, including, but not limited to regionalization, compliance and economic effects on the following:
- i the applicant,
 - ii any retail public utility of the same kind already serving the proximate area; and
 - iii any landowner(s) in the requested area.

- H. Do you currently purchase or plan to purchase water or sewer treatment capacity from another source?

- i ☒ No, (skip the rest of this question and go to #6)
- ii ☐ Yes, Water

Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency basis?

Source	% of Total Treatment

- iii Sewer treatment capacity,

- iv ☐ Yes

Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency basis?

Source	% of Total Treatment

- vi Provide a signed and dated copy of the most current water or sewer treatment capacity purchase agreement or contract.

- I. Ability to Provide Adequate Service.
Describe the ability of the applicant to provide adequate service, including meeting the standards of the commission, taking both of the following items into consideration:
- i. the current and projected density, and
 - ii. the land use of the requested area.
- J Effect on the Land.
Explain the effect on the land to be included in the certificated area.

Application is for decertification of portion of current CCN.

6. FINANCIAL INFORMATION

- A. For new systems and for applicants with existing CCNs who are constructing a new stand alone system:
- i. the applicant must provide an analysis of all necessary costs for constructing, operating, and maintaining the system, and the source of that capital (such as a financial statement for the developing entity) for which the CCN is requested for at least the first five years. In addition, if service has been offered by an existing water service provider as stated in #4.A., but the applicant has determined that the cost of service as finally offered renders the project not economically feasible, the applicant must provide a comparison analysis of all necessary costs for acquiring and continuing to receive service from the existing system for the same period.
 - ii. Attach projected profit and loss statements, cash flow worksheets, and balance sheets (projected five year financial plan worksheet is attached) for each of the first five years of operation. Income from rates should correlate to the projected growth in connections, shown on the projected profit and loss statement.
 - iii. Attach a proposed rate schedule or tariff. Describe the procedure for determining the rates and fees and indicate the date of last change, if applicable. Attach copies of any cost of service studies or rate analysis worksheets.
- B. For existing systems:
- i. Attach a profit and loss statement and current balance sheet for existing businesses (end of last fiscal year is acceptable). Describe sources and terms for borrowed capital such as loans, bonds, or notes (profit and loss and balance sheet worksheets are attached, if needed).
 - ii. Attach a proposed rate schedule or tariff.
★NOTE: An existing system may be required to provide the information in 6.A.i. above during the technical review phase if necessary for staff to completely evaluate the application.
- C. Identify any funds you are required to accumulate and restrict by lenders or capital providers.

- D. In lieu of the information in #6.A. thru #6.C., you may provide information concerning loan approvals within the last three (3) years from lending institutions or agencies including the most recent financial audit of the applicant.

Note: Failure to provide adequate financial information may result in the delay or possible denial of your application.

7. NOTICE REQUIREMENTS

- A. All proposed notice forms must be completed and submitted with the application. However, do not mail or publish them until you receive written approval from the Commission to do so.
- B. The Commission cannot grant a CCN until proper notice of the application has been given. **Commission rules do not allow a waiver of these notice requirements for CCN applicants.**
- C. **It is the applicant's responsibility to ensure that proper notice is given to all entities that are required to receive notice.**
- D. Recommended notice forms for publication, neighboring cities and systems, landowners with 25 acres or more, and customers are included with this application to use in preparing your proposed notices. (These notice forms are also available in Spanish upon request.)
- E. After reviewing and, if necessary, modifying the proposed notice, the Commission will send the notice to the applicant after the application is accepted for filing along with instructions for publication and/or mailing. Please review the notice carefully and note any additional neighboring utilities which may be included in the acceptance letter.
- F. Notice For Publication:
The applicant shall publish the notice in a newspaper having general circulation in the county or counties where a CCN is being requested, once each week for two consecutive weeks beginning with the week after the notice is received from the Commission. Proof of publication in the form of a publisher's affidavit shall be submitted to the Commission within 30 days of the last publication date. The affidavit shall state with specificity each county in which the newspaper is of general circulation.
- G. Notice To Neighboring Utilities:
- i. List all neighboring retail public utilities and cities providing the same utility service within the following vicinities of the applicant's proposed certificate area.
 - ii. For applications for the issuance of a **NEW** CCN, the applicant must mail the notice with a copy of the proposed CCN map to all cities and neighboring retail public utilities providing the same utility service within **five (5) miles** of the requested service area.
 - iii. For applications for the **AMENDMENT** of a CCN, the applicant must mail the notice with a copy of the proposed CCN map to all cities and neighboring retail public utilities providing the same utility service within **two (2) miles** of the requested service area.

