

Control Number: 43901



Item Number: 20

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

43901

B & B WATER SUPPLY CORPORATION
1501 #C N. 45TH STREET
CORSICANA, TEXAS 75110

RECEIVED
2014 DEC -9 PM 2:53
PUBLIC UTILITY COMMISSION
FILING CLERK

November 25, 2003

Mr. Larry Murray
City of Corsicana
200 North 12th Street
Corsicana, Texas 75110

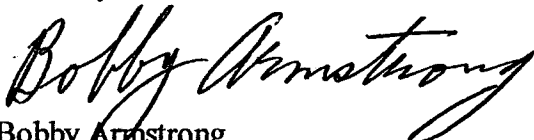
Dear Mr. Murray:

B & B Water Supply Corporation agrees to be dual certified with the City of Corsicana along the following areas.

1. FM Rd 744 and FM Rd 2555
2. FM Rd 744 and North end of Balcolm Lane
3. FM Rd 744 and W. Hwy. 22 and FM Rd 1836

B & B Water Supply Corporation will continue to serve their residential customers in these areas. Future residential customers will be served by B & B Water Supply Corporation if they meet the requirements of B & B Water Supply Corporation. Corsicana will not serve residential customers in the residential area, as identified above, without a written agreement from B & B Water Supply Corporation. Corsicana will serve existing industrial/commercial customers and any future industrial/commercial customers in the above areas.

Sincerely,



Bobby Armstrong
B & B Water Supply Corporation

7002 0860 0005 1642 5985

Sent to M.E.N. Water Supply
Street, Apt. No.: P.O. Box 3019
or PO Box No.

CORSICANA, TX 75151

Postage \$ 1.06 UNIT ID: 0110

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required) 5.11

Total Postage & Fees \$ 11/20/03

Postmark Here
Clerk: KCBMGR

Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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:

M.E.N. WATER Supply
P.O. Box 3019
CORSICANA, TX.
75151-3019

2. Article Number

(Transfer from service label)

7002 0860 0005 1642 5985

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dennis Dando* ☐ Agent ☐ Address

B. Received by (Printed Name)

DENNIS DANDO 11/21/03

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 0860 0005 1642 5978

Sent to ANGUS Water Supply
Street, Apt. No.: 6010 I-45 WEST
or PO Box No. CORSICANA, TX 75151

Postage \$ 1.06 UNIT ID: 0110

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required) 5.11

Total Postage & Fees \$ 11/20/03

Postmark Here
Clerk: KCBMGR

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

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:

ANGUS Water Supply
6010 I-45 WEST
CORSICANA, TX.
75151

2. Article Number

(Transfer from service label)

7002 0860 0005 1642 5978

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jeanne Wells* ☐ Agent ☐ Address

B. Received by (Printed Name)

JANNE WELLS 11/21/03

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

99 3400 0017 9074 0800

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Community Water
Street, Apt. No.: P.O. Box 730
or PO Box No. CORSICANA, TX 75151

Postage \$ 3.85 UNIT ID: 0110

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required) 7.90

Total Postage & Fees \$ 11/20/03

Postmark Here
Clerk: KCBMGR

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

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:

COMMUNITY WATER
P.O. Box 730
CORSICANA, TX.
75151

2. Article Number

(Transfer from service label)

7099 3400 0017 9074 0800

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Steve Strode* ☐ Agent ☐ Address

B. Received by (Printed Name)

STEVE STRODE 11/21/03

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$1.06
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 5.11
Total Postage & Fees \$11.20/03

UNIT ID: 0110
Postmark Here
Clerk: KCBH6R

11/20/03

Sent to Rice Water Supply Corp.
Street, Apt. No., or PO Box No. P.O. Box No. 137
RICE, TX 75155

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:

Rice Water Supply Corp
P.O. Box 137
RICE, TX. 75155

2. Article Number

(Transfer from service label)

7002 0860 0005 1642 5947

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Billie Barak
Agent Address

B. Received by (Printed Name)

Billie Barak

C. Date of Delivery

11/21/03

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

199 3400 0017 9074 0848

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

Postage \$1.98
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 6.03
Total Postage & Fees \$11.20/03

UNIT ID: 0110
Postmark Here
Clerk: KCBH6R

11/20/03

Recipient's Name (Please Print Clearly; to be completed by mailer)
North Pettys Chapel
Street, Apt. No., or PO Box No. Rt. 1 Box 108-B
DAWSON, TX 76639

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:

NORTH PETTYS CHAPEL
RT. 1 BOX 108-B
DAWSON, TX
LOCAL ROUTE AND BOX NUMBER
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

2. Article Number

(Transfer from service label)

