



PURSUANT TO PUC CHAPTER 24, SUBSTANTIVE RULES APPLICABLE TO WATER AND SEWER SERVICE PROVIDERS, SUBCHAPTER G: CERTIFICATES OF CONVENIENCE AND NECESSITY

## Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity (CCN)

Docket Number: <u>449</u> 63			
(this number will be assigned by the Public Utility Commission after your applicati	on is file	d)	
7 copies of the application, including the original, shall be filed with		Appendia and the frame of a frame of a	
Public Utility Commission of Texas		. 22	
Attention: Filing Clerk 1701 N. Congress Avenue	<b>H</b>	<b>1</b> 22	
P.O. Box 13326 Austin, Texas 78711-3326		e S	
If submitting digital map data, two copies of the portable electronic storage medium (such as CD or	DVD) are	e requir	her

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## Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity (CCN)

Purpose of A	pplication	
⊡Obtain	New Water CCN	New Sewer CCN
□Amend	□Water CCN# (s)	
	Sewer CCN#(s)	

### 1. Applicant Information

Applicant	
Utility name: TWIN LAKES WATER	C+ 001(1
Certificate number: N DO 18	Supple
Street address (City/ST/ZIP/Code): //6/7 LETTLE Le	
Mailing address(City/ST/ZIP/Code): FORT WORTH TO	At CT West
Utility Phone Number and Fax: 8/7 344 8932	2FAS 76135
Contact information	
Please provide information about the person(s) to be contacted regain owner, operator, engineer, attorney, accountant manager, or other ti	rding this application. Indicate if this person is the
	the related to the applicant.
Name: KATHY Lott	Title: MAAIAC
Name: KATHY Lott Mailing address: 116/7 Little Leaf CT West For	Title: MAAIAC
Name: KATHY Lott- Mailing address: 11617 Little Leaf CT West For Email: SPARICY BAMIO YOUDO	Title: MANAGER
Name: KATHY Lott Mailing address: 116/7 Little Leaf CT West For	Title: MAAIAC

	, to the second second	and provide anoth	ation regarding the legal status of the applicant:
	, Investor Owned Utility	🗆 Individual	🗆 Partnership
	Home or Property Owne	rs Association	For-profit Corporation
1 🗆	Non-profit, member-owr	ned, member-contro	olled cooperative corporation
(Wa	iter Code Chapter 67, W	ater Supply or Sewe	r Service Corporation)
	Aunicipality	District	Other - Please explain:
lf the	applicant is a For-Profit	t business or corpora	ation, please include the following information:
lf the i.	e applicant is a For-Profit A copy of the corpora Accounts.	t business or corporation's "Certification	ation, please include the following information: n of Account Status" from the Texas State Comptroller of Public
If the i. ii.	Accounts.	certification	ation, please include the following information: n of Account Status" from the Texas State Comptroller of Public orded with the Office of the Texas Secretary of
ii. iii.	Accounts. The corporation's cha State: <b>N/A</b> A listing of all stockho	arter number as reco	orded with the Office of the Texas State Comptroller of Public
ii. 111. iv.	Accounts. The corporation's cha State: A listing of all stockho A copy of the compan	arter number as reco olders and their resp ny's organizational c	or Account Status" from the Texas State Comptroller of Public orded with the Office of the Texas Secretary of 
ii. iii. iv. v.	Accounts. The corporation's cha State: <b>N/A</b> A listing of all stockho A copy of the compan A list of all directors a	arter number as reconnection olders and their resp ny's organizational c and disclose the tile o	or Account Status" from the Texas State Comptroller of Public orded with the Office of the Texas Secretary of 
ii. 111. iv.	Accounts. The corporation's cha State: <b>N/A</b> A listing of all stockho A copy of the compan A list of all directors a	arter number as reconnection olders and their resp ny's organizational c and disclose the tile o	or Account Status" from the Texas State Comptroller of Public orded with the Office of the Texas Secretary of 
ii. iii. iv. v. vi.	Accounts. The corporation's cha State:A A listing of all stockho A copy of the compan A list of all directors a A list of all affiliated o	arter number as reco olders and their resp ny's organizational c and disclose the tile organizations (if any)	or Account Status" from the Texas State Comptroller of Public orded with the Office of the Texas Secretary of 
ii. iii. iv. v. vi.	Accounts. The corporation's cha State: <b>NA</b> A listing of all stockho A copy of the compan A list of all directors a A list of all affiliated o applicant is a Texas Wat	arter number as reco olders and their resp ny's organizational c and disclose the tile organizations (if any) er Code (TWC) Chap	or Account Status" from the Texas State Comptroller of Public orded with the Office of the Texas Secretary of pective percentages of ownership. hart, if available. of each individual. and explain the affiliate's business relationship with the applican
ii. iii. iv. v. vi.	Accounts. The corporation's cha State:A A listing of all stockho A copy of the compan A list of all directors a A list of all affiliated o applicant is a Texas Wat A copy of the Articles The corporation's char	arter number as reco olders and their resp ny's organizational c and disclose the tile organizations (if any) er Code (TWC) Char of Incorporation and rter number as reco	or Account Status" from the Texas State Comptroller of Public orded with the Office of the Texas Secretary of pective percentages of ownership. hart, if available. of each individual. and explain the affiliate's business relationship with the applican oter 67 water supply or sewer service corporation please provide: d By-Laws.
ii. iv. v. vi. f the i.	Accounts. The corporation's cha State: <b>NA</b> A listing of all stockho A copy of the compan A list of all directors a A list of all affiliated o applicant is a Texas Wat A copy of the Articles The corporation's chai Identification of all bo	arter number as reco olders and their resp ny's organizational c and disclose the tile organizations (if any) er Code (TWC) Char of Incorporation and rter number as reco ard members includ	or Account Status" from the Texas State Comptroller of Public orded with the Office of the Texas Secretary of pective percentages of ownership. hart, if available. of each individual. and explain the affiliate's business relationship with the applican oter 67 water supply or sewer service corporation please provide: d By-Laws. Inded with the Office of the Texas Secretary of State.
ii. iv. v. vi. f the i. ii.	Accounts. The corporation's cha State: <b>NA</b> A listing of all stockho A copy of the compan A list of all directors a A list of all affiliated o applicant is a Texas Wat A copy of the Articles The corporation's chai Identification of all bo	arter number as reco olders and their resp ny's organizational c and disclose the tile organizations (if any) er Code (TWC) Char of Incorporation and rter number as reco ard members includ	or Account Status" from the Texas State Comptroller of Public orded with the Office of the Texas Secretary of 

	Are there people already living in the proposed area? If YES, are any currently receiving utility service? If YES, from WHOM? Twin Lakes Water	Ves Ves Sun	□ No □ No 11√	
		171	<b>r</b>	
App	lication to Obtain or Amand a Minter and		·	1

Demonstrate the Need for Service by providing the following: **B**. Haye you received any requests for service in the requested service area? Yes **No** If YES, provide the following: Describe the service area and circumstances driving the need for service in the requested area. Indicate ì. the name(s) and address(es) of landowner(s), prospective landowner(s), tenant(s), or resident(s) that have requested service; and/or Describe the economic need(s) for service in the requested area (i.e. plat approvals, recent Ħ. annexation(s) or annexation request(s), building permits, septic tank permits, hospitals, etc.); and/or Discuss in detail the environmental need(s) for service in the requested area (i.e. failing septic tanks in iii. the requested area, fueling wells, etc.); and/or Provide copies of any written application(s) or request(s) for service in the requested area; and/or iv. Provide copies of any reports and/or market studies demonstrating existing or anticipated growth in the v. requested area. If none of these items exist or are available, please justify the need for service in the proposed area in vî. writing. We have Beer frouiding Service for 9 years Note: Failure to demonstrate a need for additional service in the proposed service area may result in the delay and /or possible denial of the application. C. Is any portion of the proposed service area inside an incorporated city or district? 🗆 Yes No If YES, within the corporate limits of: Provide a copy of any franchise, permit, or consent granted by the city or district. If not available please explain: N/A D. Is any portion of the proposed service area inside another utility's CCN area? I No 2 Yes If YES, has the current CCN holder agreed to decertify the proposed area? N/R If NO, are you seeking dual or single certification of the area? Explain why decertification of the area is in the public