- H. Notice to Customers
Investor Owned Utilities (IOUs) that are currently providing service without a CCN must provide individual mailed notice to all current customers. The notice must contain the current rates, the date those rates were instituted and any other information required in the application. The notice must also list all zip codes affected by the application.
- I. The Commission may require the applicant to deliver notice to other affected persons or agencies.

Do not publish or send copies of the proposed notices to anyone at the time you submit the application to the Commission. Wait until you receive written authorization to do so. This will occur after the Commission has reviewed the notices for completeness, and your application has been accepted for filing. Once the application is accepted for filing, you will receive written authorization to provide notice. Please check the notices for accuracy before providing them to the public. It is the applicant's burden to ensure that correct and accurate notice is provided.

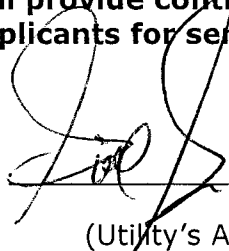
OATH

STATE OF Texas
COUNTY OF Montgomery

I, Simon Sequeira, being duly sworn, file this application as President (indicate relationship to Applicant, that is, owner, member of partnership, title as officer of corporation, or other authorized representative of Applicant); that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the maps and financial information filed with this application, and have complied with all the requirements contained in this application; and, that all such statements made and matters set forth therein are true and correct. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Texas Commission on Environmental Quality.

I further represent that the application form has not been changed, altered or amended from its original form available only from the Commission.

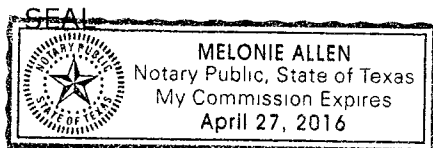
I further represent that the Applicant will provide continuous and adequate service to all customers and qualified applicants for service within its certificated service area.

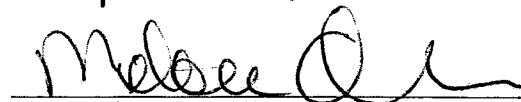


AFFIANT
(Utility's Authorized Representative)

If the Affiant to this form is any person other than the sole owner, partner, officer of the Applicant, or its attorney, a properly verified Power of Attorney must be enclosed.

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for the State of Texas,
This day 28th of January 20 14





NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

Melonie Allen

PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES April 27, 2016

Notice for Publication

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

Liberty COUNTY(IES), TEXAS

Name of Applicant Quadvest, L.P. has filed an application for a
CCN to obtain or amend CCN No. (s) 11612 and to
decertify a portion(s) of _____ with the
(Name of Decertificated Utility)

Texas Commission on Environmental Quality to provide Decertify
(specify 1) water or 2) sewer or 3) water & sewer)

utility service in Harris County(ies).

The proposed utility service area is located approximately 2.3 miles east
[direction] of downtown Tomball, [City or Town] Texas, and is
generally bounded on the north by FM 2920; on the east by
Mahaffey Rd; on the south by Colby Rd; and on the west by Mahaffey Rd

See enclosed map of the proposed service area.

The total area being requested includes approximately 2,8499 acres and 0
current customers.

The proposed amendment affects customers and/or areas located in the following zip
code(s):

77375

(List All Affected Zip Codes)

A copy of the proposed service area map is available at (Utility Address and Phone
Number): 26926 FM 2978, Magnolia Texas 77354

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:

Texas Commission on Environmental Quality
Water Supply Division
Utilities and Districts Section, MC-153
P. O. Box 13087
Austin, TX 78711-3087

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 Executive Director 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:

Texas Commission on Environmental Quality
Water Supply Division
Utilities and Districts Section, MC-153
P. O. Box 13087
Austin, TX 78711-3087

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 1-512-239-0200.

Notice to Neighboring Systems, Landowners and Cities

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

Liberty COUNTY(IES), TEXAS

To: _____ Date Notice Mailed _____ 20 _____
(Neighboring System, Landowner or City)

(Address)

City State Zip

Name of Applicant Quadvest, L.P. has filed an application for a
CCN to obtain or amend CCN No. (s) 11612 2 and to
decertify a portion(s) of _____ with the
(Name of Decertificated Utility)

Texas Commission on Environmental Quality to provide water
(specify 1) water or 2) sewer or 3) water & sewer)
utility service in Harris County(ies).

The proposed utility service area is located approximately 2.5 miles east
[direction] of downtown Tomball, [City or Town] Texas, and is
generally bounded on the north by FM 2920; on the east by
Mahaffey; on the south by Colby; and on the west by Mahaffey

See enclosed map of the proposed service area.

The total area being requested includes approximately 2,849 acres and _____
current customers.

The proposed amendment affects customers and/or areas located in the following zip
code(s):

77327

(List All Affected Zip Codes)

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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If a public hearing is requested, the Executive Director 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:

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Water Supply Division
Utilities and Districts Section, MC-153
P. O. Box 13087
Austin, TX 78711-3087

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 1-512-239-0200.