7099 - 3400 0017 9074 0848

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Medina
Agent Address

B. Received by (Printed Name)

J. Medina

C. Date of Delivery

11/21/03

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

18760 FM 709 North

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

99 3400 0017 9074 0824

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

Postage \$1.06
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 5.11
Total Postage & Fees \$11.20/03

UNIT ID: 0110
Postmark Here
Clerk: KCBH6R

11/20/03

Recipient's Name (Please Print Clearly; to be completed by mailer)
Corbett Water Supply
Street, Apt. No., or PO Box No. 159 Fm Rd. 2452
CORSIANA, TX 75110

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:

CORBET WATER SUPPLY
159 FM RD. 2452
CORSIANA, TX. 75110

2. Article Number

(Transfer from service label)

7099 3400 0017 9074 0824

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dale Payne
Agent Address

B. Received by (Printed Name)

DALE PAYNE

C. Date of Delivery

11-21-03

D. Is delivery address different from item 1? ☒ Yes
if YES, enter delivery address below: ☐ No

1724 FM 2452

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

(Domestic Mail Only, No Insurance Coverage Provided)

CORSICANA, TX 75110	
Postage \$	1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	1.75
Total Postage & Fees \$	5.11
UNIT ID: 0110	
Postmark Here	
Clerk: KCMGR	
11/20/03	
Recipient's Name (Please Print Clearly) (to be completed by mailer)	
LAKESIDE WATER SUPPLY	
Street, Apt. No. or PO Box No.	
1501 LAKE HALBERT RD.	
City, State, ZIP+4	
CORSICANA, TX 75110	

PS Form 3800, February 2000 See Reverse for Instructions

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:
CHATFIELD WATER SUPPLY
P.O. Box 158
POWELL, TX.
75153-0158

2. Article Number
(Transfer from service label) 7099 3400 CC17 9074 0817

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Bazel Stearns* ☐ Agent ☐ Address

B. Received by (Printed Name) *Bazel Stearns* C. Date of Delivery *11/24/03*

D. Is delivery address different from item 1? ☐ Yes ☒ No
if YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:
LAKESIDE WATER SUPPLY
1501 LAKE HALBERT RD,
CORSICANA, TX.
75110

2. Article Number
(Transfer from service label) 7099 3400 0017 9074 0831

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Annuith Kennel* ☐ Agent ☐ Address

B. Received by (Printed Name) *Annuith Kennel* C. Date of Delivery *11-25-03*

D. Is delivery address different from item 1? ☐ Yes ☒ No
if YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:
B+B WATER SUPPLY
1501 #CN. 45th STREET
CORSICANA, TX.
75110

2. Article Number
(Transfer from service label) 7002 0860 0005 1642 5954

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jackie Nickolsen* ☐ Agent ☐ Address

B. Received by (Printed Name) *Jackie Nickolsen* C. Date of Delivery *11-21-03*

D. Is delivery address different from item 1? ☐ Yes ☒ No
if YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

CORSICANA, TX 75110	
Postage \$	1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	1.75
Total Postage & Fees \$	5.11
UNIT ID: 0110	
Postmark Here	
Clerk: KCMGR	
11/20/03	
Sent To	
B+B WATER SUPPLY	
Street, Apt. No. or PO Box No.	
1501 #CN. 45th STREET	
City, State, ZIP+4	
CORSICANA, TX 75110	

PS Form 3800, April 2002 See Reverse for Instructions

2497 5000 0980 2002

Notice to Neighboring Systems and Cities

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

To: Northtown Acres Water Date Notice Mailed: 11/20, 2003
(Neighboring System or City)
Rt. 1 Box 108-B
(Address)
Dawson, Texas 76639
(City State Zip)

City of Corsicana has filed an application to amend CCN No. 10776 and to obtain dual certification with portions of B & B Water Supply Corporation, Community Water Company, Angus Water Supply Corporation, MEN Water Supply Corporation and Chatfield Water Supply Corporation with the Texas Commission on Environmental Quality to provide water utility service in Navarro County.

The proposed utility service area is located around the City of Corsicana, Texas, and is generally bounded on the north by Briar Creek; on the east by SE 0070 Road; on the south by FM 739; and on the west by Cedar Creek.

The total area being requested includes approximately 14,697 acres and 10,500 current customers. See enclosed map of the proposed service area.

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.

Notice to Neighboring Systems and Cities

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

To: North Pettys Chapel
(Neighboring System or City)
Rt. 1 Box 108-B
(Address)
Dawson, Texas 76639
(City State Zip)

Date Notice Mailed: 11/20, 2003

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P. O. Box 13087
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