



Control Number: 43975



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



43975

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 New CCN Application			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN 0		RN 0	

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 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) If new Customer, enter previous Customer below End Date:			
Eagle Falls Water Supply, LLC			
10. Mailing Address:			
100 I-45 North, Suite 109			
City Conroe State TX ZIP 77301 ZIP + 4 2701			
11. Country Mailing Information (if outside USA)			
12. E-Mail Address (if applicable)			
aikinland@yahoo.com			
13. Telephone Number (936) 494-1124			
14. Extension or Code			
15. Fax Number (if applicable) (936) 494-1126			
16. Federal Tax ID (9 digits) 270808732			
17. TX State Franchise Tax ID (11 digits) 32040159405			
18. DUNS Number (if applicable)			
19. TX SOS Filing Number (if applicable) 0801162305			
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 checked="" 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 checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information <input 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)			
Eagle Falls Water System			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	Eagle Crest Blvd (exact address unavailable at this time)								
	City	Trinity	State	TX	ZIP	75862	ZIP + 4		
25. Mailing Address:	100 I-45 North, Suite 109								
	City	Conroe	State	TX	ZIP	77301	ZIP + 4	2701	
26. E-Mail Address:	aikinland@yahoo.com								
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)						
(936) 494-1124				(936) 494-1126					
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)			
4952			221320						
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)									
Provide water supply service to the Eagle Falls Subdivision									

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

35. Description to Physical Location:	approximately 0.75 mile due west of FM 356 along Big Hawg Road (Main Road) and directly south of Big Hawg Road on Eagle Crest Blvd. (proposed)					
36. Nearest City	County		State		Nearest ZIP Code	
Trinity	Trinity		TX		75862	
37. Latitude (N) In Decimal:	30.8483		38. Longitude (W) In Decimal:	95.1914		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
30	50	54	95	11	29	

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 checked="" type="checkbox"/> PWS	<input type="checkbox"/> Sludge
			new	
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input checked="" type="checkbox"/> Utilities
				new
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

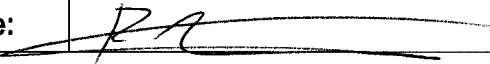
SECTION IV: Preparer Information

40. Name:	Shelley Young, P.E.	41. Title:	Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281) 373-0500		(281) 373-1113	syoung@waterengineers.com

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:	Eagle Falls Water Supply, LLC	Job Title:	President
Name(In Print) :	Ryan Aikin	Phone:	(936) 494-1124
Signature:		Date:	9-10-2009