Notice to Customers of IOUs in Proposed Area

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO
PROVIDE WATER/SEWER UTILITY SERVICE IN
_____ COUNTY(IES), TEXAS

Dear Customer: _____ Date Notice Mailed _____ 20 _____

Name of Applicant _____ has filed an application for a
CCN to obtain or amend CCN No. (s) _____ and to
decertify a portion(s) of _____ with the
(Name of Decertificated Utility)

Texas Commission on Environmental Quality to provide _____
(specify 1) water or 2) sewer or 3) water & sewer)
utility service in _____ County(ies).

The proposed utility service area is located approximately _____ miles _____
[direction] of downtown _____, [City or Town] Texas.

A copy of the proposed service area map is available at (Utility Address and Phone
Number): _____

The proposed amendment affects customers and/or areas located in the following zip
code(s): _____

(List All Affected Zip Codes)

The current utility rates which were first effective on _____ 20 _____

Monthly Flat Rate of \$ _____ Per connection

-OR-

Monthly Base Rate Including per _____ gallons
connection for:

5/8" meter \$ _____
1" meter \$ _____
1 1/2" meter \$ _____
2" meter \$ _____

Other \$ _____

Gallage charge of \$ _____ Per 1,000
Gallons above minimum (same for all meters sizes)

Miscellaneous Fees

Regulatory Assessment

Tap Fee (Average Actual Cost)

Reconnecting fee:

- Non Payment (\$25.00 max)
- Transfer
- Customer's request

Late fee

Returned Check charge

Customer Deposit (\$50.00 max)

Meter test fee

(Actual Cost not Exceed \$25.00)

Other Fees

1%
\$
\$
\$
\$
\$
\$5.00 or 10%
\$
\$
\$
\$

Your utility service rates and fees cannot be changed by this application. If you are currently paying rates, those rates must remain in effect unchanged. Rates may only be increased if the utility files and gives notice of a separate rate change application.

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:

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P. O. Box 13087
Austin, TX 78711-3087

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 Executive Director 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 A HEARING IS HELD, it is important that you or your representative attend to present your concerns. Your request serves only to cause a hearing to be held and is not used during the hearing.

If you are a landowner with a tract of land at least 25 acres or more, and 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:

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Water Supply Division
Utilities and Districts Section, MC-153
P. O. Box 13087
Austin, TX 78711-3087

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 1-512-239-0200.

HISTORICAL BALANCE SHEETS

	CURRENT YEAR (A)	A-1 YEAR	A-2 YEAR	A-3 YEAR	A-4 YEAR	A-5 YEAR
CURRENT ASSETS						
Cash						
Accounts Receivable						
Inventories						
Income Tax Receivable						
Other						
Total						
FIXED ASSETS						
Land						
Collection/Distribution System						
Buildings						
Equipment						
Other						
Less: Accum. Depreciation or Reserves						
Total						
TOTAL ASSETS						
CURRENT LIABILITIES						
Accounts Payable						
Notes Payable, Current						
Accrued Expenses						
Other						
Total						
LONGTERM LIABILITIES						
Notes Payable, Long-term						
Other						
TOTAL LIABILITIES						
OWNER'S EQUITY						
Paid in Capital						
Retained Equity						
Other						
Current Period Profit or Loss						
TOTAL OWNER'S EQUITY						
TOTAL LIABILITIES AND EQUITY						
WORKING CAPITAL						
CURRENT RATIO						
DEBT TO EQUITY RATIO						
EQUITY TO TOTAL ASSETS						

HISTORICAL INCOME STATEMENT

	CURRENT YEAR (A)	A-1 YEAR	A-2 YEAR	A-3 YEAR	A-4 YEAR	A-5 YEAR
METER NUMBER						
Existing Number of Taps						
New Taps per Year						
Total Meters at Year End						
METER REVENUE						
Fees Per Meter						
Cost Per Meter						
Operating Revenue Per Meter						
GROSS WATER REVENUE						
Fees						
Other						
Gross Income						
OPERATING EXPENSES						
General & Administrative						
Interest						
Other						
NET INCOME						

HISTORICAL EXPENSES STATEMENT

	CURRENT YEAR (A)	A-1 YEAR	A-2 YEAR	A-3 YEAR	A-4 YEAR	A-5 YEAR
GENERAL/ADMINISTRATIVE EXPENSES						
Salaries						
Office Expense						
Computer Expense						
Auto Expense						
Insurance Expense						
Telephone Expense						
Utilities Expense						
Depreciation Expense						
Property Taxes						
Professional Fees						
Other						
Total						
% Increase Per Year						
OPERATIONAL EXPENSES						
Salaries						
Auto Expense						
Utilities Expense						
Depreciation Expense						
Repair & Maintenance						
Supplies						
Other						
Total						
% Increase Per Year						
ASSUMPTIONS						
Interest Rate/Terms						
Utility Cost/gal.						
Depreciation Schedule						
Other						

