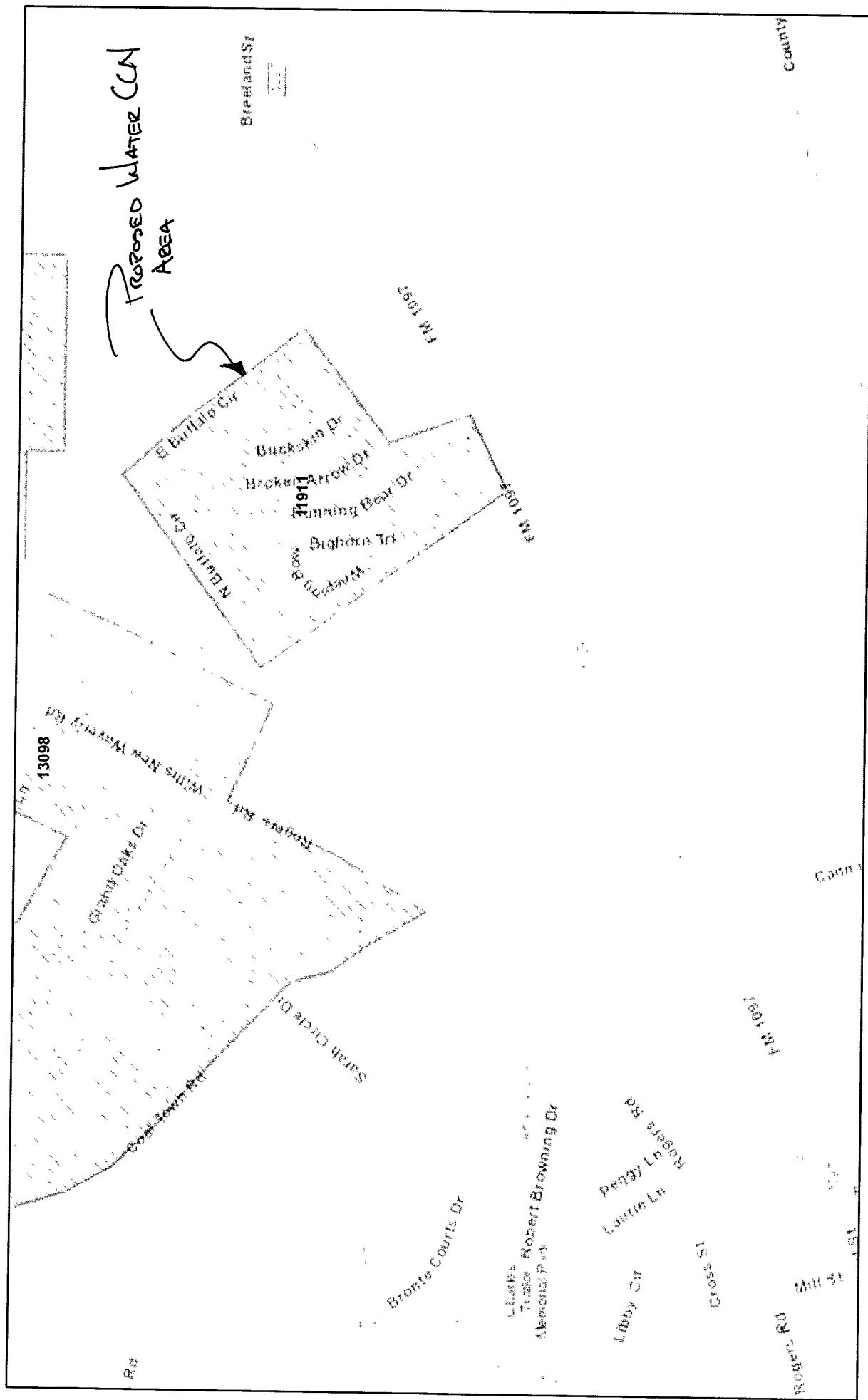


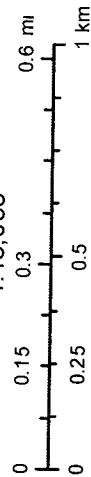
Water and Sewer CCN Viewer



March 11, 2015

Water CCN Service Areas

1:18,056



Sources: Esri, HERE, DeLorme, USGS, Intermap, increment P Corp., NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand),

OVERSIZED DOCUMENT(S)

TO VIEW

OVERSIZED DOCUMENT(S)

PLEASE GO TO

CENTRAL RECORDS

(512) 936-7180

Caddo Village Sale, Transfer Merger Application

Attachment 'J'

Wastewater Transfer Application

Page 16 of 23

Item 17



Application and Instructions to Transfer a Wastewater Permit or CAFO Permit

Submission Checklist - Submit This with the Application

Indicate If The Following Are Included In The Application. Additional Blank Spaces Provided for Referencing Applicant's Attachments to the application.

