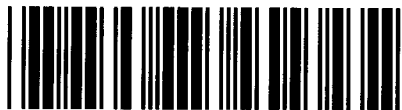


Control Number: 45400



Item Number: 1

Addendum StartPage: 0



## Application for Sale, Transfer, or Merger of a Retail Public Utility

Pursuant to Chapter 13.251 of the Texas Water Code

PUCT  
FILING CLERK  
COMMISSION

**Docket Number: 45400**

(this number will be assigned by the Public Utility Commission after your application is filed)

7 copies of the application, including the original, along with one copy of the portable electronic storage medium (such as CD or DVD) containing the GIS data shall be filed with

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

No later than seven days after filing the application for the boundary change, provide a copy of each paper map and a portable electronic storage medium (such as CD, flash drive or DVD) containing complete and identical data to the portable electronic storage medium submitted above to

Texas Natural Resources Information System  
1700 N. Congress Ave, Room B40  
Austin, Texas 78701

### TABLE OF CONTENTS

Part A – General Information.....	2
Part B – Current Service Provider or Seller Information.....	2
Part C – Purchaser or Transferee Information .....	3
Part D – Historical Financial Information .....	9
Part E – Projected Information .....	12
Part F – Public Water System Information.....	16
Part G – Oaths and Notices .....	18

**Part A - General Information**

\*RN#  \*CN#  \* (PRIOR TCEQ ID numbers)

1. Proposed action of application (check all the boxes that apply):

☐ Sale of ☒ All ☐ Portion of the ☒ Water system(s) under CCN No.:   
☒ Acquisition ☐ Sewer system(s) under CCN No.:   
☐ Lease/Rental

12323

☒ Transfer of ☒ All ☐ Portion of the ☒ Certificated water service area - CCN No.:   
☐ Certificated sewer service area - CCN No.:

12323

If only a portion of a system or certificated service area is affected by this transaction, please specify the areas or subdivision involved:

and to:

☐ Obtain a CCN for the transferee (purchaser) - indicate if purchaser will take the seller's CCN  
☒ Amend the transferee's CCN No.:   
☐ Merge or consolidate public utilities   
☐ Cancel CCN of the transferor (seller)

11257

2. Proposed effective date of this transaction:

(Must be at least 120 days after proper notice is provided)

**Part B - Current Service Provider or Seller Information**

Questions 3 through 5 apply to the transferor (current service provider or seller)

3. For the current CCN holder or service provider please indicate:

A. Name:  Terrace Acres WSC

(Individual, Corporation or Other Legal Entity)

who is a(n): of ☐ Individual ☐ Corporation ☒ WSC ☐ HOA or POA ☐ Other

B. Utility Name (if different than above):

Address:  Telephone: (AC)

C. Contact person. Please provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney or accountant.

Name:  Michael Hamill

Title:  Board President

Address:  P.O. Box 31 Sanger, TX 76266

Telephone: (AC)  940-458-4059

Fax:

Email:

4. About the last rate increase for the system or facilities being transferred:

A. What was the effective date of the last rate increase?

B. Was notice of this increase provided to the Public Utility Commission of Texas (commission or PUC) or a predecessor regulatory authority?



No



Yes- Application/Docket Number:

Date

5. Please provide a list of all customers affected by this transaction who have deposits held by the transferor or seller utility, if any, and include the following information (attach additional sheets if necessary):

Name and Address of Utility Customer	Date of Deposit	Amount of Deposit	Amount of Unpaid Interest on Deposit
See Attached List			

### Part C - Purchaser or Transferee Information

Questions 6 through 16 refer to the transferee or purchaser.

6. For the person or entity acquiring the facilities and/or CCN:

Applicant:   
(Individual, Corporation, or Other Legal Entity)

Utility Name:   
(If different than above)

Utility Address:

Fax:  Email:  Telephone (AC):

CCN Numbers held prior to the filing of this application:

7. Check the appropriate box and provide information regarding the legal status of the transferee applicant:



Individual



Home or Property Owners Association



Partnership; attach copy of partnership agreement



Corporation; provide charter number as recorded with the Office of the Secretary of State for

Texas:



Non-profit, member owned, member-controlled Cooperative Corporation (Article 1434(a) Water Sewer Service Corporation); provide charter number:

APPLICATION FOR SALE, TRANSFER,  
OR MERGER OF TERRACE ACRES WSC  
AND BOLIVAR WSC

LIST OF CUSTOMERS AFFECTED BY THIS TRANSFER

# 5. PAGE 3

## BOLIVAR WATER SUPPLY CORP

## Customer Query Report

Billing Cycle: 1

Location Number: 09-0000 - 09-9999

Account Number 200817  
Customer Name CHISHOLM, BRENT & SHRANNA  
Date Became Customer 05/05/2014  
Account Classes WHITE / MALE, Owner, NON HISPAN  
Customer Type Residential  
Location Number 09-1000 - Active  
Address 9957 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200818  
Customer Name MORRIS, MARY  
Date Became Customer 05/01/2014  
Account Classes WHITE / MALE, Owner, NON HISPAN  
Customer Type Residential  
Location Number 09-1005 - Active  
Address 2250 McREYNOLDS RD  
SANGER, TX 76266  
Service Types WATER

