

Carl L. Brassow, P.E.

Page 2

October 26, 2015

equations, and calculations needed to show substantial compliance with Chapter 217. The items which shall be included in the summary transmittal letter are addressed in §217.6(c)(1)-(10).

2. Any deviations from Chapter 217 shall be disclosed in the summary transmittal letter and the technical justifications for those deviations shall be provided in the engineering report. Any deviations from Chapter 217 shall be based on the best professional judgement of the licensed professional engineer sealing the materials and the engineer's judgement that the design would not result in a threat to public health or the environment.
3. Any variance from a Chapter 217 requirement disclosed in your summary transmittal letter is approved. If in the future, additional variances from the Chapter 217 requirements are desired for the project, each variance must be requested in writing by the design engineer. Then, the TCEQ will consider granting a written approval to the variance from the rules for the specific project and the specific circumstances.
4. Within 60 days of the completion of construction, an appointed engineer shall notify both the Wastewater Permits Section of the TCEQ and the appropriate Region Office of the date of completion. The engineer shall also provide written certification that all construction, materials, and equipment were substantially in accordance with the approved project, the rules of the TCEQ, and any change orders filed with the TCEQ. All notifications, certifications, and change orders must include the signed and dated seal of a Professional Engineer licensed in the State of Texas.

This approval does not mean that future projects will be approved without a complete plans and specifications review. The TCEQ will provide a notification of intent to review whenever a project is to undergo a complete plans and specifications review. Please be reminded of 30 TAC §217.7(a) of the rules which states, "Approval given by the executive director or other authorized review authority does not relieve an owner of any liability or responsibility with respect to designing, constructing, or operating a collection system or treatment facility in accordance with applicable commission rules and the associated wastewater permit".

If you have any questions or if we can be of any further assistance, please call me at (512) 239-4552.

Sincerely,



Louis C. Herrin, III, P.E.
Wastewater Permits Section (MC 148)
Water Quality Division
Texas Commission on Environmental Quality

LCH/kwm

cc: TCEQ, Region 12 Office

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

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/> -Non Metered	<input type="text"/> -2" meter	<input type="text"/> -Residential Connection	<input type="text"/>
<input type="text"/> -5/8" or 3/4" meter	<input type="text"/> -3" meter	<input type="text"/> -Commercial Connection	<input type="text"/>
<input type="text"/> -1" meter	<input type="text"/> -4" meter	<input type="text"/> -Industrial Connection	<input type="text"/>
<input type="text"/> -1 1/2" meter	<input type="text"/> -Other	<input type="text"/> -Other	<input type="text"/>
Total Water Connections: <input type="text"/> 44		Total Sewer Connections <input type="text"/>	

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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Jon Niefmann, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 16, 2015

Ms. Peggy Paul, President
Orbit Systems, Inc.
1302 Airline N
Rosharon, Texas 77583-7718

Re: Notice of Compliance with Notice of Violation (NOV) dated April 2, 2015:
Angle Acres Water System, 128 Cindy Ct. (CR 457B), Brazoria County, Texas
Regulated Entity No.: 101240109, TCEQ ID No.: 0200244 , Investigation No.: 1282578

Dear Ms. Paul:

On April 24, 2015, the Texas Commission on Environmental Quality (TCEQ) Houston Region Office received adequate compliance documentation to resolve the alleged violation documented during the investigation of the above-referenced regulated entity conducted on March 19, 2015. Based on the information submitted, no further action is required concerning this investigation.

The Texas Commission on Environmental Quality appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions, please feel free to contact Ms. Christina Bernal in the Houston Region Office at (713) 767-3650.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julia Thorp".

Julia Thorp, Team Leader
Public Water Supply
Houston Region Office

JT/CB/ra

Enclosure: *Summary of Investigation Findings*

cc: Brazoria County Health Department

Summary of Investigation Findings

ANGLE ACRES WATER SYSTEM

Investigation #

1282578

Investigation Date: 10/05/2015

, BRAZORIA COUNTY,

Additional ID(s): 0200244

ALLEGED VIOLATION(S) NOTED AND RESOLVED

Track No: 565370

30 TAC Chapter 290.46(m)(4)

Alleged Violation:

Investigation: 1222979

Comment Date: 03/25/2015

Water Leakage

Failure to maintain all related appurtenances in a watertight condition. In this connection, the leaking schrader valve located at Well 1 must be repaired or replaced as necessary.

At the time of the compliance investigation, the schrader valve on Well 1 was leaking.

Investigation: 1282578

Comment Date: 10/05/2015

Water Leakage

Failure to maintain all related appurtenances in a watertight condition. In this connection, the leaking schrader valve located at Well 1 must be repaired or replaced as necessary.

Recommended Corrective Action: Submit a work order, invoice, receipt, or photo showing the leaking valve has been repaired or replaced to verify compliance.