### 3. Map Requirements

Attach the following hard copy maps with each copy of the application:

- A. A location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
- X
- B. A map showing only the proposed area by: Courty M4P
   i. metes and bounds survey certified by a licensed state and
  - metes and bounds survey certified by a licensed state or register professional land surveyor, or
     projectable digital data with metadata (proposed a surveyor) is a state or register professional land surveyor, or
  - i. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled). Also, a data disk labeled with the applicant's name must be provided; or
  - iii. following verifiable natural and man-made landmarks; or
  - iv. a copy of recorded plat map with metes and bounds.
  - C. A written description of the proposed service area.
  - Provide separate and additional maps of the proposed area(s) to show the following:
     all facilities, illustrating separatoly facilities for any day if
    - all facilities, illustrating separately facilities for production, transmission, and distribution of the applicant's service(s); and
    - ii. any facilities, customers or area currently being served outside the applicant's certificated area(s).

Note: Failure to provide adequate mapping information may result in the delay or possible denial of your application.

Digital data submitted in a format other than ArcView shape file or Arc/Info E00 file may result in the delay or inability to review applicant's mapping information.

For information on obtaining a CCN base map or questions about sending digital map data, please visit the Water Utilities section of the PUC website for assistance.

## 4. New System Information or Utilities Requesting a CCN for the First Time

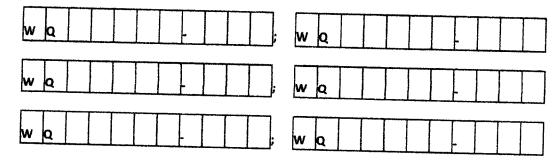
Α.	Please	provide the following information:
	i.	a list of public drinking water supply system(s) or sewer system(s) within a 2 mile radius of the proposed system;
	li.	copies of written requests seeking to obtain service from each of the public drinking water systems or sewer systems listed in a. 1 above or documentation that it is not economically feasible to obtain service from each entity; <b>N P</b>
	Ш.	copies of written responses from each system or evidence that they did not $A$
	iv.	
В.	Were	permit. $N/R$ your requests for service denied? $\Box$ Yes $\Box$ No $N/R$

· · · ·	
	i. If yes, please provide documentation of the denial of service and go to c.
	ii. If no, please provide a detailed analysis which is used
c	<ul> <li>ii. If no, please provide a detailed analysis which justifies your reasons for not accepting service. A separate analysis must be prepared and submitted for each utility that granted your request for service.</li> <li>Please summarize how the proposed utility system will be constructed and describe each projected construction phase, if any:</li> </ul>
	phase, if any:
	pinase, it any: N/A System Allready Constructed
	·
D.	Date of plat approval, if required:Approved by:A
E.	Date Plans & Specifications submitted to the TCEQ for approval:
	is not available by the time your CCN application is submitted, please supplement your application with a copy of the letter letter once you receive it from the TCEO.
	letter once you receive it from the TCEQ.
	I I
F.	Date construction is scheduled to commence:
G.	Date service is scheduled to commence: DAL READY Brewy RODIDED For PAST
	9 years
	¢.

### 5. Existing System Information

A. Please provide the following information for each water and/or sewer system, attach additional sheets if necessary.

٢.	Water system(s): TCEQ Public Water System identification number(s):	and the million of the second s
	2200190	
И.	Sewer system(s): TCEQ Discharge Permit number(s) ¥/ / 4	
lianting to O	N/ 14-	



iii. iv.

Date of last TCEQ water and/or sewer system inspection(s):  $\frac{12/6}{2011}$ Attach a copy of the most recent TCEQ water and/or sewer inspection report letter(s).

For each system deficiency listed in the TCEQ inspection report letter; attach a brief explanation listing ٧. the actions taken or being taken by the utility to correct the listed deficiencies, including the proposed completion dates.

Provide the following information about the utility's certified water and/or sewer operators Β.

Name	Classes	
Bruce Dake	C103563	License Number
Druce Dake		W00034090

Using the current number of customers, is any facility component in systems named in #5A above operating at C. 85% or greater of minimum standard capacity?

Yes Ø

No

Attach a copy of the 85% rule compliance document filed with the TCEQ if the system is operating at 85% or greater of the TCEQ's minimum standard capacity requirements.

D. In the table below, the number of existing and/or proposed metered and non-metered connections (by size). The proposed number should reflect the information presented in the business plan or financial documentation and reflect the number of service requests identified in Question 2.b in the application.

TCEQ Water System			TCEQ Sewer System		
Connection	Existing	Proposed	Connection	Existing	Proposed
5/8" or 3/4" meter	5238	52	Residential	O	C
1" meter or larger	0	0	Commercial	D	<u> </u>
Non-Metered	O	D	Industrial	0	$\overline{\mathbf{o}}$

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<sup>-</sup> Attach additional sheet(s) if necessary -

TCEQ V	Vater System	TCEO	Sewer Syster			
<u>Other:</u> D O		0	Other: O			
Total Water	38	52	Total Sewer	0	0	

If this application is for a water CCN only, please explain how sewer service is or will be provided: E.

All customers have PrivATE Septic Systems If this application is for a sewer CCN only, please explain how water service is or will be provided:

Effect of Granting a Certificate Amendment. G.

Explain in detail the effect of granting of a certificate or an amendment, including, but not limited to regionalization, compliance and economic effects on the following: i,

- the applicant, to increase customers, Revenue ii.
- any retail public utility of the same kind already serving the proximate area; and N/Riii.
- any landowner(s) in the requested area.  $N \rightarrow N$
- Do you currently purchase or plan to purchase water or sewer treatment capacity from another source? Н.
  - No, (skip the rest of this question and go to #6)
  - ij. Yes, Water

F.

Purchased on a 🗆 Regular 🗆 Seasonal Emergency basis?

Water Source	% of Total Treatment	
Application to Obtain or Amend a Water or Same Carlo	0.00%	

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Water Source	% of Total Treatment
	0.00%
	0.00%

#### iii. 🛛 Yes, Sewer treatment capacity

Purchased on a	🗆 Regular	Seasonal	Emergency basis?	
	Sewer Source		% of Total Treatment	
	****		0.00%	
			0.00%	
L			0.00%	

- iv. Provide a signed and dated copy of the most current water or sewer treatment capacity purchase agreement or contract.
- I. Ability to Provide Adequate Service.

Describe the ability of the applicant to provide adequate service, including meeting the standards of the commission, taking both of the following items into consideration:

- i. the current and projected density; and
- ii. the land use of the requested area.
- J. Effect on the Land. Explain the effect on the land to be included in the certificated area.