Balance \$69.74

Account Number 200819  
Customer Name HARRIS, PAMELA  
Date Became Customer 05/01/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPAN  
Customer Type Residential  
Location Number 09-1010 - Active  
Address 9948 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200820  
Customer Name FOSTER, JEANIE & DWAYNE  
Date Became Customer 05/01/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPAN  
Customer Type Residential  
Location Number 09-1015 - Active  
Address 10011 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200821  
Customer Name POTTORF, MARC AND MARY  
Date Became Customer 05/01/2014  
Account Classes WHITE / MALE, Owner, NON HISPAN  
Customer Type Residential  
Location Number 09-1020 - Active  
Address 10031 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200822  
Customer Name TAGALOA, TAVITA  
Date Became Customer 05/01/2014  
Account Classes Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1025 - Active  
Address 9988 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200823  
Customer Name LONGORIA, CYNTHIA  
Date Became Customer 05/01/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPAN  
Customer Type Residential  
Location Number 09-1030 - Active  
Address 10028 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200824  
Customer Name SHELTON, JOE & PATRICA  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1035 - Active  
Address 10090 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$-20.96

## BOLIVAR WATER SUPPLY CORP

## Customer Query Report

Billing Cycle: 1

Location Number: 09-0000 - 09-9999

Account Number 200825  
Customer Name McSPEDDEN, CAY  
Date Became Customer 05/01/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPANIC  
Customer Type Residential  
Location Number 09-1040 - Active  
Address 10138 TERRACED RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200826  
Customer Name MACKENZIE, WILLIAM & SUSAN  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1045 - Active  
Address 10242 TERRACE  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200827  
Customer Name DAVIS, JOHNNA & RANDALE  
Date Became Customer 05/01/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPANIC  
Customer Type Residential  
Location Number 09-1050 - Active  
Address 10262 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200828  
Customer Name JORDAN, MELANIE  
Date Became Customer 05/01/2014  
Account Classes Owner, WHITE/FEMALE, UNKNOWN  
Customer Type Residential  
Location Number 09-1055 - Active  
Address 10273 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200829  
Customer Name SMITH, ROBERT  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1060 - Active  
Address 10346 TERRACE RD  
SANGER, TX 76266  
Service Types GROUNDWATER  
CONSERVATION

Balance \$0.00

Account Number 200830  
Customer Name SMITH, ROBERT  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1065 - Active  
Address 10346 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200831  
Customer Name NORMAN, ANITA  
Date Became Customer 05/01/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPANIC  
Customer Type Residential  
Location Number 09-1075 - Active  
Address 10380 TERRACE RD  
Sanger, TX 76266-5722  
Service Types WATER

Balance \$0.00

Account Number 200832  
Customer Name NORMAN, MARK & LUANN  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1080 - Active  
Address 10466 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

## BOLIVAR WATER SUPPLY CORP

## Customer Query Report

Billing Cycle: 1

Location Number: 09-0000 - 09-9999

Account Number 200833  
Customer Name REILLY, TRACI & RODNEY  
Date Became Customer 05/01/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPANIC  
Customer Type Residential  
Location Number 09-1085 - Active  
Address 10355 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$84.52

Account Number 200834  
Customer Name WHITE, ALFRED & SUSANNE  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Renter, NON HISPANIC  
Customer Type Residential  
Location Number 09-1090 - Active  
Address 10431 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200835  
Customer Name NORMAN, MARK & LUANN  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1095 - Active  
Address 10466 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200836  
Customer Name HINCKLEY, RICHARD J.  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1100 - Active  
Address 10482 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.10

Account Number 200837  
Customer Name HERD, EUNICE  
Date Became Customer 05/01/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPANIC  
Customer Type Residential  
Location Number 09-1105 - Active  
Address 10456 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200838  
Customer Name LAU, LARRY JR. & DIANA  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1110 - Active  
Address 10520 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200839  
Customer Name LAU, LARRY JR. & DIANA  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1115 - Active  
Address 10520 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200840  
Customer Name HAMILL, MICHAEL & CONNIE  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1125 - Active  
Address 10569 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$1.95



## BOLIVAR WATER SUPPLY CORP

## Customer Query Report

Billing Cycle: 1

Location Number: 09-0000 - 09-9999

Account Number 200841  
Customer Name WHITE, ALFRED & SUSANNE  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Renter, NON HISPANIC  
Customer Type Residential  
Location Number 09-1130 - Active  
Address 10622 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$57.14

Account Number 200842  
Customer Name BROWN, DENNIS  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1135 - Active  
Address 10644 TERRACE RD  
SANGER, TX 76266  
Service Types WATER

Balance \$-2.06

Account Number 200843  
Customer Name WASSON, CLARENCE  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1140 - Active  
Address 2406 McREYNOLDS RD  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200844  
Customer Name HOUGHIN, ALAN  
Date Became Customer 05/01/2014  
Account Classes WHITE/MALE, Owner, NON HISPANIC  
Customer Type Residential  
Location Number 09-1120 - Active  
Address 10521 TERRACE RD.  
SANGER, TX 76266  
Service Types WATER

Balance \$0.00

Account Number 200849  
Customer Name GREGOR, WESLEY OR LISA  
Date Became Customer 05/02/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPANIC  
Customer Type Residential  
Location Number 09-1070 - Active  
Address 10370 TERRACE RD  
SANGER, TX 76266  
Service Types GROUNDWATER  
CONSERVATION  
Balance \$31.50

Account Number 200849  
Customer Name GREGOR, WESLEY OR LISA  
Date Became Customer 05/02/2014  
Account Classes Owner, WHITE/FEMALE, NON HISPANIC  
Customer Type Residential  
Location Number 09-1070 - In History  
Address 10370 TERRACE RD  
SANGER, TX 76266  
Service Types GROUNDWATER  
CONSERVATION  
Balance \$31.50

Customers Listed: 29

<input type="checkbox"/>	Municipally-owned utility
<input type="checkbox"/>	District (MUD, SUD, WCID, etc.)
<input type="checkbox"/>	County
<input type="checkbox"/>	Other (please explain):

8. If the applicant is an *Individual* or sole proprietorship, provide the following information. If not, skip to the next question.