Attachments	Y	N
Required Signature Pages	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy Of The Check or Payment Voucher Submitted For Transfer Application Processing Fee	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Core Data Form - Required To Complete Transfer Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lease Agreements – if applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proof of Ownership – Required for CAFO Permits	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

For Commission Use Only

Permit Number WQ00_____ EPA I.D. No. _____

Expiration Date _____ County _____ Region _____

1. Applicant General Information

What is the Legal Name of the entity (applicant) applying for this permit? *(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)*

a. Facility Owner: QUADVEST L.P.

What is the applicant's mailing address (for use on the permit and permit correspondence) as recognized by the US Postal Service? You may verify the address at:

<http://zip4.usps.com/zip4/welcome.jsp>

Street Number/Name _____ Street type _____ OR

P.O. Box 409 City TOMBALL State TX Zip code 77377

Telephone number 281-356-5347 Fax number 281-356-5382

Email address: _____

Tax Identification Number issued by the State Comptroller 17421243712

Charter Number issued by the Texas Secretary of State 68006539284

If the applicant is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN 602944746

If the owner has not yet received a Customer Reference Number a complete Core Data Form(TCEQ-10400) listing the owner as the customer and this facility as the regulated entity must be attached to this application.

b. Co-Permittee Information - (Complete only if the operator is required to apply as a co-permittee)

Co-Permittee Name: NA

What is the mailing address (for use on the permit and permit correspondence) as recognized by the US Postal Service? You may verify the address at:

<http://zip4.usps.com/zip4/welcome.jspMailing>

Street Number/Name _____ Street type _____ OR

P.O. Box _____ City _____ State TX Zip code _____

Telephone number _____ Fax number _____

Email address: _____

Tax Identification Number issued by the State Comptroller _____

Charter Number issued by the Texas Secretary of State _____

If the applicant is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

If the owner has not yet received a Customer Reference Number a complete Core Data Form (TCEQ-10400) listing the owner as the customer and this facility as the regulated entity must be attached to this application.

- c. **Individual information** - Pursuant to the Texas Water Code 26.027(b), supply the following information when the applicant is an individual.

☐ Male ☐ Female

Full Legal Name:

First _____ Middle _____ Last _____

State ID Number: _____ Date of Birth _____

Street Number/Name _____ Street type _____

Telephone number _____ Fax number _____

Email address: _____

If the applicant is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

If the owner has not yet received a Customer Reference Number a complete Core Data Form (TCEQ-10400) listing the owner as the customer and this facility as the regulated entity must be attached to this application.

2. Contact Information

a. Application Contact

Identify the person, including a complete mailing address, telephone number, and fax number, authorized to act for the applicant during the processing of the transfer application. The person identified will be contacted if additional information is needed during the transfer process.

First/Last Name: JEFF GOEBEL

Street Number/Name _____ Street type _____ OR

P.O. Box 409 City Tomball State TX Zip code 77377

Telephone number 281-356-5347 Fax number 281-356-5382

Email address: jeff@quadvest.com

b. Permit Contact:

Identify the person, including a complete mailing address, telephone number, and fax number, that can be contacted by the agency as needed throughout the term of the permit/registration.

First/Last Name: Simon Sequeira
Street Number/Name _____ Street type _____ OR
P.O. Box 409 City Tomball State TX Zip code 77377
Telephone number 281-356-5347 Fax number 281-356-5382
Email address: _____

3. Permit/Registration Information

- a. What is the TCEQ Water Quality Permit No.? WQ00 12670-001
- b. What is the EPA ID No.? TX 0092517
- c. What is the permit expiration date?: 6-1-2017
- d. Check if applicable (for POTWs only)
- ☐ The permit to be transferred requires implementation of an approved pretreatment program by a POTW. (Note: The transferee must contact the Stormwater and Pretreatment Team staff before this application may be processed.)
- e. Check if applicable (for domestic reclaimed water authorizations)
- ☐ There is a domestic reclaimed water authorization associated with this permit. (Note: The domestic reclaimed water authorization associated with this permit will be transferred. If you do not want the domestic reclaimed water authorization transferred, please state this and the authorization will be cancelled on the same date the transfer took place.)