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### 6. Financial Information

- A. For new water and/or sewer systems and for applicants with existing CCNs who are constructing a new standalone water and/or sewer system:
  - 1. the applicant must provide an analysis of all necessary costs for constructing, operating, and maintaining the system, and the source of that capital (such as a financial statement for the developing entity) for which the CCN is requested for at least the first five years. In addition, if service has been offered by an existing retail water service provider as stated in #4.A., but the applicant has determined that the cost of service as finally offered renders the project not economically feasible, the applicant must provide a comparison analysis of all necessary costs for acquiring and continuing to receive service from the existing system for the same period.
  - ii. Attach projected profit and loss statements, cash flow worksheets, and balance sheets (projected five year financial plan worksheet is attached) for each of the first five years of operation. Income from rates

should correlate to the projected growth in connections, shown on the projected profit and loss statement.

- iii. Attach a proposed rate schedule or tariff. Describe the procedure for determining the rates and fees and indicate the date of last change, if applicable. Attach copies of any cost of service studies or rate analysis worksheets.
- B. For existing water and/or sewer systems:
  - Attach a profit and loss statement and current balance sheet for existing businesses (end of last fiscal year is acceptable). Describe sources and terms for borrowed capital such as loans, bonds, or notes (profit and loss and balance sheet worksheets are attached, if needed).
  - ii. Attach a proposed rate schedule or tariff.
- Note: An existing water and/or sewer system may be required to provide the information in 6.A.i. above during the technical review phase if necessary for staff to completely evaluate the application
- C. Identify any funds you are required to accumulate and restrict by lenders or capital providers.
- D. In lieu of the information in #6.A. thru #6.C., you may provide information concerning loan approvals within the last three (3) years from lending institutions or agencies including the most recent financial audit of the applicant.
- Note: Failure to provide adequate financial information may result in the delay or possible denial of your application.

### 7. Notice Requirements

- A. All proposed notice forms must be completed and submitted with the application. Do not mail or publish the notices until you receive written approval from the commission to do so.
- B. The commission cannot grant a CCN until proper notice of the application has been given. <u>Commission rules</u>
   C. It is the applicant's reasonable in the commission of the applicants.
- C. <u>It is the applicant's responsibility to ensure that proper notice is given to all entities that are required to receive</u> notice.
- D. Recommended notice forms for publication, neighboring cities and systems, landowners with 25 acres or more, and customers are included with this application for use in preparing proposed notices. (Notice forms are available in Spanish upon request.)
- E. After reviewing and, if necessary, modifying the proposed notice, the commission will send the notice to the applicant after the application is accepted for filing along with instructions for publication and/or mailing. Please review the notice carefully before providing the notice.
- F. Notice For Publication:

The applicant shall publish the notice in a newspaper with general circulation in the county(ies) where a CCN is being requested. The notice must be published once each week for two consecutive weeks beginning with the week after the notice is received from the commission. Proof of publication in the form of a publisher's affidavit shall be submitted to the commission within 30 days of the last publication date. The affidavit shall state with specificity each county in which the newspaper is of general circulation.

- G. Notice To Neighboring Utilities:
  - i. List all neighboring retail public utilities and cities providing the same utility service within the following vicinities of the applicant's proposed certificate area.
  - ii. For applications for the issuance of a NEW CCN, the applicant must mail the notice with a copy of the proposed CCN map to all cities and neighboring retail public utilities providing the same utility service within five (5) miles of the requested service area.

- iii. For applications for the AMENDMENT of a CCN, the applicant must mail the notice with a copy of the proposed CCN map to all cities and neighboring retail public utilities providing the same utility service within two (2) miles of the requested service area.
- H. Notice to Customers: Investor Owned Utilities (IOUs) that are currently providing service without a CCN must provide individual mailed notice to all current customers. The notice must contain the current rates, the date those rates were instituted and any other information required in the application.
   I. The commission may require the application in the application.
- The commission may require the applicant to deliver notice to other affected persons or agencies.

Do not publish or send copies of the proposed notices to anyone at the time you submit the application to the commission. Wait until you receive written authorization to do so. Authorization occurs after the commission has reviewed the notices for completeness, and your application has been accepted for filing. Once the application is accepted for filing, you will receive written authorization to provide notice. Please check the notices for accuracy before providing them to the public. It is the applicant's burden to ensure that correct and accurate notice is provided.

#### OATH

STATE OF	Texas	
COUNTY OF	TARRANT	

I further represent that the application form has not been changed, altered or amended from its original form.

I further represent that the Applicant will provide continuous and adequate service to all customers and qualified applicants for service within its certificated service area.

AFFIANT

(Utility's Authorized Representative)

If the Affiant to this form is any person other than the sole owner, partner, officer of the Applicant, or its attorney, a properly verified Power of Attorney must be enclosed.

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for the State of Texas,

SEAL



NAME OF NOTARY

MY COMMISSION EXPIRES

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RY PUBLIC IN AND FOR THE STATE OF TEXAS

## HISTORICAL EXPENSES STATEMENT

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	CURREN	T A-1	A-2			·····
	YEAR (A		YEAR	A-3	A-4	A-5
GENERAL/ADMINISTRATIVE			TEAR	YEAR	YEAR	YEAR
EXPENSES						
Salaries	0	0	0			
Office Expense	1291.10			0	0	0
Computer Expense	0	D		2 uskion	1 unk man	a unknows
Auto Expense	1711.55	the second s				
Insurance Expense	0					1
Telephone Expense	0	$+ \circ$	-0	0	0	0
Utilities Expense	0	$\downarrow o$	<u> </u>	0	0	0
Depreciation Expense		6	0	0	0	0
Property Taxes		0	0	O	0	O
Professional Fees	D	0		0	0	0
Other TEER FEE LAB FEES		4412.0	03250,00		0	0
Tota		1939.04		0	0	U
% Increase Per Year	1 4464.21				0	0
OPERATIONAL EXPENSES	0.009	6 0.00%	0.00%	0.00%	0.00%	
Salaries Contract LABOR	210 44	11000				
Auto Expense	319.14	1153.90	4317.50	UNKNOW	unknow	unknown
Utilities Expense	0		+ C)			
Depreciation Expense	635.05	1744,28	1447.20	Learkarows	Lenksown	(ANKAROUSE)
Repair & Maintenance	021 20			0	0	0
Supplies	931.79	2315.25	2579.15	uniknow	ankun u	unknown
Other	0	0	0	0	0	0
Total	U CA	0	0	0	0	0
% Increase Per Year			8344.45	0	0	$\mathbf{c}$
ASSUMPTIONS	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Interest Rate/Terms			-			0.00/1
Utility Cost/gal.	8.50/10	850/10	8.00/10	850/10	8.50/10	350/10
Depreciation Schedule	0.61	0.01				when
Other TOTAL Expenses	0	0	0	0	0	O
LE ETANSES	635919	23060,80	22909,40	0	0	0

## HISTORICAL INCOME STATEMENT

	CURRENT YEAR (A)	A-1 YEAR	A-2 YEAR	A-3 YEAR	A-4	A-5
METER NUMBER		1	1 ILAIN	ILAN	YEAR	YEAR
Existing Number of Taps	38	38 6	38	30 5	20	20
New Taps per Year	6	0	0		<u>38 e</u>	E C
Total Meters at Year End	38	38	38		0	0
METER REVENUE			58	38	38	38
Fees Per Meter	0	0	0			
Cost Per Meter	· · · · · · · · · · · · · · · · · · ·	6010.86	0	unikation	UNK NOWE	wikelow
Operating Revenue Per Meter	158.68	619,36	602.87	4. Nenow	LEN KNOWN	CAN YNOWN
GROSS WATER REVENUE		0(11 32	690,55	591.60	553.(3	609.73
Fees	0	0	0			
Other water Sells		23535,71	<u> </u>	0	0 '	0
Gross Income		22525111	26241.17	22481,00	21,019.00	23170.00
OPERATING EXPENSES		A3227:(1	26291.17	22481.00	21,019.00	23170.00
General & Administrative	4464.21	170/1720	44004	-	· · · · · · · · · · · · · · · · · · ·	
Interest			the second se	The same sector of the same sect	0	0
Other OPER Expenses		938:00	938.00	938.00	938.00	988.00
NET INCOME		5213.43	8344.45	0	0	_
	110.22	463.09	-2393.77	-22481.00	- 20081,00	- 22232.00

r

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## HISTORICAL BALANCE SHEETS

