

Control Number: 43533



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.

43533

(Hantest 108) 108/108/108/108/108/108/108/108/108/108/				
Date complete request received by SOAH: Frequenting date act by SOA 5.0.2.0.7	10:00 50-07-2278 1500			
REQUEST TO DOCKET	~~~ (V/4,00x *** *** *** *** *** *** *** *** ***			
PLEASE CHECK AC	TION(S) REQUESTED: ALJ * ALTERNATIVE DISPUTE RESOLUTION (ADAY*			
$old X$ setting of hearing $old \Box$ assignment of	AGENOVE "G CY YOMMI			
REFERRING AGENCY NAME: TCEQ	AGENCY NO.: FILE/CASE NO.: 2007-0338-UCR			
NAME/STYLE OF THE CASE: <u>COLLEGE MOUND WATER SUPPLY COR</u>	PORATION			
DATE APPLICATION FILED AT AGENCY :	DOCKET NO. SUFFIX, if applicable: UCR			
PROCEEDING DATE(S) REQUESTED (Include range of dates if possible):_	MAY 22, 2007			
EXPECTED NUMBER OF HOURS (If less than a day) OR DAYS NEEDED F	FOR PROCEEDING: HOURS[1] DAYS			
□ ADMIN. FINE □ GRIEVANCE □ ENFORCEMENT □	CONTRACT CLAIM (Gov's Code 2280) OTHER			
SPECIAL NEEDS OR ACCOMMODATIONS: Hearing In Austin, Seating	•			
IF ADR REQUESTED PLEASE DESCRIBE PROCESS NEEDED:				
CASE FILE and/or HEARING IS CONFIDENTIAL (Specify applicable statute):				
NAME OF INDIVIDUAL SENDING REQUEST FORM: MELISSA RADKI	PHONE NO.: 239-3317 FAX NO.: 239-3311			
PARTIES AND REPRESENTATIVES				
PARTY REPRESENTED BY: SELF X ATTORNEY	PARTY REPRESENTED BY: SELF ATTORNEY			
OTHER, If so, relationship:	OTHER, If so, relationship:			
REPRESENTATIVE'S NAME_SHANA HORTON	NAME			
PARTY'S NAME:	PARTY'S NAME:			
ADDRESS:	ADDRESS:			
(740) 200 4000	PHONE No.:			
PHONE No.: (512) 239-1088 (Direct Phone Number Please)	(Direct Phone Number Please)			
FAX No.:	FAX No.:			

PLEASE LIST ADDITIONAL PARTIES AND/OR REPRESENTATIVES ON EXTRA FORM PROVIDED.

SEND TO:

STATE OFFICE OF ADMINISTRATIVE HEARINGS

ATTN.: Deputy Clerk William P. Clements Building 300 West 15th Street, Suite 504

Austin, Texas 78701

<u>OR</u>

Post Office Box 13025 Austin, Texas 78711-3025 Docket Phone No. (512) 475-3445 Fax No. (512) 475-4994

*PLEASE FORWARD A COPY OF THE APPLICATION, APPEAL OR COMPLAINT WITH THIS REQUEST FORM, AS WELL AS ANY OTHER PLEADING FILED IN THE CASE TO DATE IF REQUESTING ASSIGNMENT OF ALL OF ALTERNATIVE DISPUTE RESOLUTION (ADR). A COPY OF THE NOTICE C PROCEEDING MUST BE FORWARDED TO SOAH AT THE SAME TIME IT IS MAILED TO THE PARTIES.

OCC FAXED: APR 05 2007

STATE OFFICE OF ADMINISTRATIVE HEARINGS 300 WEST 15TH STREET, STE. 502 AUSTIN, TEXAS 78701 (512) 475-4993 FAX (512) 475-4994 DOCKET (512) 475-3445

CONFIRMATION OF REQUEST TO DOCKET CASE

TO:

MELISSA RADKE

VIA FACSIMILE 239-3311

TX COMM ON ENVIRONMENTAL QUALITY

FROM:

NATALIE HOWARD

DEPUTY CLERK

DATE:

April 5, 2007

RE:

SETTINGS OF HEARING(S)

At your request, the following hearing(s) have been set:

Docket <u>Number</u>	<u>Case</u>	<u>Date</u>	<u>Time</u>	Hearing <u>Location</u>
582-07-2377 2007-0260-UCR	Bret Fenner	05/08/07	10:00 am	WPC Bldg. 300 West 15 th St. 4 th Floor Street Austin, TX 78701

582-07-2378

College Mound Water Sup

05/22/07 10:00 am

same as above

2007-0338-UCR

All parties will be notified in the event of a change of location of the hearing.

Please remember that you are responsible for providing the court reporter as required by your agency.

If you have any questions regarding any of the information herein, please call.

TRANSMISSION OK

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RECIPIENT ADDRESS
DESTINATION ID

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STATE OFFICE OF ADMINISTRATIVE HEARINGS 300 WEST 15TH STREET, STE. 502 AUSTIN, TEXAS 78701 (512) 475-4993 FAX (512) 475-4994 DOCKET (512) 475-3445

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<u>WPC Bldg.</u> 300 West 15th St. 4th Floor Street

<u>4''' Floor Street</u> Austin, TX 78701

<u>Austin,</u>

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ax:5122391209

Transmit Conf. Report

P. 1

Line Number: 1 TCEQ

Fax: 5122391209

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- The state of the		(egifpt)				
(Revised: :09/65/04))	Proceeding date set by SOAM:	SQAH Decket Numbers type of case:				
	REQUEST TO DOCKET CASE (Please type or print)					
PLEASE CHECK ACTION(S) REQUESTED: X SETTING OF HEARING ASSIGNMENT OF ALJ* ALTERNATIVE DISPUTE RESOLUTION (ADR)* AGENCY'S AGENCY'S AGENCY'S AGENCY NO.: AGENCY						
NAME OF INDIVIDUAL SENDING REQUEST FORM	: MELISSA RADKE	PHONE NO.: 239-3317 FAX NO.: 239-3311				
	PARTIES AND REPRES	ENTATIVES				
PARTY REPRESENTED BY: SELF X ATTO OTHER, If so, relationship: REPRESENTATIVE'S NAME SHANA HORTON PARTY'S NAME: ADDRESS: PHONE No.: (512) 239-1088 (Direct Phone Number Please) FAX No.:	PART PART ADD	Y REPRESENTED BY: SELF ATTORNEY THER, If so, relationship: ESENTATIVE'S Y'S NAME: RESS: (Direct Phone Number Please)				

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