Resolution: On April 24, 2015, the investigator received, via postal mail, a copy of a work order and a photograph documenting the installation of a new schrader valve on Well 1.

Bryan W. Shaw, Ph.D., P.E., Chairman
Toby Baker, Commissioner
Zak Covar, Commissioner
Richard A. Hyde, P.E., Executive Director



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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

April 2, 2015

**CERTIFIED MAIL #7013 3020 0000 9763 1062
RETURN RECEIPT REQUESTED**

Ms. Peggy Paul, President
Orbit Systems, Inc.
1302 Airline N
Rosharon, Texas 77583-7718

Re: Notice of Violation for the Comprehensive Compliance Investigation at:
Angle Acres Water System, 128 Cindy Ct. (CR 457B), Brazoria County, Texas
Regulated Entity No.: 101240109, TCEQ ID No.: 0200244, Investigation No.: 1222979

Dear Ms. Paul:

On March 19, 2015, Ms. Christina Bernal, Ms. Jeanne Eckhart, and Ms. Destiny Winning of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced regulated entity to evaluate compliance with applicable requirements for Public Water Supply. Enclosed is a summary which lists the investigation findings. In addition, a certain outstanding alleged violation was identified for which compliance documentation is required. Please submit to this office by May 7, 2015, a written description of corrective action taken and the required documentation demonstrating that compliance has been achieved for the outstanding alleged violation.

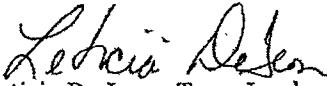
In the listing of the alleged violation, we have cited applicable requirements, including TCEQ rules. Please note that both the rules themselves and the agency brochure entitled *Obtaining TCEQ Rules* (GI 032) are located on our agency website at <http://www.tceq.texas.gov> for your reference. If you would like a hard copy of this brochure mailed to you, you may call and request one from either the Houston Region Office at (713) 767-3650 or the Central Office Publications Ordering Team at (512) 239-0028.

The TCEQ appreciates your assistance in this matter. Please note that the Legislature has granted TCEQ enforcement powers which we may exercise to ensure compliance with environmental regulatory requirements. We anticipate that you will resolve the alleged violation as required in order to protect the State's environment. If you have additional information that we are unaware of, you have the opportunity to contest the violation documented in this notice. Should you choose to do so, you must notify the Houston Region Office within 10 days from the date of this letter. At that time, PWS Team Leader Ms. Leticia De Leon will schedule a violation review meeting to be conducted within 21 days from the date of this letter.

Ms. Peggy Paul, President
Page 2
April 2, 2015

If you or members of your staff have any questions, please feel free to contact Ms. Christina Bernal in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/CB/ra

cc: Brazoria County Health Department

Enclosure: Summary of Investigation Findings

Summary of Investigation Findings

ANGLE ACRES WATER SYSTEM

Investigation #

1222979
Investigation Date: 03/19/2015

, BRAZORIA COUNTY,

Additional ID(s): 0200244

OUTSTANDING ALLEGED VIOLATION(S) ASSOCIATED TO A NOTICE OF VIOLATION

Track No: 565370 Compliance Due Date: 05/07/2015

30 TAC Chapter 290.46(m)(4)

Alleged Violation:

Investigation: 1222979

Comment Date: 03/25/2015

Water Leakage

Failure to maintain all related appurtenances in a watertight condition. In this connection, the leaking schrader valve located at Well 1 must be repaired or replaced as necessary.

At the time of the compliance investigation, the schrader valve on Well 1 was leaking.

Recommended Corrective Action: Submit a work order, invoice, receipt, or photo showing the leaking valve has been repaired or replaced to verify compliance.

ORBIT SYSTEMS, INC.

Orbit Systems, Inc.
1302 Airline North
Rosharon TX 77583

April 22, 2015

Ms. Leticia De Leon
TCEQ
Region 12
5425 Polk Avenue, Suite H
Houston, Texas 77023-1423

Dear Ms. De Leon:

Subject: Public Water Supply; Angle Acres; ID#0200244; Brazoria County, Texas

On March 19, 2015, a sanitary survey was conducted at the subject water system. The following actions were taken as a result of the items of noncompliance:

1. **Leaking Schrader valve located at Well #1.** Schrader valve located at Well #1 was replaced as of 04/02/2015. Please refer to attached work order and picture to verify compliance.

If you have any questions or require further information regarding these actions, please contact me at the above address or telephone 281-369-2041.

Sincerely,



Peggy Paul
Orbit Systems, Inc.