	CURRENT	A-1	A-2			
	YEAR (A)	YEAR	YEAR	A-3 YEAR	A-4	A-5
CURRENT ASSETS		1 27 (1)	ILAN	TEAR	YEAR	YEAR
Cash	0	0	0			
Accounts Receivable	D	D	0	$+ \circ$	- o	$\downarrow 0$
Inventories	0	0	0	- 0		0
Income Tax Receivable	0	2		0		0
Other	0	0	0	0	0	0
Tota				0	0	0
FIXED ASSETS		0	0	0	0	O
Land	was it about	1				·
Collection/Distribution System	us Kalewa	WENDER	w Katowa	un /caou	N UNICADO	d unkdo
Buildings	10,000 E 2,000 E	10,000	410,000	60.000	E 10.000 1	6. 10.000
Equipment		410 0	6,000	2,000	2,000	E 2,000
Other Grane TANK	12,000	12,000	12,000	12,000	12.000	12,000
Less: Accum. Depreciation or	40,000	40,000	40,000	40,000	40,000	40,000
Reserves	4,135	4.135				1 *
	600	127	2707	4477	4821	4465
TOTAL ASSETS	59,865	39,865	61,293	59,523	59.179	59.57
CURRENT LIABILITIES	59.865	FA.865	6.293	59.523	\$9.179	51.53
Accounts Payable						
Notes Payable, Current	0	<u>t                                    </u>	0	0	0	0
Accrued Expenses	860.4	0	0	0	0	0
Other	0	Ø	0	0	0	0
	0	0	<u> </u>	0	0	
LONGTERM LIABILITIES	860.66	8	Ù	0	0	8
Notes Payable, Long-term	-					
Other	3458.90	800 (.36	8301.36	8301.36	8301.36	8301.3
		$\overline{\boldsymbol{\omega}}$	-o	Ö		
TOTAL LIABILITIES	3498 AO	8301.36	8301.7L	8301.31	8301.36	8201 31
Paid in Capital						
Retained Equity	SODOO E	3000.00 E	3000.00 E	3000 00 5	3000 mc	3000 00
Other		51563.04	52991.4	-51222	-50617.64	S1223 LI
Current Devied Durit	<u> </u>	0	0	0	2	0
	UNKNOWN U	uke own	موسودوكانهما	UNKNOWN		
OTAL LIABILITIES AND FOUR	-56406.10 -	SIGLA LA	ETGOL LI	51722		
OTAL LIABILITIES AND EQUITY	5986500	H 865.00	51.293.00	59522.2	-50877.69	-51 C35,6
CURRENT RATIO	and the second division of the second divisio	0	0	0	0	$\pi_{1}$
DEBT TO EQUITY RATIO	0	0	0	0		<u> </u>
					<u> </u>	0
QUITY TO TOTAL ASSETS	0	_0	0	O	0	2

## PROJECTED SOURCES AND USES OF CASH STATEMENTS

	1					
SOURCES OF CASH	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
Net Income	3 //					
Depreciation (if Funded)	24000	24000	24000	24000	24000	120020
Loan Proceeds	0	0	0	1	0	3
Other	0	8	0	0	c	0
	C	0	U	0	2	13
Total Sources	24000	24000	24000	24000	24000	220000
USES OF CASH					124 600	120000
Net Loss	0	0	U			0
Principle Portion of Pmts.	936	936	936	0	0	
Fixed Asset Purchase	8292	8242			0	2808
Reserve	C	C	8292	0	Q	24826
Other	0	0	6		0	0
TOTAL USES		+		0	0	0
NET CASH FLOW	14172	9228	9228	0	0	27634
DEBT SERVICE COVERAGE	11116	14772	14772	24000	24000	92316
Cash Available for Debt	6797	0 - 0				
Service (CADS)	9292	8292	8292	0	0	24876
Net Income (Loss)	6480	CLO			·	
Depreciation, or Reserve	0160	6480	6480	24000	24000	67440
Interest	0	o	<b>C</b> .	<b>e</b> .		-
TOTAL	6480		0	0	0	<u> </u>
REQUIRED DEBT SERVICE (RDS)	6400	6480	6480	24000	Z4000	67440
	9228	0770	6.20			
DEBT SERVICE COVERAGE RATIO	1000	9228	9228	0	0	27684
CADS Divided by RDS	0	2	<i>(</i> )			
	.8	.3	18	_0	0	,24

## **PROJECTED EXPENSES STATEMENT**

	YEAR 1	YEAR 2	YEAR 3	3 YEAR 4	YEAR 5	TOTALS
GENERAL/ADMINISTRATIVE EXPENSES						
Salaries	4800	4800	\$6.0			
Office Expense	0	0	4Ex	The second se	4800	24000
Computer Expense			0	0	0	0
Auto Expense	500	500	500	500	500	2000
Insurance Expense	1200	1200	1200	1200	1200	6000
Telephone Expense	the second se	1500	15:00	1500	1500	7520
Utilities Expense	3096	3096	3076	3096	3096	15480
Depreciation Expense	0	1200	1200	1200	1200	6000
Property Taxes	0	0	0	0 C	0	0
Professional Fees	1000	0	0		0	O
Other	400	1000	1000	1000	1000	5000
Total		400	400	400	400	2000
% Increase Per Year	13696	13696	13696	13696	13696	68480
OPERATIONAL EXPENSES	0	0	0	Ð	0	0
Salaries	2800	743	7 / .			
Auto Expense	2400	2400	2400	240D	2400	12000
Utilities Expense	1200	1200	1200	1200	1200	6000
Depreciation Expense	2400	2400	2400	2400	2400	12000
Repair & Maintenance	0 900	0 900	0	C	Ð	0
Supplies	1200		900	3000	3000	8700
Other	0	1200	1200	1200	1200	6000
Total		0		15000	15000	30000
% Increase Per Year	5700 0	5700		25200	25200	74200
ASSUMPTIONS	0	<u></u>		504	50,4	50.4
	10% 10%	10.8: 14	1004.1			
Utility Cost/gal.		10% 10 yr			0	0
Depreciation Schedule	,0007	.0007	0007	.0007	-0007	10007
Other	0	0	0	0	0	0
	0		0	0	0	0

## PROJECTED INCOME STATEMENT

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	VEADE	TOTAL
METER NUMBER			TEARS	I IEAR 4	YEAR 5	TOTALS
Existing Number of Taps	38	38	38	20	30	
New Taps per Year	0	10	1	38		190
Total Meters at Year End	38	38		0		0
METER REVENUE	15048	the second s	38	38	38	190
Fees Per Meter	0	15012	15048	ISUYE	15048	75240
Cost Per Meter	600	0	$  \circ$	<u>  e</u>	0	0
Operating Revenue Per Meter	650	600	600	600	600	3000
GROSS WATER REVENUE	600	652	650	650	650	3250
Fees	Ð					· • · · · ·
Other	24000	0	0	0	<u> </u>	ð
Gross Income	24000	24000	24000	2400	24000	120000
OPERATING EXPENSES	4000	24000	Z4000	24000	24000	120000
General & Administrative	18000	10.00	103			2 - 194 
Interest	938	(8000)	18000	19000	10000	74000
Other	8000	938	938	43B	9-38	2814
NET INCOME	29380	8000	8000	8000	8000	40000
	ELIDU	29380	29380	16600	16600	22014