4. Site Information

- a. TCEQ issued RE Reference Number (RN): Search TCEQ's Central Registry to see if the larger site may already be registered as a regulated site at:
<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch>
RN 102187218
- b. Site Name: Caddo Village WWTP
- c. County in which the facility is located MONTGOMERY
- d. Owner of the land where the facility is/will be: (if not the same as the facility owner, please see instructions) QUADRENT L.P.
Street Number: PO BOX 409 Street Name: _____
City: Tomball State: TX ZIP Code: 77377
- e. Owner of the effluent disposal site (if not the same as the facility owner, please see instructions) NA
Street Number: _____ Street Name: _____
City: _____ State: TX ZIP Code: _____

f. For CAFOs – please provide one of the following: NA

☐ Warranty Deed

☐ Property Tax Records

☐ Lease – includes authorization to use the land for the duration of the permit. The owner of the land must be the co-permittee

 Facility Size - indicated in proof of ownership: acres (should be the same as what is authorized in the current permit)

5. The Date Transfer of Ownership/Operator Will Occur

Date: 4-16-15

Please note that the transfer will be processed once the change in ownership occurs. If the anticipated date of transfer of ownership changes, the transferee or the transferor must notify the Applications Review and Processing Team in writing, prior to the above given date. The transferee assumes complete responsibility of the permit/registration once the permit/registration transfer is issued, unless an executed agreement by the transferor and transferee is provided with the transfer application including payment of any outstanding annual fees.

6. Reporting and Billing Information

a. Please provide the mailing address for receiving self-reporting/DMR Forms.

Prefix (Mr. Ms, Miss): MR

First/Last Name: Ryan Quigley Suffix:

Title: Ops Manager Credential:

Organization Name: Quadvest LP

Billing Mailing Address: PO Box 409

Internal Routing (Mail Code, Etc.):

City: Tomball State: TX ZIP Code: 77377

Mailing Information if outside USA:

Territory: Country Code: Postal Code:

Phone No.: 281-356-5347 Extension:

Fax No.: 281-356-5382 E-mail Address:



Did you know you can submit DMR data on line? Go to Sign up now at: <https://www6.tceq.texas.gov/steers/>

- b. The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits active on September 1 of each year. TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed.

Is the billing address the same as the permittee or co-permittee?

☒ Permittee ☐ Co-permittee ☐ No, fill out this section

Prefix (Mr. Ms, Miss): _____

First/Last Name: _____ Suffix: _____

Title: _____ Credential: _____

Organization Name: _____

Billing Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: TX ZIP Code: _____

Mailing Information if outside USA.

Territory: _____ Country Code: _____ Postal Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

- c. Delinquent fees owed.

Do you owe fees to the TCEQ? ☐ Yes ☒ No

If yes, please provide the amount past due, the type of fee, and an identifying number.

- d. Delinquent penalties owed.

Do you owe penalties to the TCEQ? ☐ Yes ☒ No

If yes, please provide the amount past due, the type of penalty, and an identifying number.

7. Transferor (Current Permittee)

Owner of Permitted Facility

I, Simon Sequeira Title President
(Executive Principal Officer / Ranking Elected Official)

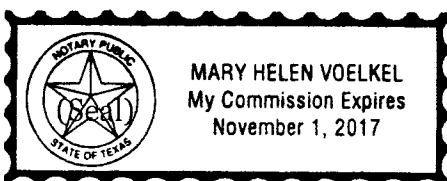
consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code '305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Signature: [Signature] Date: 3-11-15

NOTE: ALL APPLICATIONS MUST BEAR THE SIGNATURE AND SEAL OF NOTARY PUBLIC.

SUBSCRIBED AND SWORN to before me by the said Simon Sequeira
on this 11th day of March, 2015.

My commission expires on the 1st day of Nov, 2017.



Mary Helen Voelkel
Notary Public
Montgomery, Texas
County, Texas

8. Transferor (Operator of Permitted Facility)

(Operator's signature is required only if the operator is co-permittee on the current permit).