Name:		Email:	
Address			
Telephone (AC):		Fax (AC):	

9. If the applicant is other than an *Individual*, provide the following information regarding the officers or partners of the legal entity applying for the transfer. You must complete either question 8 or question 9, whichever applies to the transferee applicant.

•Name:	Kevin Kemplin - President	Telephone (AC):	940-458-3331
Address:	4145 Chisam Rd Sanger, TX 76266		
Position:	President	Ownership % (if applicable):	0.00%

•Name:	Janelle Shelton	Telephone (AC):	940-458-0377
Address:	12370 Chisam Rd Sanger TX 76266		
Position:	Vice President	Ownership % (if applicable):	0.00%

•Name:	Freida Ashcraft	Telephone (AC):	940-458-7954
Address:	7705 Rector Rd Sanger TX 76266		
Position:	Sec-Treas	Ownership % (if applicable):	0.00%

•Name:	James Parkman	Telephone (AC):	940-458-3931
Address:	508 Pecan Trail Valley View TX 76272		
Position:	General Mgr.	Ownership % (if applicable):	0.00%

•Name:	Polly Kruger	Telephone (AC):	940-458-3931
Address:	P.O. Box 1789 Sanger, TX 76266		
Position:	Office Mgr.	Ownership % (if applicable):	0.00%

•Name:		Telephone (AC):	
Address:			
Position:		Ownership % (if applicable):	0.00%

- Attach additional sheet(s) if necessary -

- Important:** • If the applicant is a for-profit corporation, please provide a copy of the corporation's "Certification of Account Status" from the State Comptroller Office. This "Certification of Account Status" can be obtained from:

Texas Comptroller of Public Accounts

P. O. Box 13528, Capitol Station

Austin, Texas 78711

1-800-252-5555

- If the applicant is an Article 1434a water supply or sewer service corporation or other non-profit corporation, please provide a copy of the Articles of Incorporation and By-Laws.

10. Contact person. Please provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney or accountant.

Name:	James Parkman	Title:	General Mgr.
Address:	P.O. Box 1789 Sanger, TX 76564	Telephone (AC):	940-458-3931
Fax #	940-458-7050	Email	james@bolivarwsc.com
Relationship to the applicant:	—		

- IF THERE ARE MORE THAN TWO PARTIES INVOLVED IN THIS TRANSACTION, PLEASE ATTACH SHEETS PROVIDING THE INFORMATION REQUIRED IN QUESTION 6 THROUGH QUESTION 10 FOR EACH PARTY

11. Please respond to each of the following questions. Attach additional sheets if necessary.

- A. Describe the experience and qualifications of the applicant to provide adequate utility service to the requested area

Bolivar WSC's experience and qualifications are evidenced by Bolivar's continuous and adequate operation of its system for over 45 years.

- B. Has the applicant acquiring the CCN or facilities or an affiliated interest of the applicant been under enforcement action by the PUC, TCEQ, Texas Department of Health (TDH), the Office of the Attorney General (OAG) or the Environmental Protection Agency (EPA) in the past for noncompliance with rules, orders or State Statutes? ☐ Yes ☒ No

If yes, please attach copies of any correspondence with these regulatory agencies concerning these enforcement actions and describe any actions and efforts to comply with those requirements. Attach additional sheets if needed.

- C. Describe the source and availability of funds required to make the planned or required improvements, if any, to meet minimum requirements of the TCEQ and PUC and ensure continuous and adequate service.

The system currently meets TCEQ standards. However, minor improvements will be made with funds collected from usage fees. Major capital improvements will be paid from BW's Edward Jones Investment Portfolio.

D. Describe the anticipated impact of this transaction on the quality of utility service and explain any anticipated changes in the quality of service.

There is NO anticipated impact on the quality of service being provided nor is there an anticipated change in quality of service being provided

E. How will the transaction serve the public interest?

The (2) water systems will be connected in the near future make it more effective for all customers.

12. Please describe the nature of the proposed transaction:

Bolivar WSC is acquiring the CCN & facilities at NO Cost.

13. If the transferee applicant is an Investor Owned Utility (IOU) and will be under the rate jurisdiction of the PUC, please provide the following information. Water supply or sewer service corporations and political subdivisions of the state should mark this section N/A:

A.

- Total Purchase Price: [REDACTED]
- Total Original Cost (as recorded on books of seller or merging entity): [REDACTED]
- Accumulated Depreciation as of the proposed effective date of the transaction: [REDACTED]

• Contributions in Aid of Construction:

- Specific surcharges approved by TCEQ or PUC: [REDACTED]
- Revenues from explicit customer agreements: [REDACTED]

- Developer Contributions (please explain): [REDACTED]

- Other Contributions (please explain): [REDACTED]

Total Contributions in Aid of Construction [REDACTED]

• Net Book Value: [REDACTED]

- ☐ If the Original Cost or any of the above items has been established in a rate case proceeding by the PUC, the TWC or the TCEQ, please provide the Application/Docket Number and date:

Application/Docket Number:  Date:

- ☐ If the applicant is not under the rate jurisdiction of the TCEQ, only the purchase price and information related to Contributions in Aid of Construction is required.