### **PROJECTED BALANCE SHEETS**

	START UP	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
CURRENT ASSETS	START UP	I TCAR I	TEAR 2	TEAR 3	TEAR 4	TEAR 5
Corrent ASSETS	0	0		0		
Accounts Receivable	0	6	<u> </u>	0	<u> </u>	$\frac{2}{2}$
	······································		0		0	-
Inventories	0	Ø	0	ĝ	-	8
Income Tax Receivable	0	0	<u> </u>	Ð	ð	
Other	t	0	0	0	0	0
Total	0	° O	0	0	Q	0
FIXED ASSETS						
Land	ð	O	0	$\cup$	0	O
Collection/Distribution System	10000	10000	10000	12000	12000	12000
Buildings	2000	2000	2000	2000	2000	2000
Equipment	12000	12000		12000	15000	15000
Other	40000	40000	40000	40000	60000	60000
Less: Accum. Depreciation or					1	
Reserves	4200EST	4200EST	47COEST	4200EST	4500 EST	4 STOFST
Total	59800	59800	59800	59800	84520	84520
TOTAL ASSETS	59800	59800	59800	59900	84520	84520
CURRENT LIABILITIES						
Accounts Payable	0	Ð	0	0	0	0
Notes Payable, Current	Ð	0	0	0	0	Ô
Accrued Expenses	0	Ð		0	0	and the second state of th
Other	Ø	0	8	0	0	0 C
Total	0	Ö	$\circ$	0	0	0
LONGTERM LIABILITIES						
Notes Payable, Long-term	830176	· Q Zry 36	830176	93/126	$\mathcal{O}$	C C
Other	0	$\overline{O}$	0	0	C	0
TOTAL LIABILITIES	830/36	830/36	030/36	830136	0	0
OWNER'S EQUITY		010178				
Paid in Capital	3000	3000	3000	3000	ð	0
Retained Equity	59800	59800	59800	59800	89500	84500
Other	0	0	O	0	0	0
Current Period Profit or Loss	42	HN	4.N	UN	UN	UN
TOTAL OWNER'S EQUITY	59800	59800	59800	59800	84520	BUSTO
TOTAL LIABILITIES AND EQUITY			57800		4500	84520
WORKING CAPITAL	59800	0		C C	700	
CURRENT RATIO	00	0	8	$\frac{0}{0}$	0	0
DEBT TO EQUITY RATIO	0	0	0	0	0	0
EQUITY TO TOTAL ASSETS	1,0	1.0	1.0	1.0		
LYUINI IO IOIAL ADDEID		<u></u>	1.0	1.0	60	1.0

The total area being requested includes approximately 30 acres and 38 current customers.

L

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.

Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326

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If you are a landowner with a tract of land at least 25 acres or more, that is partially or wholly located within the proposed area, you may request to be excluded from the proposed area (or "opt out") by providing written notice to the commission within (30) days from the date that notice was provided by the applicant. All requests to opt out of the requested service area must include a scaled, general location map and a metes and bounds description of the tract of land.

# Persons who meet the requirements to opt out, and wish to request this option should file the required documents with the:

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A copy of the request to opt out of the proposed area must also be sent to the applicant. Staff may request additional information regarding your request.

## Si desea informacion en Espanol, puede llamar al 1-888-782-8477

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND PROVIDE WATER/SEWER UTILITY SERVICE IN	NECESSITY (CCN) TO
TARRANT	COUNTY(IES), TEXAS
To: <u>AQUA Texas INC</u> Date Notice Mailed (Neighboring System, Landowner or City)	7-13 20 15
2925 MCPHerson Rd	
(Address) FORT WORTH TEXAS 76140 City State Zip	
Name of Applicant + ( ) (	an application for a and to with the
Public Utility Commission of Texas to provide	TPF
utility service in TACRAWT (specify 1) water	er or 2) sewer or 3) water & sewer) County(ies).
The proposed utility service area is located approximately <u>10</u> [direction] of downtown <u>FORT WORTH</u> ,[City or generally bounded on the north by <u>Hwy 199</u> Ten Mile Bridge Rd; on the south by <u>Memile A 7/2 Rd;</u> and on the west	miles <u>NCRTH</u> Town] Texas, and is ; on the east by by <u>Tender Fair</u> TRAN
See enclosed map of the proposed service area.	

The total area being requested includes approximately  $\underline{30}$  acres and  $\underline{38}$ 

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NOTICE OF A	APPLICATION ATER/SEWER	FOR CERTIFICATI	E OF CONVENIEN IN	ICE AND NE	CESSITY (C	CN) TO
		ARRANT		co	UNTY(IES),	TEXAS
To: <u> </u>	TY υ. <del>[</del> boring System,	AZ/e Landowner or City)	Date Notice	Mailed	7-13	20 15
613 SE	PARKWA	Ч				
Azle	(Address)	76020 State Zip				
Name of App CCN to obtain decertify a po	n or amend C		5 cr pp/y ha	as filed an a	pplication fo and to with	
Public Utility	Commission o	of Texas to provide	9	WAT	ér-	
utility service	in	TARRANT	(spe	ecify 1) water or 2		er & sewer) ty(ies).
generally bou Ten Mile Bridge	inded on the r $\frac{2d}{2d}$ ; on the s		199 <u>7/e R</u> ];and on th	City or To	es <u>Norr</u> wn] Texas,	H and is
See enclose	d map of the	proposed servi	ce area.			

The total area being requested includes approximately  $3\hat{o}$  acres and  $3\hat{e}$ 

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NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO PROVIDE WATER/SEWER UTILITY SERVICE IN
<u> </u>
To: Town of LALes, De Texas Date Notice Mailed 7-13 2015 (Neighboring System, Landowner or City)
<u>9830</u> Conference PARK Rd (Address) <u>LAKESID: TexAS 76108</u> City State Zip
Name of Applicant $\underline{Tuy}_{N}$ is a constant $\underline{Tuy}_{N}$ is filed an application for a CCN to obtain or amend CCN No. (s) $\underline{N/A}$ and to decertify a portion(s) of $\underline{N/A}$ with the (Name of Decertified Utility)
Public Utility Commission of Texas to provide
utility service in TARRANT (specify 1) water or 2) sewer or 3) water & sewer) County(ies).
The proposed utility service area is located approximately <u>10</u> miles <u>WORTH</u> [direction] of downtown <u>FORT WORTH</u> , [City or Town] Texas, and is generally bounded on the north by <u>Hwy 199</u> ; on the east by Ten <u>Me Bridge</u> <u>Rd</u> ; on the south by <u>November Azle R</u> ; and on the west by <u>Ten Berfut Teran</u> See enclosed map of the proposed service area.
and the proposed service area.

The total area being requested includes approximately  $\underline{30}$  acres and  $\underline{38}$ 

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.

