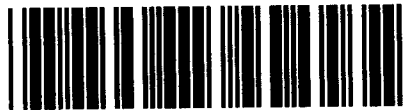




Control Number: 44066



Item Number: 9

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



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
 ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
 PLEASE PRINT CLEARLY



Date: _____

Name: Emily Rogers

Occupation: Attorney

Mailing Address: [REDACTED]
 Street or P.O. Box _____

City _____ State _____ Zip _____

Daytime Phone: () _____ Fax #: () _____

E-Mail address (if available): _____

Representing: ☐ Self ☒ Other (specify): Harvest Hill

Title of matter being considered: Harvest Hill CCN Application

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☒ In Favor ☐ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION

ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
PLEASE PRINT CLEARLY

Date: 8-20-09

Name: Shanna Horton Occupation: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Daytime Phone: () _____ Fax #: () _____

E-Mail address (if available): _____

Representing: ☐ Self ☒ Other (specify): TCEQ Exec. Dir.

Title of matter being considered: HARVEST HILLS, LTD

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☐ In Favor ☐ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
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Date: 8-20-09

Name: MARK ZEPPA

Occupation: ~~Green Valley~~ attorney

Mailing Address: ~~P.O. Box 99 Meritt, TX~~ 4833 Spicewood Springs Rd #202
Street or P.O. Box

City Austin

State TX

Zip 78759

Daytime Phone: (512) 346-4011 Fax #: (512) 346-6847

E-Mail address (if available): markzeppa@austin.rr.com

Representing: ☐ Self ☒ Other (specify): Green Valley Special Utility District

Title of matter being considered: Herrest Hills CCN

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☐ In Favor ☒ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
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Date: 8/20/09

Name: RANDOLPH SCHWENN

Occupation: CITY OF MARION PUBLIC WORKS DIRECTOR

Mailing Address: P.O. BOX 158
Street or P.O. Box

City MARION State TX Zip 78124

Daytime Phone: (830) 914 2391 Fax #: (830) 420 - 4460

E-Mail address (if available): rschwenn@cityofmariontx.org

Representing: ☐ Self ☒ Other (specify): CITY OF MARION

Title of matter being considered: HARVEST HILLS TREATMENT LTD

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☐ In Favor ☒ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
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Date: 8/20/2009

Name: David D. Mueller

Occupation: Mayor - City of Santa Clara

Mailing Address: PO Box 97
Street or P.O. Box

Marion Tx 78124
City State Zip

Daytime Phone: (830) 914-2387 Fax #: (830) 914-2917

E-Mail address (if available): dauidd.mueller@sbcglobal.net

Representing: ☐ Self ☒ Other (specify): City of Santa Clara

Title of matter being considered: HARVEST HILLS TREATMENT, LTD

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☐ In Favor ☐ Opposed ☒ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
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Date: 8/20/2009

Name: Dennis Dreyer

Occupation: GVSUD Board member

Mailing Address: P.O. Box 366
Street or P.O. Box

City Marion State Tx Zip 28124

Daytime Phone: (830) 914-2997 Fax #: () _____

E-Mail address (if available): _____

Representing: ☐ Self ☒ Other (specify): GVS4D

Title of matter being considered: Harvest Hills Sewer CCN ^{Request} / Protect

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☐ In Favor ☒ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
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Date: 8/21/09

Name: Pamela Manchack

Occupation: Administrative Assistant

Mailing Address: PO Box 99
Street or P.O. Box

Marion TX 78124
City State Zip

Daytime Phone: (830) 914-2330 Fax #: (830) 420-4138

E-Mail address (if available): pmanchack@gvsud.org

Representing: ☐ Self ☒ Other (specify): Green Valley SUD

Title of matter being considered: Harvest Hills CCN

SOAH Docket No. (if known): 5 82-09-4289

Your position regarding the matter being considered: ☐ In Favor ☒ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION

ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
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Date: 8/20/09

Name: PAT ALLEN Occupation: _____

Mailing Address: P.O. Box 99 MARION Tx. 78124
Street or P.O. Box City State Zip

Daytime Phone: (830) 914-2330 Fax #: (830) 420-4138

E-Mail address (if available): allenagsud@yahoo.com

Representing: ☐ Self ☒ Other (specify): Green Valley SUD

Title of matter being considered:

SOAH Docket No. (if known): Harvest Hills CCN Application # 582-09-4289

Your position regarding the matter being considered: ☐ In Favor ☒ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION

ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
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Date: 8-20-09

Name: Heidi Graham Occupation: Engineer

Mailing Address: _____
Street or P.O. Box City State Zip

Daytime Phone: () _____ Fax #: () _____

E-Mail address (if available): _____

Representing: ☐ Self ☐ Other (specify): _____

Title of matter being considered: HARVEST HILLS
SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☐ In Favor ☐ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
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Date: 8-20-09

Name: Victoria Harkins

Occupation: Engineer

Mailing Address: 33 3809 South 2nd Street Suite B300
Street or P.O. Box

City Austin State Tx Zip 78704

Daytime Phone: (512) 326 5659 Fax #: (512) 326 5723

E-Mail address (if available): _____

Representing: ☐ Self ☒ Other (specify): Harvest Hills Treatment

Title of matter being considered: Application for a CCN

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☒ In Favor ☐ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
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Date: 20 AUGUST 2009

Name: RUDOLPH (RUDY) F. KLEIN IV

Occupation: CONSULTING ENGINEER - KLEIN ENGINEERING INC.