Please provide any other information concerning the nature of the transaction you believe should be given consideration if not explained elsewhere in the application.  
[attach additional sheet(s) if necessary]:

*[Handwritten signature and scribbles in a large rectangular box]*

- C. Complete the following proposed entries listed below as shown in books of purchasing (or surviving) company. Additional entries may be made; the following are suggested only, and not intended to pose descriptive limitations.

Utility Plant in Service:	
Plant Acquisition Adjustment:	
Extraordinary Loss on Purchase:	
Accumulated Depreciation of Plant:	
Cash:	
Notes Payable:	
Mortgage Payable:	
Others (please list):	

As the purchaser, I understand that it is **my responsibility** in any future rate proceeding to provide written evidence and support for the original cost and installation date of all facilities used and useful for providing utility service.

Purchaser's Initials:  Date:

14. Please indicate the proposed effect of this transaction on the rates to be charged to the affected customers:

☐ All the customers will be charged the same rates as they were charged before the transaction.  
☐ Some ☐ All customers will be charged different rates than they were charged before the transaction.

If rates are changing, please explain:

N/A

☐ Applicant is an IOU and intends to file with the commission or municipal regulatory authority an application to change rates of some/all of its customers as a result of this transaction. If so, please explain:

N/A

☐ Other. Please explain:

N/A

15. List all neighboring water and /or sewer utilities, cities, and political subdivisions providing the same service within two (2) miles of area affected by this proposed transaction. This information should be available from the water utility database (WUD) or Applicant's licensed water operator.

Green Springs WSC  
City of Sanger  
City of Denton

16. Financial, Managerial and Technical information for the acquiring entity.

See  
Attached  
Audits  
for  
2013 + 2014

APPLICATION FOR SALE, TRANSFER,  
OR MERGER OF TERRACE ACRES WSC  
AND BOLIVAR WSC

REQUIRED SUPPLEMENTARY  
INFORMATION

PAGE 8. ITEM # 16.

# Part D - Historical Financial Information

HISTORICAL BALANCE SHEETS	CURRENT YEAR (A)	A-1 YEAR	A-2 YEAR	A-3 YEAR	A-4 YEAR	A-5 YEAR
<b>CURRENT ASSETS</b>						
Cash						
Accounts Receivable						
Inventories						
Income Tax Receivable						
Other						
<b>Total</b>						
<b>FIXED ASSETS</b>						
Land						
Collection/Distribution System						
Buildings						
Equipment						
Other						
Less: Accum. Depreciation or Reserves						
<b>Total</b>						
<b>TOTAL ASSETS</b>						
<b>CURRENT LIABILITIES</b>						
Accounts Payable						
Notes Payable, Current						
Accrued Expenses						
Other						
<b>TOTAL</b>						
<b>LONGTERM LIABILITIES</b>						
Notes Payable, Long-term						
Other						
<b>TOTAL LIABILITIES</b>						
<b>OWNER'S EQUITY</b>						
Paid in Capital						
Retained Equity						
Other						
Current Period Profit or Loss						
<b>TOTAL OWNER'S EQUITY</b>						
<b>TOTAL LIABILITIES AND EQUITY</b>						
<b>WORKING CAPITAL</b>						
<b>CURRENT RATIO</b>						
<b>DEBT TO EQUITY RATIO EQUITY TO TOTAL ASSETS</b>						



<b>HISTORICAL INCOME STATEMENT</b>	<b>CURRENT YEAR (A)</b>	<b>A-1 YEAR</b>	<b>A-2 YEAR</b>	<b>A-3 YEAR</b>	<b>A-4 YEAR</b>	<b>A-5 YEAR</b>
<b>METER NUMBER</b>						
Existing Number of Taps						
New Taps Per Year						
<b>Total Meters at Year End</b>						
<b>METER REVENUE</b>						
Fees Per Meter						
Cost Per Meter						
<b>Operating Revenue Per Meter</b>						
<b>GROSS WATER REVENUE</b>						
Fees						
Other						
<b>Gross Income</b>						
<b>OPERATING EXPENSES</b>						
General & Administrative						
Interest						
Other						
<b>NET INCOME</b>						

<b>HISTORICAL EXPENSE DETAIL</b>	<b>CURRENT YEAR (A)</b>	<b>A-1 YEAR</b>	<b>A-2 YEAR</b>	<b>A-3 YEAR</b>	<b>A-4 YEAR</b>	<b>A-5 YEAR</b>
<b>GENERAL/ADMINISTRATIVE EXPENSES</b>						
Salaries						
Office Expense						
Computer Expense						
Auto Expense						
Insurance Expense						
Telephone Expense						
Utilities Expense						
Depreciation Expense						
Property Taxes						
Professional Fees						
Other						
<b>Total</b>						
<b>% Increase Per Year</b>						
<b>OPERATIONAL EXPENSES</b>						
Salaries						
Auto Expense						
Utilities Expense						
Depreciation Expense						
Repair & Maintenance						
Supplies						
Other						
<b>Total</b>						
<b>% Increase Per Year</b>						
<b>ASSUMPTIONS</b>						
Interest Rate/Terms						
Utility Cost/gal.						
Depreciation Schedule						
Other						