I, Simon Sequeira Title: President
(Executive Principal Officer / Ranking Elected Official)

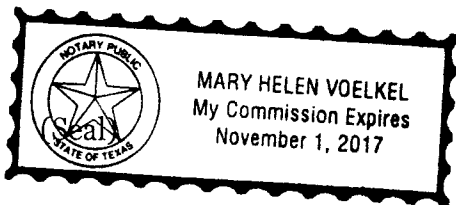
consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code '305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Signature: [Signature] Date: 3-11-15

NOTE: ALL APPLICATIONS MUST BEAR THE SIGNATURE AND SEAL OF NOTARY PUBLIC.

SUBSCRIBED AND SWORN to before me by the said Simon Sequeira
on this 11th day of MARCH, 2015.

My commission expires on the 1st day of Nov, 2017.



Mary Helen Voelkel
Notary Public
Montgomery, TX
County, Texas

9. Transferee (New Site Owner and/or Operator)

Please refer to page 3 of this application for signature requirements

I, _____ Title _____
(Printed name and title of executive officer of at least the level of V.P. or equivalent)

Name of company: _____

being duly sworn, depose and say: that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the owner of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations and revocation of this permit.

Signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me by the said _____ on
this _____ day of _____, _____

My commission expires on the _____ day of _____, _____.

(Seal)

Notary Public

County, Texas

** Operator is required to sign only if operator is required to be a co-permittee.

10. THIS PAGE IS APPLICABLE TO PERMITS THAT INCLUDE COMPOSTING FACILITIES, LAND APPLICATION AND/OR DISPOSAL OF SEWAGE SLUDGE AND THE TRANSFEREE DOES NOT OWN THE LAND WHERE THE DISPOSAL ACTIVITY IS CONDUCTED.

Site Operator

I, _____ Title _____
(Type or Printed Name)

I understand that I am responsible for operating the site described in the legal description in accordance with the Texas Commission on Environmental Quality requirements in 30 TAC, Chapter 332 and 312, the conditions set forth in the permit, and any additional conditions as required by the Texas Commission on Environmental Quality. I also certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this permit.

Signature: _____ Date: _____

NOTE: ALL APPLICATIONS MUST BEAR THE SIGNATURE AND SEAL OF NOTARY PUBLIC.

Signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me by the said _____ on

this _____ day of _____, _____

My commission expires on the _____ day of _____, _____.

(Seal)

Notary Public

County, Texas

Complete Only If Landowner Is Not the Site Operator

I, _____ Title _____
(Typed or Printed Name)

owner of the land described in the attached legal description, have all rights and covenants to authorize, the applicant for this Permit, to use this site for the composting, disposal and /or land application Facility. I understand that 30 TAC, Chapter 332 and/or 312 requires me to make a reasonable effort to see that the applicant complies to the required operating conditions stated in the above paragraph. I also certify under penalty of law that all information submitted to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this permit.

Signature: _____ Date: _____

NOTE: ALL APPLICATIONS MUST BEAR THE SIGNATURE AND SEAL OF NOTARY PUBLIC.

Signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me by the said _____ on

this _____ day of _____

My commission expires on the _____ day of _____, _____.

(Seal)

Notary Public

County, Texas

Instructions

This application applies to:

Industrial and Municipal Permits authorized under Chapter 305
Agriculture Permits authorized under Chapter 321
Domestic Reclaimed Authorization authorized under Chapter 210

A permit must be transferred when a change in ownership or operator* occurs. (*Only if the operator is a co-permittee or is required to hold the permit.)

The mailing address for submitting an application is:

Executive Director
Texas Commission on Environmental Quality
Attn: Water Quality Division
Applications Review and Processing Team (MC 148)
P.O. Box 13087
Austin, Texas 78711-3087

For Express Mail or Hand Delivery, the physical address is:

Executive Director
Texas Commission on Environmental Quality
Attn: Water Quality Division
Customer Information and Processing Section
Applications Review and Processing Team (MC 148)
Building F, Room 2101
12100 Park 35 Circle
Austin, Texas 78753

Telephone Inquiries:

(512) 239-4671	General Permit Information and Application Forms
(512) 239-4671	Domestic Permit Team, Technical Information
(512) 239-4671	Industrial Permit Team, Technical Information
(512) 239-3410	Land Application Team, Technical Information
(512) 239-4671	Stormwater/Pretreatment Team, Pretreatment Information
(512) 239-0600	Environmental Law Division
(512) 239-4427	Stream Survey and Receiving Water Assessment
(512) 239-4427	Toxicity Testing Requirements

Copies of records and/or permits on file with the TCEQ, Records Management Office may be obtained for a minimal fee, by calling (512) 239-2900.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, please contact us at (512) 239-3282.