PROJECTED BALANCE SHEETS

	START UP	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
CURRENT ASSETS						
Cash						
Accounts Receivable						
Inventories						
Income Tax Receivable						
Other						
Total						
FIXED ASSETS						
Land						
Collection/Distribution System						
Buildings						
Equipment						
Other						
Less: Accum. Depreciation or Reserves						
Total						
TOTAL ASSETS						
CURRENT LIABILITIES						
Accounts Payable						
Notes Payable, Current						
Accrued Expenses						
Other						
Total						
LONGTERM LIABILITIES						
Notes Payable, Long-term						
Other						
TOTAL LIABILITIES						
OWNER'S EQUITY						
Paid in Capital						
Retained Equity						
Other						
Current Period Profit or Loss						
TOTAL OWNER'S EQUITY						
TOTAL LIABILITIES AND EQUITY						
WORKING CAPITAL						
CURRENT RATIO						
DEBT TO EQUITY RATIO						
EQUITY TO TOTAL ASSETS						

PROJECTED INCOME STATEMENT

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
METER NUMBER						
Existing Number of Taps						
New Taps per Year						
Total Meters at Year End						
METER REVENUE						
Fees Per Meter						
Cost Per Meter						
Operating Revenue Per Meter						
GROSS WATER REVENUE						
Fees						
Other						
Gross Income						
OPERATING EXPENSES						
General & Administrative						
Interest						
Other						
NET INCOME						

PROJECTED EXPENSES STATEMENT

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
GENERAL/ADMINISTRATIVE EXPENSES						
Salaries						
Office Expense						
Computer Expense						
Auto Expense						
Insurance Expense						
Telephone Expense						
Utilities Expense						
Depreciation Expense						
Property Taxes						
Professional Fees						
Other						
Total						
% Increase Per Year						
OPERATIONAL EXPENSES						
Salaries						
Auto Expense						
Utilities Expense						
Depreciation Expense						
Repair & Maintenance						
Supplies						
Other						
Total						
% Increase Per Year						
ASSUMPTIONS						
Interest Rate/Terms						
Utility Cost/gal.						
Depreciation Schedule						
Other						

PROJECTED SOURCES AND USES OF CASH STATEMENTS

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
SOURCES OF CASH						
Net Income						
Depreciation (if Funded)						
Loan Proceeds						
Other						
Total Sources						
USES OF CASH						
Net Loss						
Principle Portion of Pmts.						
Fixed Asset Purchase						
Reserve						
Other						
TOTAL USES						
NET CASH FLOW						
DEBT SERVICE COVERAGE						
Cash Available for Debt						
Service (CADS)						
Net Income (Loss)						
Depreciation , or Reserve Interest						
TOTAL						
REQUIRED DEBT SERVICE (RDS)						
Principle Plus Interest						
DEBT SERVICE COVERAGE RATIO						
CADS Divided by RDS						

ATTACHMENT 'A'



Franchise Tax Account Status

As of: 11/15/2013 05:15:19 PM

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

QUADVEST, L.P.

Texas Taxpayer Number	17421243712
Mailing Address	26926 FM 297 RD MAGNOLIA, TX 77354-5148
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	09/01/2005
Texas SOS File Number	0800539284
Registered Agent Name	GARY S. SEQUEIRA
Registered Office Street Address	26926 FM 2978 MAGNOLIA, TX 77354

ATTACHMENT 'B'

The owner of the property requires both water and sewer utilities. The nearest utility with sewer service, Dowdell PUD does not want to provide sewer only. For this reason the owner of the tract of land requested decertification.

ATTACHMENT 'C'

Description of Decertified Area

The proposed water utility service area to be decertified consists of 2.849 acres located approximately 2.3 miles east of downtown Tomball Texas in Harris County and is generally bounded on the north by FM 2920; on the east by Mahaffy Rd; on the south by Colby Rd; and on the west by Mahaffy Rd.