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NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO PROVIDE WATER/SEWER UTILITY SERVICE IN TARCANT COUNTY(IES), TEXAS
To: <u>ABRAXAS</u> Corfuration Date Notice Mailed <u>7-13</u> 20 15 (Neighboring System, Landowner or City)
205 VAN BUREN ST Herndon VA 20170 City State Zip
Name of Applicant Twice bakes water Supply has filed an application for a CCN to obtain or amend CCN No. (s) $N/R$ and to decertify a portion(s) of (Name of Decertified Utility)
Public Utility Commission of Texas to provide       Image: Commission of Texas to provide         utility service in       TARRANT         (specify 1) water or 2) sewer or 3) water & sewer)         County(ies).
The proposed utility service area is located approximately <u>10</u> miles <u>NORTH</u> [direction] of downtown <u>FORT WORTH</u> ,[City or Town] Texas, and is generally bounded on the north by <u>41wy 199</u> ; on the east by Tex Mile Bridge Rel ; on the south by whe will AZE Rel ; and on the west by <u>Texate-fort</u> Tick
See enclosed map of the proposed service area.

The total area being requested includes approximately  $\underline{30}$  acres and  $\underline{32}$ 

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.

Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326

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Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326

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## Si desea informacion en Espanol, puede llamar al 1-888-782-8477

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND I PROVIDE WATER/SEWER UTILITY SERVICE IN	NECESSITY (CCN) TO COUNTY(IES), TEXAS
To: City of LAKewpatti Date Notice Mailed (Neighboring System, Landowner or City)	7-13 2015
3805 ADAM GRUBB	
<u>3605 ADAM GRUBB</u> (Address) <u>LAKE (WURTH TEXAS 76135</u> City State Zip	
Name of Applicant Twind Lafes Water Supply has filed an CCN to obtain or amend CCN No. (s)	n application for a and to with the
Public Utility Commission of Texas to provide	or 2) sewer or 3) water & sewer)
utility service in	County(ies).
The proposed utility service area is located approximately <u>10</u> [direction] of downtown <u>FORT WORTH</u> ,[City or generally bounded on the north by <u>Hwy 199</u> Tent Mile Bricky. Col ; on the south bywine mile Azke Rd; and on the west b	Town1 Texas, and is
See enclosed man of the proposed service area	

#### See enclosed map of the proposed service area.

The total area being requested includes approximately	30	acres and	38
current customers.			

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.

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#### Si desea informacion en Espanol, puede llamar al 1-888-782-8477

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO PROVIDE WATER/SEWER UTILITY SERVICE IN
To: City of Pelican BAY Date Notice Mailed 7-13 20 15 (Nelghboring System, Landowner or City)
1300 Pelican CIRCLE (Address) Pelican Bay Texas 76020 City State Zip
City State Zip
Name of Applicant <u>Twink Lakes</u> <u>Witter Supply</u> has filed an application for a CCN to obtain or amend CCN No. (s) <u>NA</u> and to decertify a portion(s) of <u>NA</u> with the (Name of Decertified Utility)
Public Utility Commission of Texas to provide
utility service in TARRANT (specify 1) water or 2) sewer or 3) water & sewer) County(ies).
The proposed utility service area is located approximately <u>()</u> miles <u>NORTH</u> [direction] of downtown <u>FORT</u> <u>WORTH</u> , [City or Town] Texas, and is generally bounded on the north by <u>Hwy 199</u> ; on the east by TeN Mik Bridge Rd; on the south by <u>Nikemile Azle Rand</u> on the west by <u>Tender Sect TRA</u>
See enclosed map of the proposed service area.

The total area being requested includes approximately	30	acres and	50
current customers.			

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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.

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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.

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If you are a landowner with a tract of land at least 25 acres or more, that is partially or wholly located within the proposed area, you may request to be excluded from the proposed area (or "opt out") by providing written notice to the commission within (30) days from the date that notice was provided by the applicant. All requests to opt out of the requested service area must include a scaled, general location map and a metes and bounds description of the tract of land.

## Persons who meet the requirements to opt out, and wish to request this option should file the required documents with the:

Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326

A copy of the request to opt out of the proposed area must also be sent to the applicant. Staff may request additional information regarding your request.

### Si desea informacion en Espanol, puede llamar al 1-888-782-8477

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO PROVIDE WATER/SEWER UT <u>IL</u> ITY SERVICE IN
COUNTY(IES), TEXAS
To: <u>W.4LNUT (Reek Sul)</u> Date Notice Mailed <u>7-13</u> 20 15 (Neighboring System, Landowner or City)
1155 West Hwy 199 (Address) SPRING-forun TexAS 76082 City State Zip
Name of Applicant $\underline{f_{M}NLakes}(Watter Supply has filed an application for a CCN to obtain or amend CCN No. (s) \underline{NL} and to decertify a portion(s) of \underline{NL} with the (Name of Decertified Utility)$
Public Utility Commission of Texas to provide       ULATER         utility service in       TAREANT         (specify 1) water or 2) sewer or 3) water & sewer)         County(ies).
The proposed utility service area is located approximately 10 miles NORTH [direction] of downtown FORT WORTH ,[City or Town] Texas, and is generally bounded on the north by Hwy 199 ;on the east by Ten mile Bands Ref ;on the south by mile Adered ;and on the west by TenDerfort TRAN
See enclosed map of the proposed service area.

The total area being requested includes approximately 30 acres and 38 current customers.

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.

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Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326

A copy of the request to opt out of the proposed area must also be sent to the applicant. Staff may request additional information regarding your request.

### Si desea informacion en Espanol, puede llamar al 1-888-782-8477

### Notice to Neighboring Systems, Landowners and Cities

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO PROVIDE WATER/SEWER UTILITY SERVICE IN TARCANT COUNTY(IES), TEXAS
To: <u>NUCTHEAN TRINITY CCD</u> Date Notice Mailed <u>7-13</u> 20 <u>15</u> (Neighboring System, Landowner or City)
1100 CIRCL D- Ste. 300 (Address) F-ONTHUNGTH TEXAS 76119 City State Zip
Name of Applicant $\underline{\int \mu_{inv} \int \mu_{inv} \int \mu_{inv} \int \mu_{inv} has} filed an application for a CCN to obtain or amend CCN No. (s) \underline{\mu_{inv} \int \mu_{inv} has} filed an application for a decertify a portion(s) of \underline{\mu_{inv} \int \mu_{inv} has} filed an application for a model of the decertify a portion(s) of (Name of Decertified Utility)$
Public Utility Commission of Texas to provide <u>UATer</u> (specify 1) water or 2) sewer or 3) water & sewer)         (specify 1) water or 2) sewer or 3) water & sewer)         County(ies).
Ten Mik Bridge Ref ; on the south by <u>we wile Azle Ri</u> ; and on the west by <u>Tender feat TRAIL</u>
See enclosed map of the proposed service area.

The total area being requested includes approximately  $\underline{30}$  acres and  $\underline{38}$ 

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.

Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity, 9/1/14 (formerly TCEQ form 10362) Page 15 of 25

#### Persons who wish to intervene or comment should write the:

Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326

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.

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If you are a landowner with a tract of land at least 25 acres or more, that is partially or wholly located within the proposed area, you may request to be excluded from the proposed area (or "opt out") by providing written notice to the commission within (30) days from the date that notice was provided by the applicant. All requests to opt out of the requested service area must include a scaled, general location map and a metes and bounds description of the tract of land.

# Persons who meet the requirements to opt out, and wish to request this option should file the required documents with the:

Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326

A copy of the request to opt out of the proposed area must also be sent to the applicant. Staff may request additional information regarding your request.