Mailing Address: 8611 BOTTS LANE
Street or P.O. Box

SDN DANTONIO TEXAS 78219
City State Zip

Daytime Phone: (210) 828 7070 Fax #: (210) 828 7070

E-Mail address (if available): rklein@kleinengineering.com

Representing: ☐ Self ☒ Other (specify): ~~J.A. HERRERA & ASSOC.~~ HARVEST HILL

Title of matter being considered: HARVEST HILL CCN APPLICATION

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☒ In Favor ☐ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
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Date: 8-20-09

Name: Susan Liptmore

Occupation: owner

Mailing Address: 8400 Blanco #204
Street or P.O. Box

City San Antonio State TX Zip 78216

Daytime Phone: (210) 696 2522 Fax #: (210) 696 2034

E-Mail address (if available): Susan@lyptmorehomes.com

Representing: ☐ Self ☐ Other (specify): Harvest Hills Treatment

Title of matter being considered: Harvest Hills CCN Application

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☒ In Favor ☐ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
PLEASE PRINT CLEARLY



Date: 8/20/09

Name: JACK UPTMORE

Occupation: MANAGER OF OPERATIONS

Mailing Address: 8400 BLANCO #204

Street or P.O. Box

City SAN ANTONIO State TX Zip 78216

Daytime Phone: (210) 696 2522 Fax #: (210) 696 ~~2522~~ 2034

E-Mail address (if available): JACK @ UPTMORE HOMES.COM

Representing: ☐ Self ☐ Other (specify): HARVEST HILLS TREATMENT

Title of matter being considered: HARVEST HILL CCN APPLICATION

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☒ In Favor ☐ Opposed ☐ Undecided ☐ Observer



STATE OFFICE OF ADMINISTRATIVE HEARINGS
PUBLIC HEARING REGISTRATION
ALL PERSONS IN ATTENDANCE ARE REQUESTED TO COMPLETE
PLEASE PRINT CLEARLY



Date: 8/20/09

Name: J H Uptmore

Occupation: Builder

Mailing Address: 8400 Blanco Rd
Street or P.O. Box

City SAN ANTONIO State TX Zip 78216

Daytime Phone: (510) 696 2522 Fax #: (510) 696 2034

E-Mail address (if available): _____

Representing: ☒ Self ☐ Other (specify): Harvest Hills

Title of matter being considered: Harvest Hills CCN Application

SOAH Docket No. (if known): 582-09-4289

Your position regarding the matter being considered: ☒ In Favor ☐ Opposed ☐ Undecided ☐ Observer

To...			
Cc...			
Subject:	Docket Change		
Case Name:	* HARVEST HILLS TREATMENT	Type of Action:	
Docket Number:	* 582-09-4289	* Dismissed/Withdrawn (With Setting)	▼
ALJ:	* NEWCHURCH	Asterisk denotes a required field.	
Date:	* Mon 12/07/2009		
Setting Date and Time		Disposition of Case/File	
On/To Date and Time:	None	Date Order Signed:	Mon 12/07/2009 9:11 AM
From Date and Time:	* Mon 02/22/2010	Disposition of case file:	* Return to TCEQ/PUC ▼
Duration:	* 1 day	Assigned to ALJ:	
Special Instructions:			

Measures Reporting

Notice of Hearing:	None	Amended PFD Issued:	None
Hearing on Merits:	None	Remand Dismissed:	None
Record Closed:	None	Remand Hearing:	None
PFD/FO/DO Issued:	None	Remand Record Closed:	None
Was this an Admin. Penalty Case?	▼	Remand PFD Issued:	None
Was a Fine Recommended?	▼	Amended Remand PFD Issued:	None
Amount of fine (\$) :	\$0.00	PFD Changed by Referring Agency:	None
		PFD Overturned/ Remanded by a Court:	None
		PFD Due Date	None

Mediation (MSC) / ADR Information

Date Mediation Requested:	None
Who Initiated:	▼
Date Mediation Granted\Ordered:	None
Type of Mediator:	▼
Date Mediation Denied:	None
Date Mediation Referral Withdrawn:	None
Date Mediation Successful:	None
Date Mediation Unsuccessful:	None
Date For Telephonic Mediation:	None

CCN/20973/SO

CROSS REFERENCE SHEET

FILE NAME/NUMBER: Harvest Hills Treatment LTD.;
2009-0612-UCR; 582-09-4289

DATE: January 6, 2009

REGARDING:

1 CD for a **SOAH HEARING** held on August 20, 2009.

SEE:

FILE NAME / NUMBER: SOAH Hearing; Harvest Hills Treatment
LTD.; CCN/20973/SO

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CENTRAL FILE ROOM