Protecting Texas by
Reducing and
Preventing Pollution

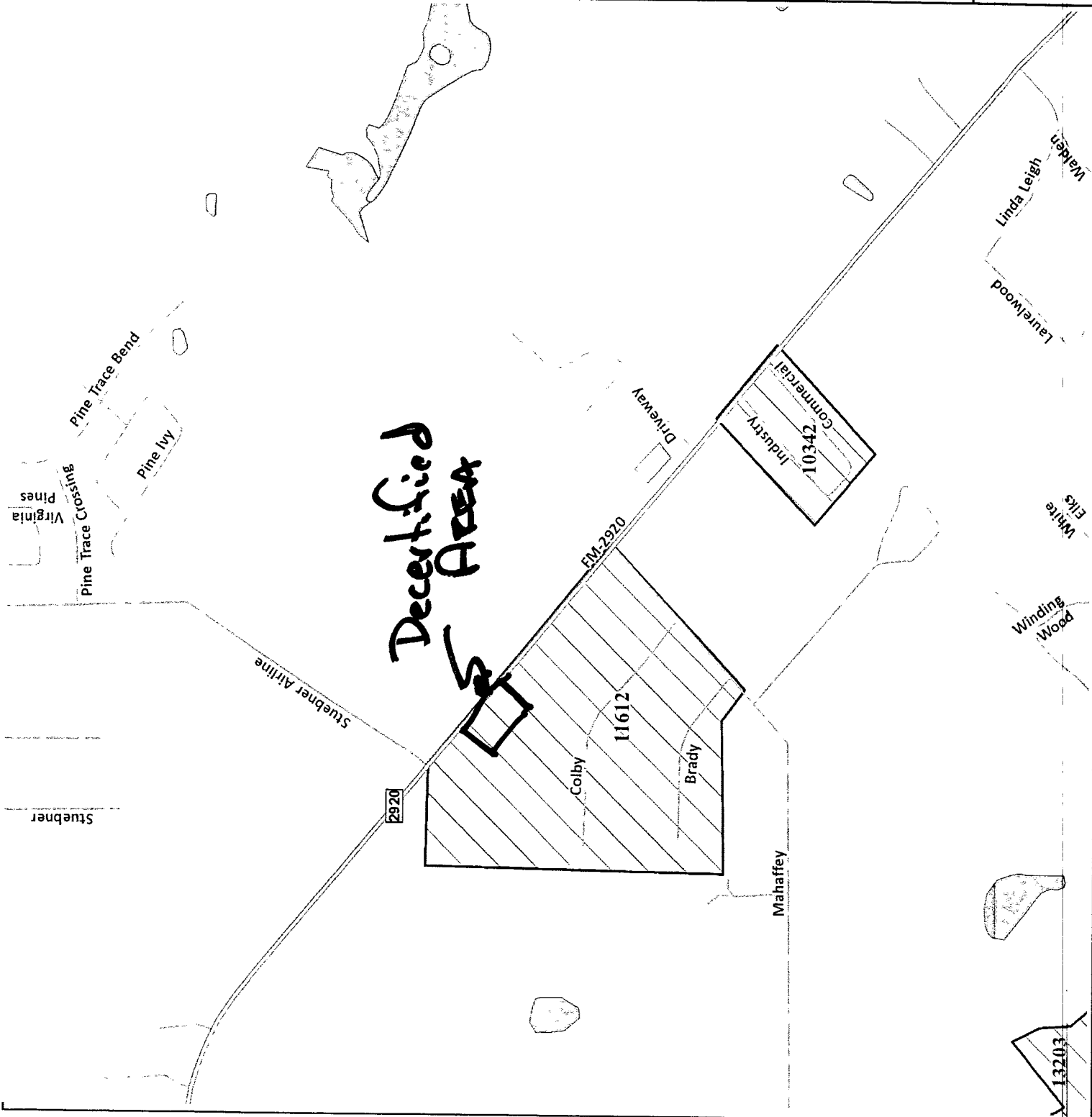
Texas Commission on Environmental Quality
P O Box 13087
Austin, Texas 78711-3087
For more information
concerning this map, please contact the
Water Supply Division at (512) 239-4691.
01/27/2014

IWUD Map Viewer

RECEIVED
JAN 31 2014

UTILITIES & DISTRICTS
SECTION

Disclaimer:
This map was generated by the Integrated Water Utilities
Database (IWUD) from the Texas Commission on
Environmental Quality. No claims are made to the
accuracy or completeness of the data or to its suitability
for a particular use.



786.7

3C

044-055-001-0058
12.0838 AC

3D

2920

773.37

619.83

3D-1

044-055-001-0194
5.9162 AC

746.5

649.5

RES A

044-055-001-0015
2.1520 AC

12C

590.01

19.08

421.14

420.57

136

12B

RES A

①

223.11

119-484-001-0001
2.5969 AC

666

789.93

HELEN CHAFFIELD RESERVE
119-484-001-0001
119-484-001-0001

111

76.34

245.78

4871B10

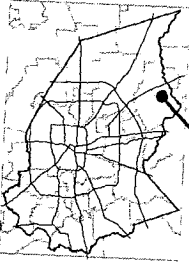


Harris County Appraisal District

0 100 200
PUBLICATION DATE:
1/15/2014

Geospatial or map data maintained by the Harris County Appraisal District is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and only represents the approximate location of property boundaries.