Application Fees

An application fee of \$100.00 must be paid by check or money order made payable to the Texas Commission on Environmental Quality.

\$ Mailed Payments

Payment must be mailed in a separate envelope to one of the addresses below. Include the attached Application Fee submittal form.

BY REGULAR U.S. MAIL
Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, TX 78711-3088

BY OVERNIGHT/EXPRESS MAIL
Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, TX 78753

\$ ePAY Electronic Payment

Go to: <https://www6.tceq.texas.gov/epay/>

When making the payment you must select Water Quality, and then select the fee category "CAFO PERMIT- TRANSFER APPLICATION." You must include a copy of the payment voucher with your application, which will not be considered complete without the payment voucher.

To verify receipt of payment or any other questions you may have regarding payment of fees to the TCEQ, you may call the Revenues Section, Cashiers Office at (512) 239-0357.

Water Quality Fees

This fee is assessed under the Texas Water Code, Chapter 26, to permittees with an active permit on September 1 of each year. The permittee will receive an invoice for payment of the annual fee in November. The payment will be due 30 days from the invoice date, November 30th. A 5% penalty will be assessed if the payment is not received by TCEQ by the due date. Annual fee assessments cannot be waived as long as the permit is active on September 1.

Pursuant to 30 TAC, Section 305.66, failure to pay fees is good cause for permit denial or revocation. If an applicant has outstanding fees, a proposed permit application will not be considered for approval by the Commission or Executive Director. For account balance information, contact the Financial Administration Division, Revenue Section, at (512) 239-0344.

1. Applicant General Information

The permittee/registrant shall submit to the Executive Director an application for transfer at least 30 days before the proposed transfer date.

One original and one copy of the application, including attachments is to be provided. Please read the application and instructions carefully. It has been designed to obtain specific information and anything that is missing or unclear will cause delays in the process.

The entity/individual to which a permit is issued is held responsible and liable for complying with the terms and conditions of the permit. This permit may be transferred upon approval by the Texas Commission on Environmental Quality. An attempted transfer is not effective for any purpose until actually approved by the Commission.

If no agreement regarding transfer of permit responsibility and liability is provided, responsibility for compliance with the terms and conditions of the permit and liability for any violation associated therewith is assumed by the transferee, effective on the date of the approved transfer. This section is not intended to relieve a transferor of any liability.

If the transferor has an approved pretreatment program, then the transferee is required to contact the Stormwater and Pretreatment Team staff before this transfer application may be processed.

If a person attempting to acquire a permit causes or allows operation of the facility before approval is given, such person shall be considered to be operating without a permit or other authorization.

The Commission may refuse to approve a transfer where conditions of a judicial decree, compliance agreement or other enforcement order have not been entirely met. The Commission shall also consider the prior compliance record of the transferee, if any.

Who Applies for a Permit?

For all Texas Pollutant Discharge Elimination System (TPDES) permits: it is the duty of the facility operator to submit an application for a permit as co-permittee with the facility owner when the operator is contracted by the owner. The operator is not required to apply as co-permittee when the operator is an employee of the facility owner. **If the owner of the facility is not the same as the owner of the land, please see Lease and Easement Requirements.**

For Texas Land Application Permits: it is the duty of the owner of the facility to submit an application for a permit. **If the owner of the facility is not the same as the owner of the land, please see Lease and Easement Requirements below.** In special circumstances, it is the duty of the owner and the operator of the treatment facility to submit an application for a permit, as co-permittees.

For all CAFOs: the owner of the land must be either the applicant or co-applicant. If the owner of the facility is a separate entity or individual, then the owner of the facility must be included as the applicant or co-applicant. For all CAFO TPDES permits, the operator must be listed as a co-applicant. A signature page must be completed for each applicant. A copy of a recorded deed or tax records showing ownership, or a copy of a contract or lease agreement between the applicant and the owner/operator of any lands to be utilized under the CAFO must be provided. This requirement does not apply to any lands not owned, operated, or controlled by the applicant for the purpose of off-site land application of manure if the manure is given or sold to others for beneficial use, provided the owner/operator of the CAFO is not involved in the application of the manure.