Part E - Projected Information

PROJECTED BALANCE SHEETS

	START UP	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<b>CURRENT ASSETS</b>						
Cash						
Accounts Receivable						
Inventories						
Income Tax Receivable						
Other						
<b>Total</b>						
<b>FIXED ASSETS</b>						
Land						
Collection/Distribution System						
Buildings						
Equipment						
Other						
Less: Accum. Depreciation or Reserves						
<b>Total</b>						
<b>TOTAL ASSETS</b>						
<b>CURRENT LIABILITIES</b>						
Accounts Payable						
Notes Payable, Current						
Accrued Expenses						
Other						
<b>Total</b>						
<b>LONGTERM LIABILITIES</b>						
Notes Payable, Long-term						
Other						
<b>TOTAL LIABILITIES</b>						
<b>OWNER'S EQUITY</b>						
Paid in Capital						
Retained Equity						
Other						
Current Period Profit or Loss						
<b>TOTAL OWNER'S EQUITY</b>						
<b>TOTAL LIABILITIES AND EQUITY</b>						
<b>WORKING CAPITAL</b>						
<b>CURRENT RATIO</b>						
<b>DEBT TO EQUITY RATIO</b>						
<b>EQUITY TO TOTAL ASSETS</b>						

**PROJECTED INCOME STATEMENT**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
<b>METER NUMBER</b>						
Existing Number of Taps						
New Taps Per Year						
<b>Total Meters at Year End</b>						
<b>METER REVENUE</b>						
Fees Per Meter						
Cost Per Meter						
<b>Operating Revenue Per Meter</b>						
<b>GROSS WATER REVENUE</b>						
Fees						
Other						
<b>Gross Income</b>						
<b>OPERATING EXPENSES</b>						
General & Administrative						
Interest						
Other						
<b>NET INCOME</b>						

**PROJECTED EXPENSE DETAIL**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
<b>GENERAL/ADMINISTRATIVE EXPENSES</b>						
Salaries						
Office Expense						
Computer Expense						
Auto Expense						
Insurance Expense						
Telephone Expense						
Utilities Expense						
Depreciation Expense						
Property Taxes						
Professional Fees						
Other						
<b>Total</b>						
<b>% Increase Per Year</b>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>OPERATIONAL EXPENSES</b>						
Salaries						
Auto Expense						
Utilities Expense						
Depreciation Expense						
Repair & Maintenance						
Supplies						
Other						
<b>Total</b>						
<b>% Increase Per Year</b>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>ASSUMPTIONS</b>						
Interest Rate/Terms						
Utility Cost/gal.						
Depreciation Schedule						
Other						

# PROJECTED SOURCES AND USES OF CASH STATEMENTS

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
<b>SOURCES OF CASH</b>						
Net Income						
Depreciation (If Funded)						
Loan Proceeds						
Other						
<b>Total Sources</b>						
<b>USES OF CASH</b>						
Net Loss						
Principle Portion of Pmts.						
Fixed Asset Purchase						
Reserve						
Other						
<b>Total Uses</b>						
<b>NET CASH FLOW</b>						
<b>DEBT SERVICE COVERAGE</b>						
Cash Available for Debt						
<b>SERVICE (CADS)</b>						
Net Income (Loss)						
Depreciation, or Reserve Interest						
<b>Total</b>						
<b>REQUIRED DEBT SERVICE (RDS)</b>						
Principle Plus Interest						
<b>DEBT SERVICE COVERAGE RATIO</b>						
CADS Divided by RDS						

# Part F - TCEQ Public Water or Sewer System Information

Please answer questions 17 through 22 on a different sheet for each physically Distinct system being transferred or acquired.

17. A. For Water Systems. TCEQ Public Water System Identification Number: 0610094

Date of last inspection: 8-16-2015

B. For Wastewater Systems:

-TCEQ Discharge Permit Number: W Q    -     
 -Name of Permittee:   
 -Date of application to transfer Discharge Permit submitted:   
 -Date of application to transfer Discharge Permit approved by TCEQ:

18. A. Are any improvements required to meet TCEQ or PUC standards? ☐ Yes ☒ No. If yes, please explain:

B. Is there a moratorium on new connections? ☐ Yes ☒ No. If yes, please explain:

C. Provide details of each required major capital improvement to correct the deficiencies and meet the TCEQ or PUC standards (attach additional sheets if necessary):

Description of the Required Improvement	Schedule to Complete	Estimated Cost

19. Does the system being transferred operate within the city limits of a municipality or within district boundaries? ☐ Yes ☒ No

If yes, indicate the number of customers within the city limits or district boundaries:  
 Water Sewer

☛ Attach copy of franchise agreement or consent letter from the city or district.

20. Do you currently purchase water or sewer treatment capacity from another source? ☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Yes ☒ No ☐ Emergency Basis

• Source:  % of total supply:  0.00%

21. List the number of existing connections to be effected by this transaction.

Water			Sewer	
-Non Metered		-2" meter	-Residential Connection	
-5/8" or 3/4" meter	29	-3" meter	-Commercial Connection	
-1" meter		-4" meter	-Industrial Connection	
-1 1/2" meter		-Other	-Other	
Total Water Connections:			Total Sewer Connections	

20. Has the system reached 85% of its capacity based on TCEQ's minimum requirements? ☐ Yes ☒ No  
If yes, please explain what steps are being taken to address the capacity issues:

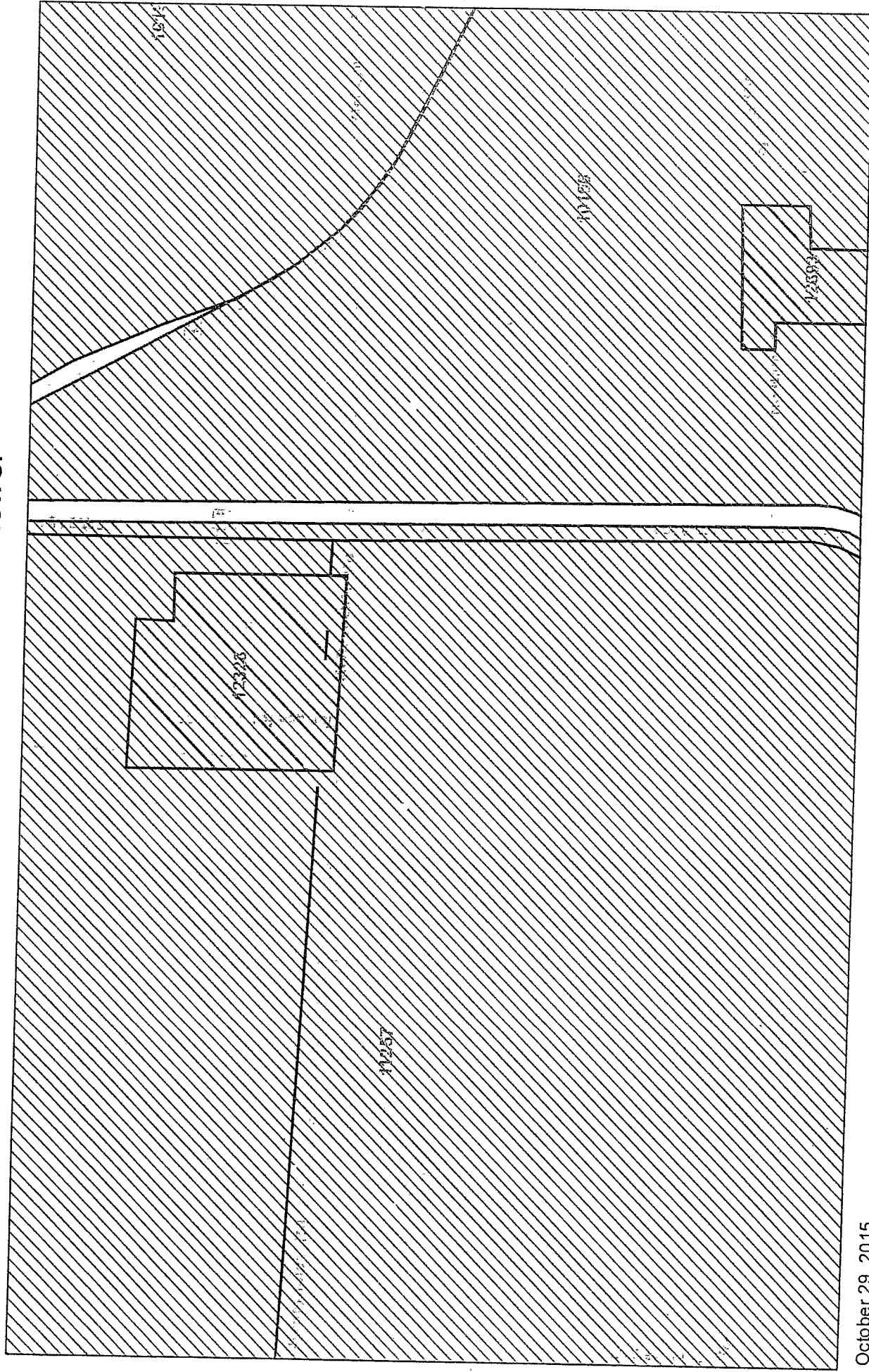
23. List the name, class, and license number of the operator(s) that will be responsible for the system:

Name	Class	License#
James Parkman	"AA"	WD 0005535
Ronnie Pyrom	"C"	WD 0031299
David Moore	"C"	WG 0014712

24. Attach the following maps with each copy of the application:
- One small scale map clearly showing affected service area with enough detail to accurately locate the area if the application is for the transfer of all or a portion of a CCN.
  - One large scale map showing the proposed service area boundaries being sold, transferred, or merged and, if available, the existing and proposed facilities. Color coding should be used to differentiate existing from proposed facilities. Facilities and service area boundaries should be shown with such exactness that they can be located on the ground. If transferring area not currently in a CCN or a portion of an existing CCN area please attach the following hard copy maps with each copy of the application:
    - A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
    - A map showing only the proposed area by:
      - metes and bounds survey certified by a licensed state or registered professional land surveyor; or
      - projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
      - following verifiable natural and man-made landmarks, or
      - a copy of recorded plat map with metes and bounds.
    - A written description of the proposed service area.



# Water and Sewer CCN Viewer



1:18,056

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

Part G - Oaths and Notices

**OATH FOR SELLER OR FORMER SERVICE PROVIDER**

STATE OF Texas  
COUNTY OF Denton

I, Michael Hamill, being duly sworn, file this application for sale, lease, rental or merger or consolidation as President (indicate relationship to applicant) that is, owner, member of partnership, title as officer of corporation, or other authorized representative of applicant; that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the documents filed with this application, and have complied with all the requirements contained in the application; and, that all such statements made and matters set forth therein with respect to applicant are true and correct. Statements about other parties are made on information and belief. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Commission.

I further state that I have provided to the purchaser or transferee a written disclosure statement about any contributed property as required under Section 13.301(i) and copies of any outstanding Orders of the Texas Commission on Environmental Quality, the Public Utility Commission of Texas, or Attorney General and have also complied with the notice requirements in Section 13.301(k) of the Texas Water Code.