MAP LOCATION



FACET 4871B

1	2	3	4
5	6	7	8
9	10	11	12

ACCENT BUILDING PRODUCTS

127-609

TIMBERDALE U/R

115-066

7B-1A

-0093

127-933-001-000
1.0000 AC

RES D
127-933-001-0005
1.38 AC

265.61

227.75

RE

Area To Decertify

127-60-001-0001

①

4871D1

4871B5

4871A12

4871B10

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JAN 31 2014

Harris County Appraisal District

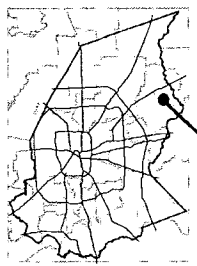
SSA UTILITIES & DISTRICTS SECTION



0 100 200
PUBLICATION DATE: 1/15/2014

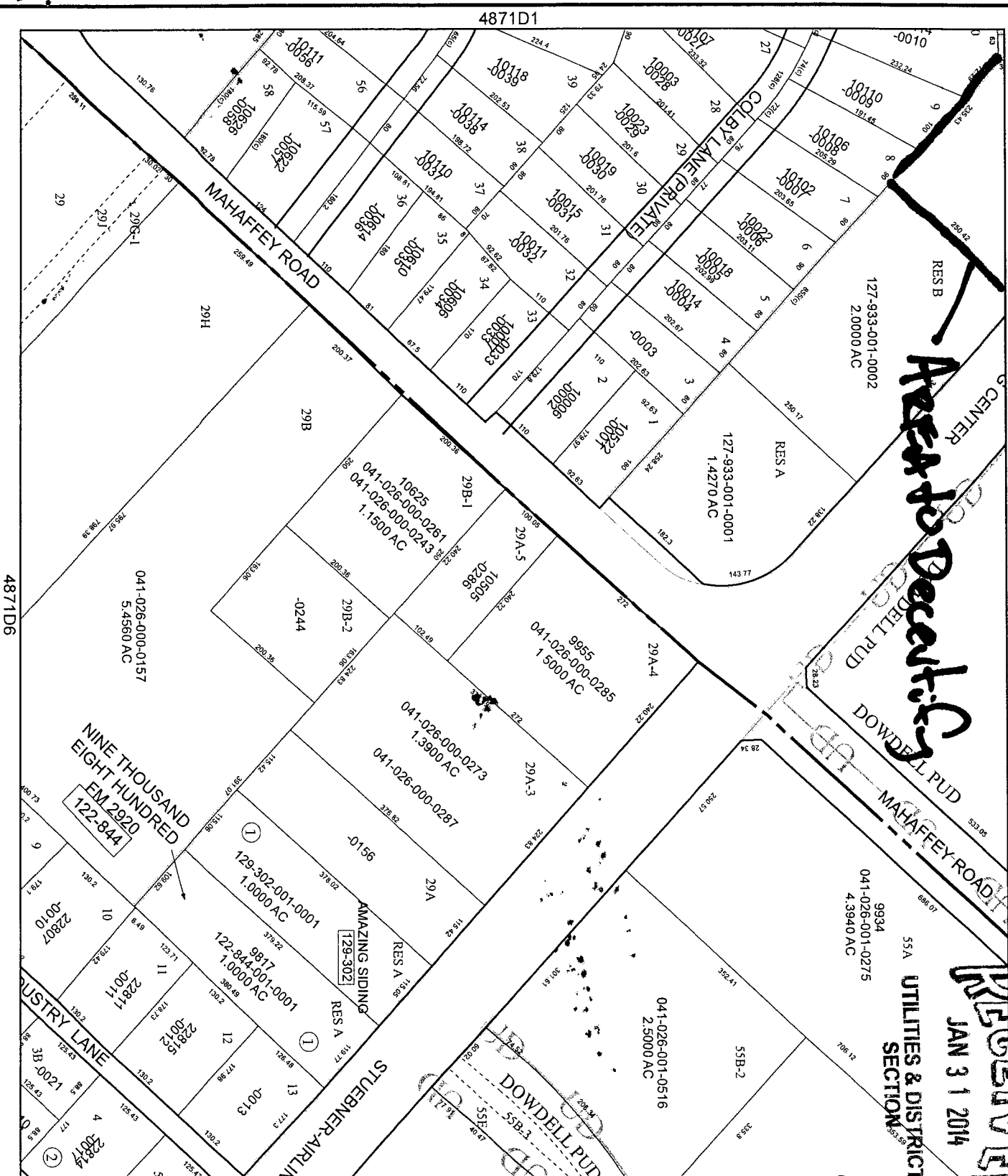
Geospatial or map data maintained by the Harris County Appraisal District is for informational purposes and may not have been prepared for or be suitable for legal engineering, or surveying purposes. It does not represent an on-the-ground survey and only represents the approximate location of property boundaries.