Lease and Easement Requirements

If the owner of the land on which the treatment facility is located is different from the owner of the treatment facility and the treatment facility is not a fixture of the land, the applicant must provide a copy of a lease agreement or recorded easement giving the applicant authorization to use the land, on which the treatment plant is located, for at least the term of the permit.

If the owner of the land on which the treatment facility is located is different from the owner of the treatment facility and the treatment facility **is a fixture of the land**, (Example: pond system, evaporation pond, units halfway in ground, holding ponds, etc.) the owner of the land will need to provide a copy of a deed recorded easement giving the applicant sufficient rights to use the land for the life of the facility, or apply as a co-permittee with the owner of the treatment facility.

If the applicant does not own the land where the effluent disposal site is located, the applicant must provide a copy of a lease agreement which includes a term of at least 5 years, and is current or if the lease term has passed it includes an option to renew the term, and is between the current applicant and the landowner.

For CAFOs: A copy of a recorded deed or tax records showing ownership, or a copy of a contract or lease agreement between the applicant and the owner/operator of any lands to be utilized under the CAFO must be provided. This requirement does not apply to any lands not owned, operated, or controlled by the applicant for the purpose of off-site land application of manure if the manure is given or sold to others for beneficial use, provided the owner/operator of the CAFO is not involved in the application of the manure.

2. Contact Information

Application Contact

Identify the person, including a complete mailing address, telephone number, and fax number, authorized to act for the applicant during the processing of the transfer application. The person identified will be contacted if additional information is needed during the transfer process.

Permit Contact:

Identify the person, including a complete mailing address, telephone number, and fax number, that can be contacted by the agency as needed throughout the term of the permit/registration.

3. Permit/Registration Information

Enter the TCEQ Water Quality Permit or Registration No. and the EPA ID Number if the permit is a TPDES (discharge) permit.

4. Site Information

Enter the TCEQ issued RE Reference Number (RN). To search TCEQ's Central Registry to see if the larger site may already be registered as a regulated site go to:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch>

Please provide the site name. If a new site name is requested, enter it in the space provided as well as the Core Data Form.

Enter the physical address for the site. Verify the address with USPS. If the address is not recognized as a delivery address, provide the address as identified for overnight mail delivery, 911 emergencies, or other online map tool to confirm an address.

5. The Date Transfer of Ownership/Operator Will Occur

Please enter the date the transfer of ownership will/ has occurred. We cannot process the transfer of ownership until a date is provided. If the date is in the future, please be aware that the transfer application will be reviewed, but not processed until a final date is provided by the applicant.

6. Reporting and Billing Information

Please provide the mailing address for receiving annual summary sheet. Provide the name of the person and their complete mailing address delegated to receive and submit Discharge Monitoring Report Forms.

An annual fee is assessed to each permittee on September 1 of each year. Provide the complete mailing address where the annual fee invoice should be mailed. Verify the address with the USPS. It must be an address for delivery of regular mail, not overnight express mail. Also, provide a phone number of the permittee's representative responsible for payment of the invoice.

Delinquent Fees and Penalties

Please note that effective September 1, 2006, the TCEQ will no longer issue, amend, or

renew permits, registrations, certifications, or licenses to an entity or person who is delinquent on a penalty or fee owed to the TCEQ. The TCEQ will not declare any application administratively complete that is submitted by a person or entity who is delinquent on a fee or penalty until the fee or penalty is paid, or if on an approved installment plan, that payments under the plan are current. The TCEQ will withhold final action on an application until the fee or penalty is paid and the account is current, if after the application is considered administratively complete, we discover that the owner or entity who submitted the application is delinquent on a fee or penalty.

Please identify whether you owe any fees or penalties to the TCEQ. If fees or penalties are owed, please identify the type of fee or penalty owed, the amount past due, and the TCEQ identifying number. For penalties, please provide the TCEQ docket number. For further information on the Delinquent Fee & Penalty Protocol, see the TCEQ web site at: <http://www.tceq.texas.gov/agency/delin/index.html>

Signature Requirements

Pursuant to 30 Texas Administrative Code (TAC) Section 312.10(i): If the transfer form is not signed by both the site operator and the landowner, the application shall be considered a request to cancel the permit.