### Si desea informacion en Espanol, puede llamar al 1-888-782-8477

## **Notice for Publication**

NOTICE OF APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) TO		
PROVIDE WATER/SEWER UTILITY SERVICE IN	COUNTY(IES), TEXAS	
Name of Applicant $\underline{Tw_{IN} Lakes} \ UAFer Supply}$ CCN to obtain or amend CCN No. (s) $N/a$ decertify a portion(s) of $N/A$ (Name of Decertified U	has filed an application for a and to with the Itility)	
Public Utility commission of Texas to provide	WATEr	
utility service in TARRANT	(specify 1) water or 2) sewer or 3) water & sewer) County (ies).	
The proposed utility service area is located approximately $(1)$ miles $NURTH$ [direction] of downtown $FURT NURTH$ [City or Town] Texas, and is generally bounded on the north by $HUY 149$ ; on the east by Multiple Bridge Rd; on the south by $Nultiple Azle Rd$ ; and on the west by $TeNDerfoot TRHE$		
The total area being requested includes approximately current customers. A copy of the proposed service area map is available at Number): $8/7 653 2326$		

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.

Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity, 9/1/14 (formerly TCEQ form 10362) Page 13 of 25

Persons who wish to intervene or comment should file with the PUC at the following address:

Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326

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.

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# Persons who meet the requirements to opt out, and wish to request this option should file the required documents with the:

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#### Si desea informacion en Espanol, puede llamar al 1-888-782-8477

#### Persons who wish to intervene or comment should write the:

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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.

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#### Si desea informacion en Espanol, puede llamar al 1-888-782-8477

Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity, 9/1/14 (formerly TCEQ form 10362) Page 16 of 25

## Notice to Customers of IOUs in Proposed Area

NOTICE OF APPLICATION FOR CERTIFICA PROVIDE WATER/SEWER UTILITY SERVIO	TE OF CONVENIENCE AND NECESSITY (CCN) TO	
N/A	COUNTY(IES), TEXAS	
Dear Customer:N/A	Date Notice Mailed 20	
•	has filed an application for a NA and to A with the of Decertified Utility)	
Public Utility commission of Texas to provutility service in $\lambda^t / A$	ride N/A (specify 1) water or 2) sewer or 3) water & sewer)	
Public Utility commission of Texas to provide utility service in $N/A$ (specify 1) water of 2) sewer or 3) water & sewer) County(ies). The proposed utility service area is located approximately $N/A$ miles $N/A$ [direction] of downtown $N/A$ [City or Town] Texas. A copy of the proposed service area map is available at (Utility Address and Phone Number): $N/A$		
The current utility rates which were first effective on $N/H$ 20		
1 LA	/ Miscellaneous Fees	
Monthly Base Rate Including per gallons connection for: 5/8" meter \$ 1" meter \$ 1 1/2" meter \$ 2" meter \$ M/A	Regulatory Assessment1%Tap Fee (Average Actual Cost)\$Reconnecting fee:\$- Non Payment (\$25.00 max)\$- Transfer\$- Customer's request\$Late fee\$5.00 of 10%	
Other\$NA	Returned Check charge Customer Deposit (\$50.00 max)	
Gallonage charge of $ \sum_{i=1}^{N} \sum_{j=1}^{N} Per 1,000 $ Gallons above minimum (same for all meters sizes)	Meter test fee (Actual Cost not Exceed \$25.00) \$ 1/1 Other Fees	
Your utility service rates and fees cannot be changed by this application. If you		

Your utility service rates and fees cannot be changed by this application. If you are currently paying rates, those rates must remain in effect unchanged. Rates may only be increased if the utility files and gives notice of a separate rate change application.

**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.

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**IF A HEARING IS HELD,** it is important that you or your representative attend to present your concerns. Your request serves only to cause a hearing to be held and is not used during the hearing.

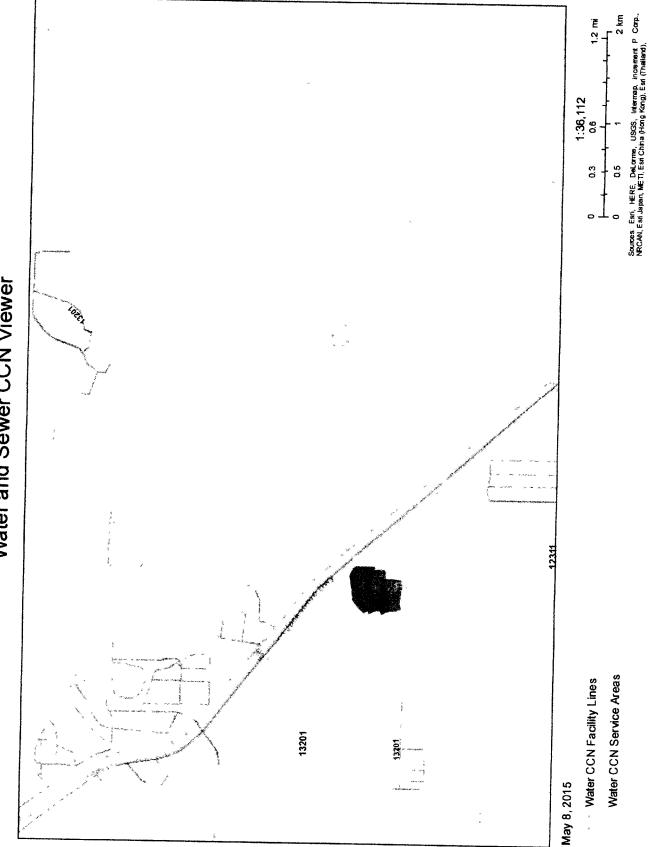
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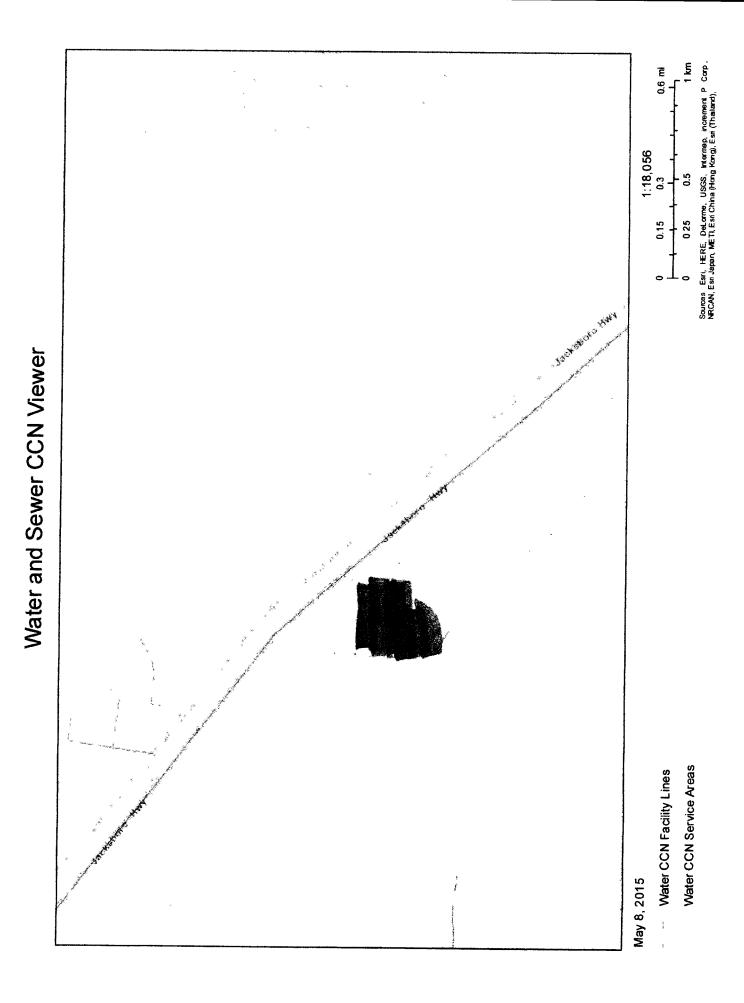
Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326