MAP LOCATION



FACET 4871D

1	2	3	4
5	6	7	8
9	10	11	12



Area to be sold

4871B6

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JAN 31 2014
UTILITIES & DISTRICTS
SECTION

10130
044-055-001-0008
2.5800 AC
044-055-001-0051
31.3623 AC

4871B9

**AREA TO
DEDICATE**

127-933-001-0003
2.8199 AC

4871D2

4871B11

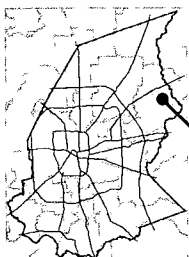


**Harris
County
Appraisal
District**

0 100 200
PUBLICATION DATE:
1/15/2014

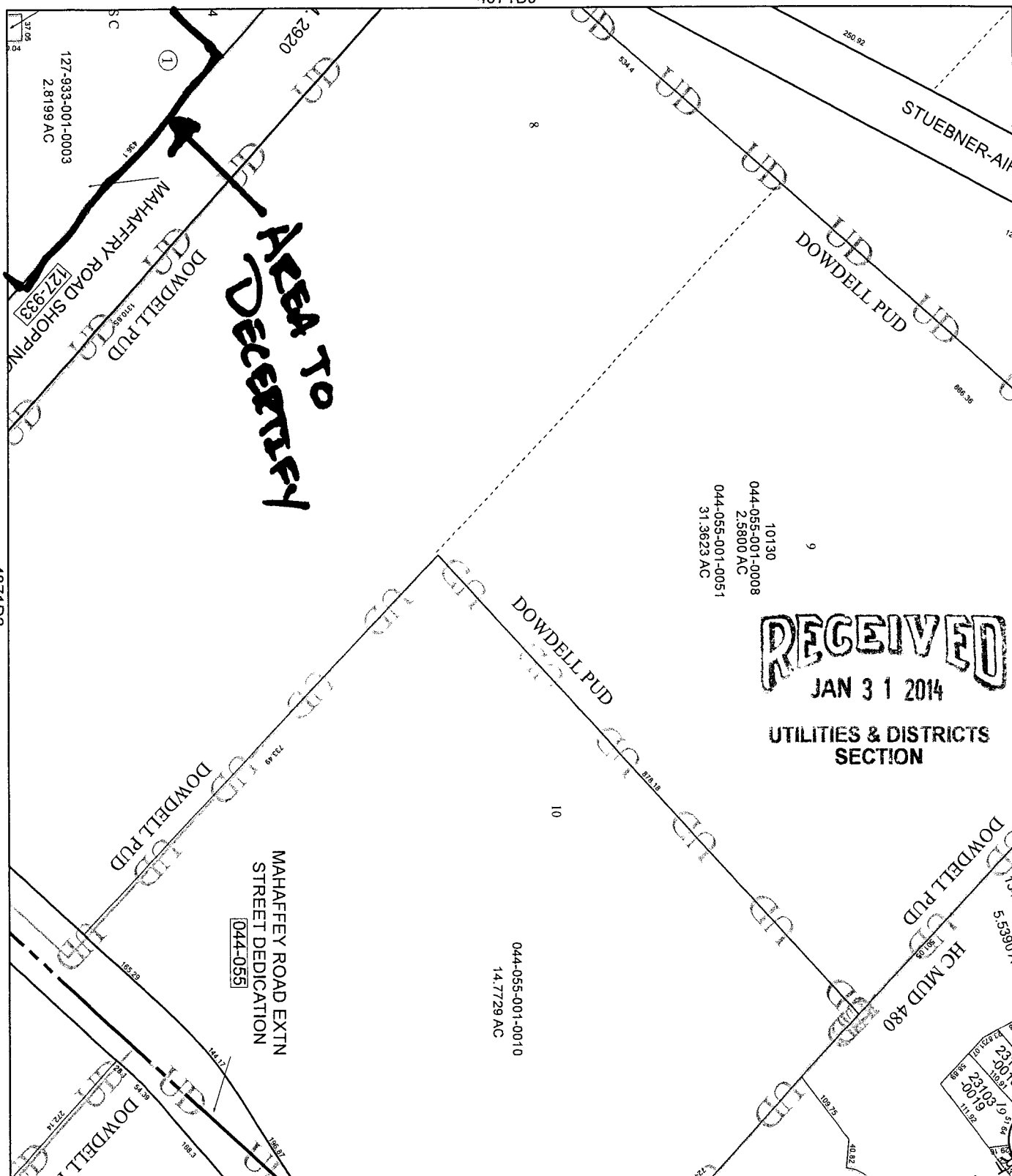
Geospatial or map data
maintained by the Harris
County Appraisal District
is for informational purposes
and may not have been
prepared for or be suitable
for legal, engineering, or
surveying purposes. It
does not represent an
on-the-ground survey and
only represents the
approximate location of
property boundaries