Signatures on Application: The transferee and transferor are **both** required to sign the transfer application form.

An application submitted by a: **The application must be signed by:**

- Corporation a principal executive officer of at least the level of vice president
- Partnership If partnership is registered with the Texas Secretary of State, a general partner as identified in the partnership agreement may sign

If partnership is not registered with the Texas Secretary of State, each partner must sign

- Individual the individual
- Trust or Estates Each trustee, the executrix or executor, and all parties listed in the trust or estate must sign
- City or county government a ranking elected official
- Independent school district at least the level of Assistant Superintendent
- State or Federal the application must be signed by a principal executive officer

When another person signs on behalf of the applicant(s), his title or relationship to the applicant must be shown. In all cases, the person signing the form must be authorized to do so by the applicant. A person signing an application on behalf of an applicant(s) must provide proof of authorization. A copy of the authorization letter from the executive officer must be included with the application.

The signature page must bear the seal of a notary public. The date signed by the applicant must be the same as the date notarized. The signature page will not be acceptable if the dates are different.



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 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 checked="" type="checkbox"/> Other <u>Permit Transfer</u>	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN 602944746		RN 102187218	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		4-16-15	
6. Customer Role (Proposed or Actual) – as it relates to the <u>Regulated Entity</u> listed on this form. Please check only <u>one</u> of the following:			
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input checked="" type="checkbox"/> Owner & Operator		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Other: _____			
7. General Customer Information			
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input checked="" type="checkbox"/> Change in Regulated Entity Ownership	
		<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 type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
<input type="checkbox"/> City Government		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government	
<input type="checkbox"/> State Government		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Government		<input checked="" type="checkbox"/> Limited Partnership	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
QUADVEST L.P.		End Date: _____	
10. Mailing Address:			
PO BOX 409			
City		State	
Tomball		TX	
ZIP		ZIP + 4	
77377			
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(281) 356-5347			
15. Fax Number (if applicable)			
(281) 356-5382			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
		17421243712	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
		08000539284	
20. Number of Employees		21. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<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 type="checkbox"/> New Regulated Entity		<input type="checkbox"/> Update to Regulated Entity Name	
<input type="checkbox"/> Update to Regulated Entity Information		<input checked="" 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)			
CAOOD VILLAGE WWTTP			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	8950 West Buffalo Circle						
	City	Willis	State	TX	ZIP	77378	ZIP + 4
25. Mailing Address:	PO Box 409						
	City	Tomball	State	TX	ZIP	77377	ZIP + 4
26. E-Mail Address:							
27. Telephone Number		28. Extension or Code		29. Fax Number (if applicable)			
(281) 356 5347				(281) 356-5382			
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)	
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Utility							

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

35. Description to Physical Location:	8914 W Buffalo Circle Willis TX 77378		
36. Nearest City	County	State	Nearest ZIP Code
Willis	Montgomery	TX	77378
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:		
Degrees Minutes Seconds	Degrees Minutes Seconds		
30 26 33	95 27 19		

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

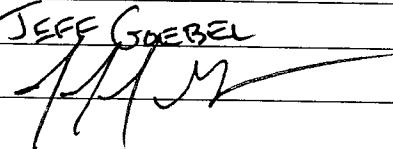
SECTION IV: Preparer Information

40. Name:	JEFF GOEBEL	41. Title:	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281) 356-5347	()	()	jeff@quadvest.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:	Quadvest LP.	Job Title:	Business Development
Name (In Print):	JEFF GOEBEL	Phone:	(281) 356-5347
Signature:		Date:	3-12-15

Caddo Village Sale, Transfer Merger Application

Attachment 'K'

Certificate of Account Status

Page 4 of 23

Item 9



Franchise Tax Account Status

As of: 03/11/2015 08:26:31 AM

This Page is Not Sufficient for Filings with the Secretary of State

QUADVEST, L.P.

Texas Taxpayer Number 17421243712
Mailing Address 26926 FM 297 RD
MAGNOLIA, TX 77354-5148
Right to Transact ACTIVE
Business in Texas
State of Formation TX
Effective SOS 09/01/2005
Registration Date
Texas SOS File Number 0800539284
Registered Agent Name GARY S. SEQUEIRA
Registered Office Street 26926 FM 2978
Address MAGNOLIA, TX 77354