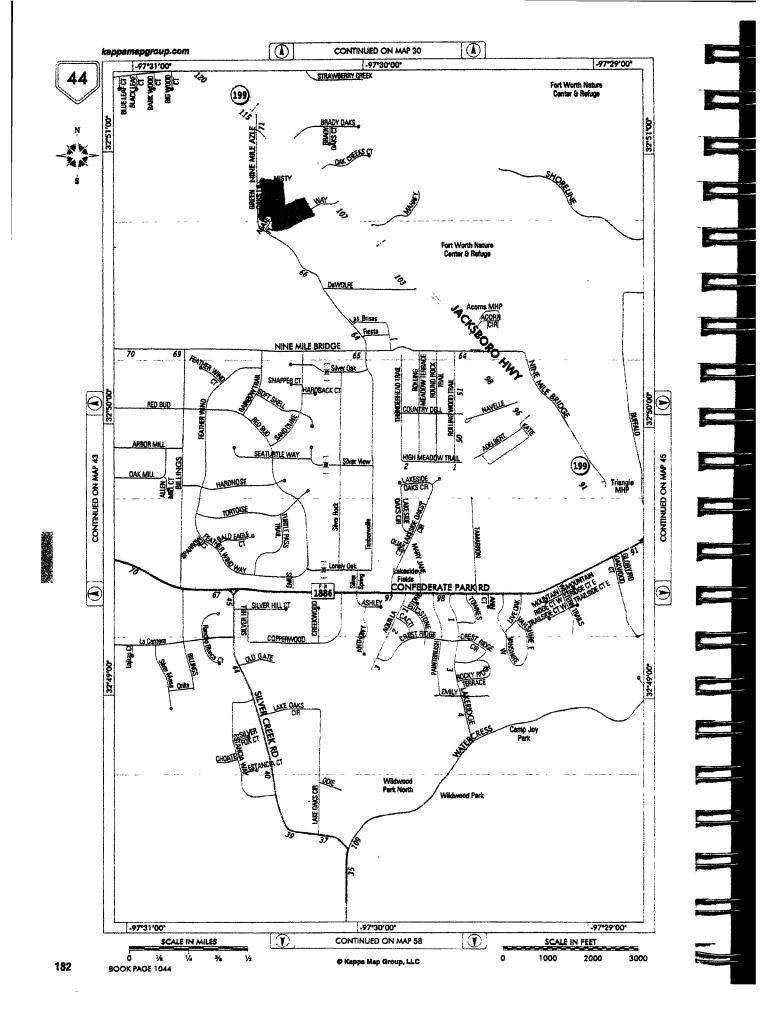
Austin, Texas 78711-3326 A copy of the request to opt out of the proposed area must also be sent to the applicant. Staff may request additional information regarding your request.

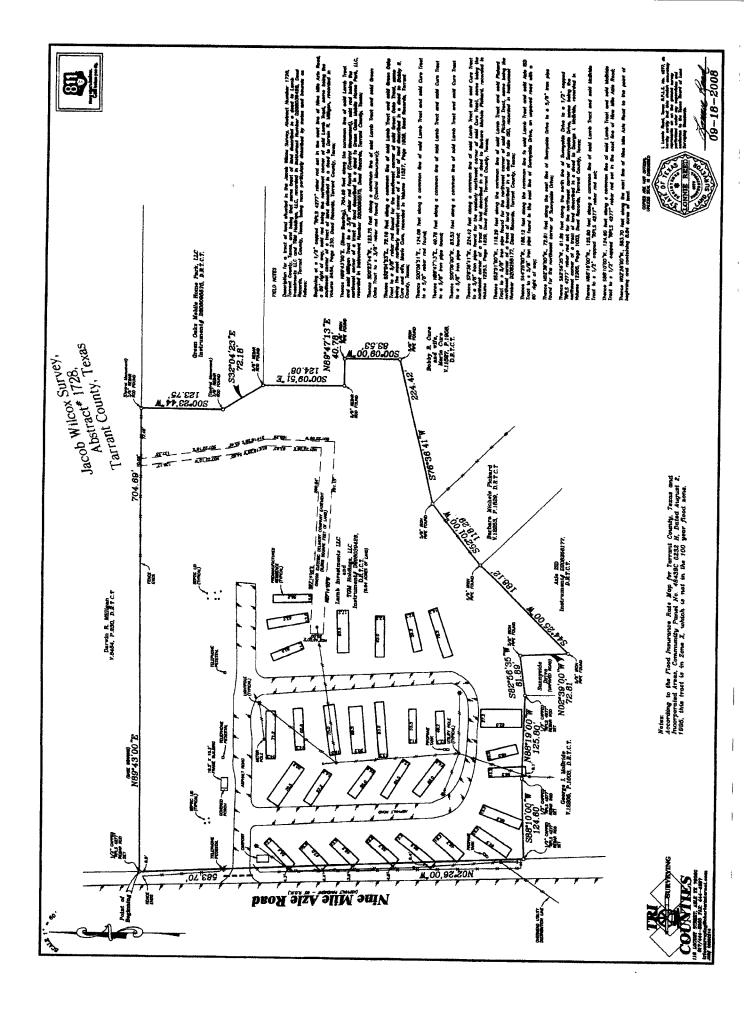
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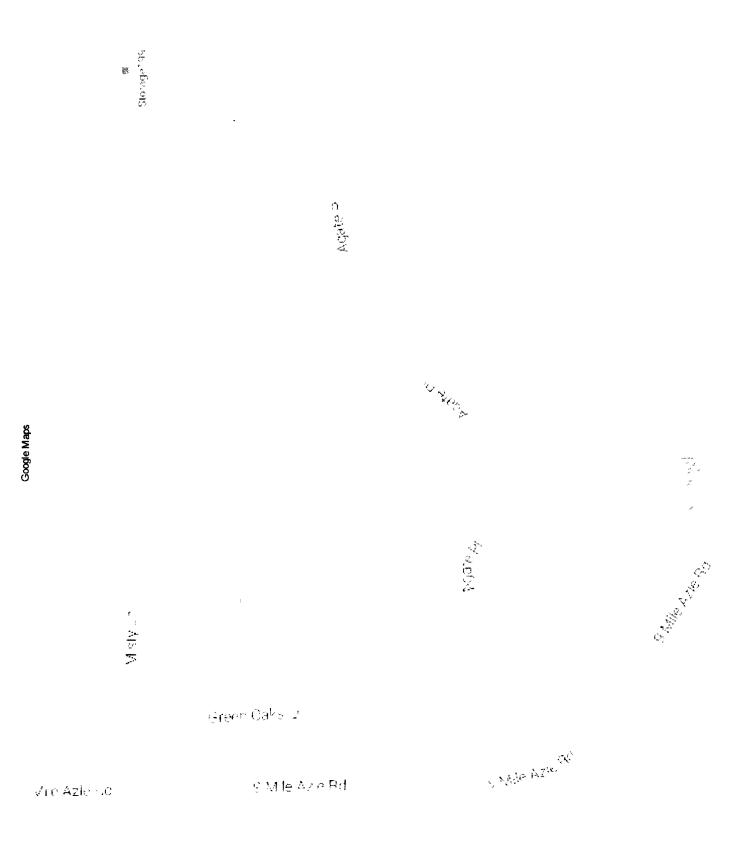


Water and Sewer CCN Viewer









7/6/2015

https://www.google.com/maps/@32.8463696.-97.5047096.18z

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