[Signature]

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, this day 17 of November, 20 15.

SEAL



[Signature]

NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

Brandi Boggs  
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES

March 11, 2018

One copy of this page must be submitted for each utility involved in this transaction.

OATH FOR PURCHASER OR ACQUIRING ENTITY

STATE OF TEXAS

COUNTY OF Denton

I, Kevin Kemplin, being duly sworn, file this application for

sale, lease, rental or merger or consolidation as President  
(indicate relationship to applicant) that is, owner, member of partnership, title as officer of corporation, or other authorized representative of applicant; that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the documents filed with this application, and have complied with all the requirements contained in the application; and, that all such statements made and matters set forth therein with respect to applicant are true and correct. Statements about other parties are made on information and belief. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Commission.

I am also authorized and do agree to be bound by and comply with any outstanding orders of the Texas Commission on Environmental Quality, the Public Utility Commission of Texas or the Attorney General which have been issued to the system or facilities being acquired and recognize that I will be subject to administrative penalties or other enforcement actions if I do not comply.

Kevin R. Kemplin

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.

Applicant represents that all other parties to this transaction have been furnished copies of this completed application.

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for the State of Texas, this  
day 16 of November 20 15.

SEAL



BRANDI BOGGS  
NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

Brandi Boggs  
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES

March 11, 2018

One copy of this page must be submitted for each utility involved in this transaction.

## Notice to Current Customers, Neighboring Systems and Cities

\_\_\_\_\_'S  
(Seller's or Transferor's Name)NOTICE OF INTENT TO SELL FACILITIES AND TRANSFER CERTIFICATE OF CONVENIENCE AND  
NECESSITY (CCN) NO \_\_\_\_\_ TO \_\_\_\_\_

IN \_\_\_\_\_ COUNTY, TEXAS (Purchaser's or Transferee's Name)

To: \_\_\_\_\_ Date Notice Mailed \_\_\_\_\_, 20 \_\_\_\_  
(Name of Customer, Neighboring System or City)\_\_\_\_\_  
(Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sellers or Transferors' Name

Address

City/State/Zip Code

has submitted an application with the Public Utility Commission of Texas to sell facilities and transfer  
water or sewer (please select) CCN No. \_\_\_\_\_ in \_\_\_\_\_ [County Name]

County to:

Purchasers or Transferee's Name

Address

City/State/Zip Code

The sale is scheduled to take place as approved by the Commission (V.T.C.A., Water Code §13.301). The transaction and the transfer of  
the CCN include the following subdivision(s):  
\_\_\_\_\_  
\_\_\_\_\_The area subject to this transaction is located approximately \_\_\_\_\_ miles \_\_\_\_\_ [direction] of  
downtown \_\_\_\_\_, [City or Town] Texas, and is generally bounded on the north by  
\_\_\_\_\_ ; on the east by \_\_\_\_\_

; on the south by \_\_\_\_\_ ; and on the west by \_\_\_\_\_

The total area being requested includes approximately \_\_\_\_\_ acres and serves \_\_\_\_\_ current customers.  
This transaction will have the following effect on the current customer's rates and services:  
\_\_\_\_\_  
\_\_\_\_\_Affected persons may file written protests and/or request a public hearing within 30 days of this notice.  
To request a hearing, you must:

- (1) state your name, mailing address and daytime telephone number;
- (2) state the applicant's name, application number or another recognizable reference to this application;
- (3) include the statement "I/we request a public hearing";
- (4) write a brief description of how you, the persons you represent, or the public interest would be adversely affected by the proposed transaction and transfer of the CCN; and
- (5) state your proposed adjustment to the application or CCN which would satisfy your concerns and cause you to withdraw your request for a hearing.

Only those persons who submit a written request to be notified of a hearing will receive notice if a hearing is scheduled. The Commission will issue the CCN requested in the referenced application unless a hearing is scheduled to consider the transaction. If no protests or requests for hearing are filed during the comment period, the Commission may issue the CCN 30 days after publication of this notice.

Persons who wish to protest or request a hearing on this application should write the:

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

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

\_\_\_\_\_  
Utility Representative

\_\_\_\_\_  
Utility Name

## Notice to Current Customers, Neighboring Systems, Landowner and Cities

Terrace Acres WSC  
(Seller's or Transferor's Name)

'S NOTICE OF INTENT TO SELL FACILITIES TO

Bolivar WSC  
(Purchaser's or Transferee's Name)

AND FOR

Bolivar WSC  
Purchaser's or Transferee's Name)TO OBTAIN OR AMEND A CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) IN  
Denton COUNTY, TEXASTo: \_\_\_\_\_  
(Name of Customer, Neighboring System, Landowner or City)

Date Notice Mailed \_\_\_\_\_, 20 \_\_\_\_\_

(Address)

City State Zip

Sellers or Transferors' Name

Address

City/State/Zip Code

has submitted an application with the Public Utility Commission of Texas to sell water or sewer (please select) Facilities in Terrace Acres WSC [County Name] County to:

Purchasers or Transferee's Name

Address

City/State/Zip Code

The transferee has also requested to obtain/amend a CCN in this application. The sale is scheduled to take place as approved by the Commission (Texas Water Code §13.301). The transaction and the proposed service area include the following subdivision(s):

Bolivar WSCThe area subject to this transaction is located approximately 2.5 miles East [direction] of  
downtown Sanger, [City or Town] Texas, and is generally bounded on the north by  
\_\_\_\_\_ ; on the east by \_\_\_\_\_  
; on the south by \_\_\_\_\_ ; and on the west by \_\_\_\_\_The total area being requested includes approximately \_\_\_\_\_ acres and serves 29 current customers.  
This transaction will have the following effect on the current customer's rates and services:

Affected persons may file written protests and/or request a public hearing within 30 days of this notice.

