



Control Number: 44052



Item Number: 3

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



Texas Commission on Environmental Quality

Application to Obtain or Amend a Water/Sewer
Certificate of Convenience and Necessity (CCN) Under Water Code
Section 13.255
PUBLIC UTILITY COMMISSION
FILING CLERK

1. Applicant: City of Jarrell

(Name of City)

Address: P.O. Box 828

Jarrell, Texas 76537

(City/State/Zip)

Phone and Fax Number:

512/ 746-4593

(Area Code/Number)

(512) 746-2052

(Area Code/Fax)

Tax Identification Number: _____

2. The purpose of this application is to: (check one) ☒ obtain single certification to a service area within the city's corporate limits, and/or _____ amend a Certificate of Convenience and Necessity (CCN) No. _____ to provide ☒ water or _____ sewer service to the

Area currently certificated to Jarrell Schwertner WSC that is located within the city limits of the
City of Jarrell

(Name of Subdivision or Area)

and to decertify a portion of

Jarrell Schwertner WSC

(Name of Utility)

10002

(CCN No.)

3. Applicant is requesting a certificate to provide utility service in the following county(ies):

Williamson

4. 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, or other title related to the applicant.

Name: Kerry E. Russell

Title Attorney

Address: 1633 Williams Drive, Building 2, Suite 200

Georgetown, Texas 78628

(City/State/Zip code)

Phone and Fax Number: 512-930-1317

(Area Code/Number)

866-929-1641

(Area Code/Fax)

EXHIBIT

ED-B

Please provide the name and address of the retail public utility currently certificated to the area involved in this application:

Utility Name: Jarrell Schwertner WSC

Address: P.O. Box 369

Jarrell, Texas 76537

(City/State/Zip)

Phone and Fax Number: (512) 746-2114

(Area Code/Number)

(512) 746-2374

(Area Code/Fax)

5. Please provide the person's name and address who has been representing the retail public utility during negotiations with the city over the service area involved:

Name: Ms. Sheila Cunningham

Title: General Manager

Address: P.O. Box 369, Jarrell, Texas 76537

(City/State/Zip code)

Phone and Fax Number: (512) 746-2114

(Area Code/Number)

(512) 746-2374

(Area Code/Fax)

6. When was this proposed service area incorporated by the city? May 5, 2001

(Date)

7. What date did negotiations begin between the city and the retail public utility? 8/19/09

(Date)

8. When was notice of the city's intent to provide service to the incorporated or annexed area provided to the retail public utility? August 19, 2009

(Date)

Please attach a copy of the notice provided. Also attach a copy of the mailing list indicating to whom such notice was provided. See attached notice, attached as Attachment A.

9. Please provide a brief description of the retail public utility's facilities in the service area involved in this application. Also indicate how many customers are currently receiving service from the retail public utility in this area:

The Jarrell Schwertner Water Supply Corporation currently serves about 4000 connections. Of that number, 418 are within the city limits of the City of Jarrell. Please see the memo and Attachment E for 2 locations that the City asserts are within its corporate limits but the TCEQ records do not clearly identify the areas as such.

10. When can city service to the area begin? Within 90 days of transfer of existing assets
(Date)

11. If the city will allow a franchised utility to provide service to the area involved, please attach a copy of the city consent or franchise agreement and provide the following information:

Utility Name: N/A

Address: _____
(City/State/Zip)

Phone and Fax Number: _____
(Area Code/Number) (Area Code/Fax)

Franchised Utility's CCN Number: _____

Franchised Utility's contact person and their address:

Name: _____

Title: _____

Address: _____
(City/State/Zip code)

Phone and Fax Number: _____
(Area Code/Number) (Area Code/Fax)

12. Attach the following maps with each copy of the application: (All maps should include applicant's name, address, telephone number, and date of drawing or revision. All maps should be folded to 8½ x 11 inches). **See Attachments B, C, D and E for the required maps.**

A. Subdivision plat or engineering plans or other large scale map showing the following:

1. The exact proposed service area boundary showing locations of requests for service and locations of existing connections (if applicable).
 2. Metes and bounds (if available).
 3. Proposed and existing service area boundaries should be plotted on the map in relation to verifiable natural and man-made landmarks such as roads, creeks, rivers, railroads, etc.
 4. *Service area boundaries should be shown with such exactness that they can be located on the ground.*
- ★ NOTE: *Applicant may use a USGS 7.5"-minute series map if no other large scale map is available.*

B.. Small scale location map delineating the proposed service area. The proposed service area boundary should be delineated on a copy of the TCEQ official CCN map. This map will assist TCEQ staff in locating the proposed service area in relation to neighboring utility service areas. *A copy of the TCEQ official CCN map may be obtained by contacting the Utilities & Districts Section at 512/239-4691 or by mailing a written request to the following address:*

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

C. **Hard copy maps should include the following items:**

1. Map scale should be prominently displayed.
2. Color coding should be used to differentiate the applicants existing service areas from the proposed service area.
3. Attach a written description of the proposed service area.
4. Proposed service area should be the same on all maps.
5. Include map information in digital format (if available), *see 15, GIS Information.*

- D. Each utility shall make available to the public at each of its business offices and designated sales offices within Texas the map of the proposed service area currently on file with the Commission. The applicant employees shall lend assistance to persons requesting to see a map of the proposed area upon request.

13. GIS INFORMATION

A. **Digital Map Requirements:** In order that your digital data can be properly used, the following information is necessary:

- i. Submit digital data of the proposed CCN service area on a 3.25" diskette or CD. Only one diskette or CD is necessary. Most files of CCNs (minus the base map) should be small enough to zip up and put on a diskette or CD.
- ii. The digital data should include all items represented in the hard copy maps.
- iii. Please identify data file format, projection information, map units and base map used.

Acceptable Data File Formats:

1. ArcView shape file (preferred)
2. AutoCAD dwg file

★ **NOTE:** TCEQ uses TxDOT county (urban) digital road maps as the official CCN base map. Copies of these files can be obtained from Texas Natural Resources Information Systems (TNRIS) at (512) 463-8337 or downloaded from the [\[TNRIS website\]](#).

If you have any questions about sending the data or our GIS CCN coverage, please contact the Cartographer of the Utilities & Districts Section, Water Supply Division at (512) 239-4691.

ALL APPLICABLE QUESTIONS MUST BE ANSWERED FULLY.

THE APPLICATION WILL NOT BE ACCEPTED FOR FILING WITHOUT MAPS. PLEASE NOTE THE FILING OF THIS APPLICATION DOES NOT CONSTITUTE AUTHORITY TO PROVIDE WATER/SEWER SERVICE IN THE REQUESTED AREA.