MAP LOCATION



**FACET
4871B**

1	2	3	4
5	6	7	8
9	10	11	12



1871Bq

**UTILITIES & DISTRICTS
SECTION**

Abstract

2004

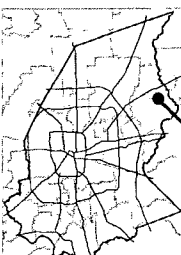
The seal of the Harris County Appraisal District is a circular emblem. It features a five-pointed star in the center. The words "HARRIS COUNTY" are arched across the top, and "APPRAISAL DISTRICT" is arched across the bottom. The word "Texas" is written vertically on the left side. Two small stars separate the top and bottom text on the left.

2

MAP LOCATION

Geospatial or map data maintained by the Harris County Appraisal District is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and only represents the approximate location of property boundaries.

1	2	3	4
5	6	7	8
9	10	11	12



**NON – SCANABLE
PAGE**

ONE MAP IN FILE

FOR ANY QUESTIONS

PLEASE CALL CENTRAL RECORDS

MAIN LINE (512) 936-7180

ATTACHMENT 'D'

ATTACHMENT F

TWO MILE RADIUS
DISTRICTS, CCN HOLDERS AND OTHER ENTITIES

H-M-W SUD	CCN No. 10342
P.O. Box 837	
Pinehurst, TX 77362-0837	

Albury Manor Utility Company	CCN No. 11507
400 Randal Way, Suite 106	
Spring, TX 77388	

HOE WSC	CCN No. 12756
P.O. Box 1180	
Pinehurst, TX 77362-1180	

Inline Development Corp.	CCN No. 12946
21755 I-45 North, Bldg. 11	
Spring, TX 77388	

Pinewood Community LP	CCN No. 13158
22831 Pinewood Place	
Tomball, TX 77375	

Aqua Texas, Inc.	CCN No. 13203
1106 Clayton Lane, Suite 400W	
Austin, TX 78723	

Harris County MUD No. 480
c/o Allen, Boone, Humphries, Robinson
3200 Southwest Freeway, Suite 2600
Houston, TX 77027

Dowdell PUD
c/o Smith, Murdaugh, Little & Bonham
1100 Louisiana, Suite 400
Houston, TX 77002

Harris County MUD 1
c/o Smith, Murdaugh, Little & Bonham
1100 Louisiana, Suite 400
Houston, TX 77002

Harris County MUD 401
c/o Schwartz, Page & Harding
1300 Post Oak Blvd., Suite 1400
Houston, TX 77056

City of Tomball
401 Market Street
Tomball, TX 77375

Harris County
c/o Precinct 4
1001 Preston, Suite 950
Houston, TX 77002

North Harris County Regional Water Authority
3648 Cypress Creek Parkway, Suite 110
Houston, TX 77068

Harris-Galveston Subsidence District
1660 West Bay Area Blvd.
Friendswood, TX 77546-2640

To: Administrative Reviewer

Date Complete: August 1, 2014

From: Cartographer-Utilities & Districts Section

Subject: Overlap & Notice Check for Administrative Review/Application No. (A-101-14)/ 37992-C:
Quadvest LP (11612) to Decertify a portion in Harris County

1. No new overlap of service areas exists.
2. An overlap exists
3. Dual certification exists between
4. An overlap exists with the city limits of the following cities:
- X 5. **Due to inadequate maps filed by the applicant, a determination cannot be made as to the actual location of the requested water service area.**
6. Utility notice was sufficient.
7. Utility notice was insufficient.

TWO MILES:

*All cities and ETJ's within 2 miles of proposed service area

* Any other utility, district, county or entity that would be required to receive notice

X 11. Notice: **DO NOT NOTICE**

X 12. Other comments: **Applicant must submit Part A and D, in addition to provide the metadata for the digital data submitted for their proposed water service area. All hard copy maps must clearly mark, label and delineate the proposed water service area the same on all maps. We do not accept maps with hand drawn proposed service areas marked on them. All maps must provide enough detailed roads and streets to accurately position the metes and bounds survey or digital data submitted for the proposed service area. Therefore, we are unable to determine the actual location of the proposed water service area being requested to be decertified from Quadvest LP.**

- 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:**
 1. all facilities, illustrating separately facilities for production, transmission, and distribution of the applicant's service(s); and any facilities, customers or area currently being served outside the applicant's certificated area(s).
 2. any facilities, customers or area currently being served outside the applicant's certificated area(s).