To request a hearing, you must:

- (1) state your name, mailing address and daytime telephone number;
- (2) state the applicant's name, application number or another recognizable reference to this application;
- (3) include the statement "I/we request a public hearing";
- (4) write a brief description of how you, the persons you represent, or the public interest would be adversely affected by the proposed transaction and transfer of the CCN; and
- (5) state your proposed adjustment to the application or CCN which would satisfy your concerns and cause you to withdraw your request for a hearing.

Only those persons who submit a written request to be notified of a hearing will receive notice if a hearing is scheduled. The Commission will issue the CCN requested in the referenced application unless a hearing is scheduled to consider the transaction. If no

protests or requests for hearing are filed during the comment period, the Commission may issue the CCN 30 days after publication of this notice.

Persons who wish to protest or request a hearing on this application should write the:

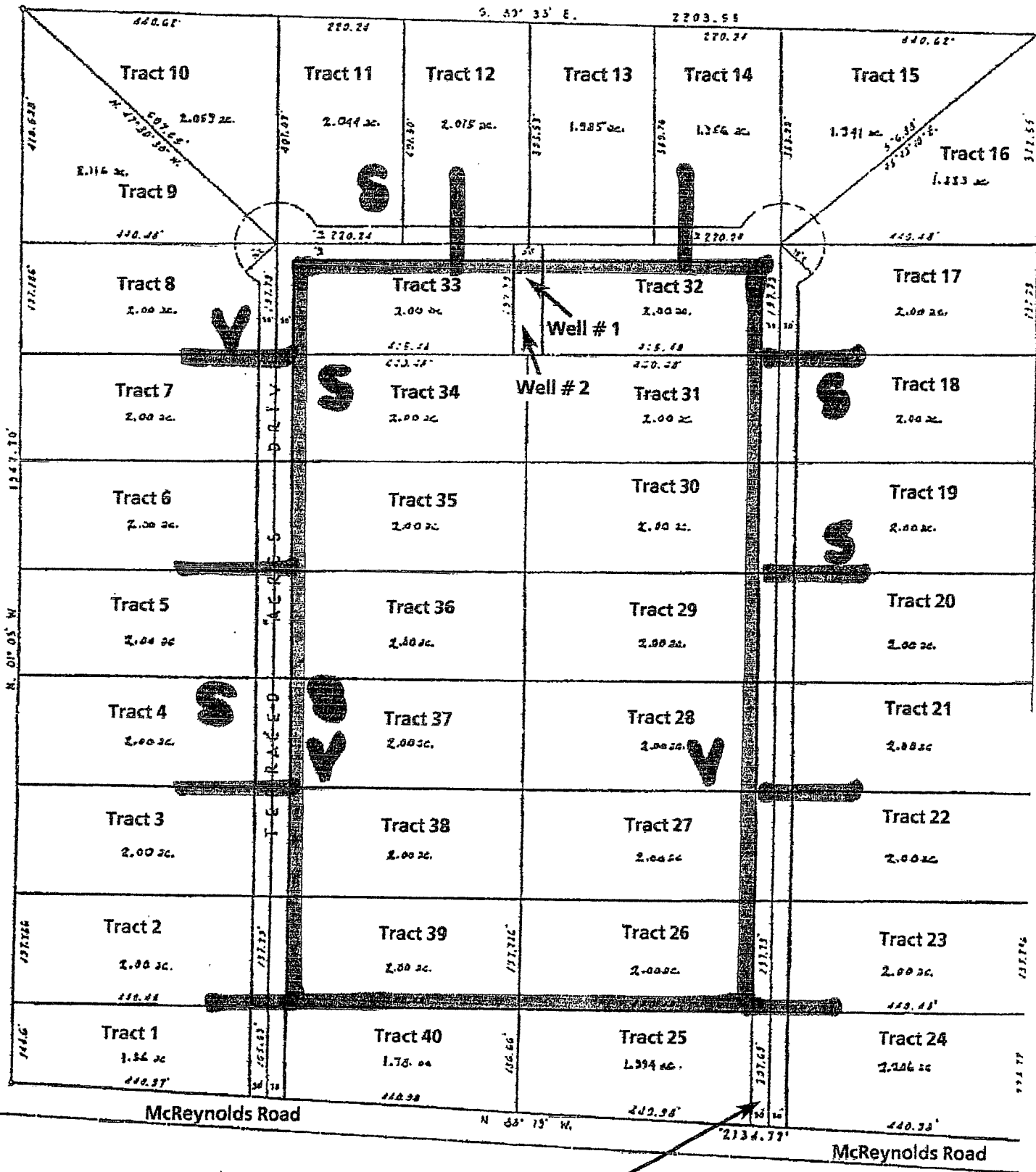
Filing Clerk  
Public Utility Commission of Texas  
1701 North Congress Avenue  
P.O. Box 13326  
Austin, Texas 78711-3326

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

Matt  
Utility Representative

Terrace Acres WSC  
Utility Name

#6



3" WATER LINE  
V VALVE  
S SAMPLE SITE

Terrace Road



Terrace Acres  
CCN 12323