DIST: 49

ORBIT SYSTEMS

Work Order #: 34622

3rd COPY

DATE: 04/22/2015

Work Order

Page: 1

Acct#: 1-13-00013-00

Home Phone: (000) 000-0000

S/Adr: ANGLE ACRES SYSTEM

Department: TCEQ

Name: ANGLE ACRES #1

Date Received: 03/20/2015

Time: 10:58AM

Prepared By: Sarah Carlock

Date Scheduled: ___/___/___

Time: ___:___AM/PM

Dispatched:

Type of Work Order (W) : W Response to Invest. (water)

Forms Selected : 9

Status: (C)lose, (V)oid: _____

- * REPLACE LEAKING SCHRAEDER VALVE ON WELL - *completed 4/2/15*
* REPAIR BOARD FENCING ON SIDE
* TIGHTEN BARBED WIRE ALONG BACK OF FENCE NEXT TO TREE

TAKE PICTURE AS THESE ARE COMPLETED

Comp. Date: ___/___/___

Time: ___:___ AM / PM

By: _____



TCEQ EXIT INTERVIEW FORM: Potential Violations and/or Records Requested				
Regulated Entity/Site Name	Angle Acres Water System		TCEQ Add. ID No. RN No. (optional)	0200244
Investigation Type	CCI	Contact Made In-House (Y/N)	Purpose of Investigation	routine compliance
Regulated Entity Contact			Telephone No.	Date Contacted
Title			Fax No.	Date Faxed

NOTICE: The information provided in this form is intended to provide clarity to issues that have arisen during the investigation process between the TCEQ and the regulated entity named above and *does not represent final TCEQ findings related to violations*. Any potential or alleged violations discovered after the date on this form will be communicated by telephone to the regulated entity representative prior to the issuance of a notice of violation or enforcement. Conclusions drawn from this investigation, including additional violations or potential violations discovered (if any) during the course of this investigation, will be documented in a final investigation report.

Issue		For Records Request: Identify the necessary records, the company contact and date due to the agency. For Alleged and Potential Violation Issues: Include the rule in question with the clearly described potential problem. Other type of issues: fully describe.	
No.	Type	Rule Citation (if known)	Description of Issue
1	AV		repair/replace leaking schrader valve on well

*Issue Type Can Be One or More of: AV (Alleged Violation), PV (Potential Violation), O (Other), or RR (Records Request)

Did the TCEQ document the regulated entity named above operating without proper authorization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did the investigator advise the regulated entity representative that continued operation is not authorized?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Document Acknowledgment. Signature on this document establishes only that the regulated entity (company) representative received a copy of this document and associated continuation pages on the date noted. If contact was made by telephone, document will be faxed to regulated entity, therefore, signature not required.

Christina E. Bernal	Christina E. Bernal	03/19/15	Peggy Paul	3/19/15
Investigator Name (Signed & Printed)		Date	Regulated Entity Representative Name (Signed & Printed)	Date

If you have questions about any information on this form, please contact your local TCEQ Regional Office.

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

White Copy: Regulated Entity Representative Yellow Copy: TCEQ
TCEQ-20086 (Rev. 8/07)

(Note: Use additional pages as necessary) Page ____ of ____

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:

0	2	0	0	3	5	8
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Date of last inspection:

8/5/2016

B. For Wastewater Systems:

-TCEQ Discharge Permit Number: W Q

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 -Name of Permittee:

--	--	--	--	--	--	--	--	--	--

 -Date of application to transfer Discharge Permit submitted:

--	--	--	--	--	--	--	--	--	--

 -Date of application to transfer Discharge Permit approved by TCEQ:

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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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="checkbox"/> -Non Metered	<input type="checkbox"/> -2" meter	<input type="checkbox"/> -Residential Connection	<input type="checkbox"/>
<input type="checkbox"/> -5/8" or 3/4" meter	<input type="checkbox"/> -3" meter	<input type="checkbox"/> -Commercial Connection	<input type="checkbox"/>
<input type="checkbox"/> -1" meter	<input type="checkbox"/> -4" meter	<input type="checkbox"/> -Industrial Connection	<input type="checkbox"/>
<input type="checkbox"/> -1 1/2" meter	<input type="checkbox"/> -Other	<input type="checkbox"/> -Other	<input type="checkbox"/>
Total Water Connections: <input type="text"/> 26		Total Sewer Connections <input type="text"/> 0	

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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: See Attachment 'K'

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Jon Niermann, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

41
September 8, 2016

Peggy Paul, President
Orbit Systems Inc.
1302 Airline N.
Rosharon, Texas 77583-7718

Re: Comprehensive Compliance Investigation at:
Bayou Colony Subdivision, 4602 Bayou Lane, Rosharon, Brazoria County, Texas
Regulated Entity No.: 101232197 TCEQ ID No.: 0200358
Investigation No.: 1342325

Dear Ms. Paul:

On August 5, 2016, Ms. Dawn Olivo, of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office, conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Olivo, in the Houston Region Office at (713) 767-3650.

Sincerely,

A handwritten signature in cursive script that reads "Latrichia Spikes".

Latrichia Spikes, Team Leader
Public Water Supply
Houston Region Office

LS/DO/mar

cc: Brazoria County Environmental Health Department

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:

--	--	--	--	--	--	--	--

Date of last inspection: 5/20/2015

B. For Wastewater Systems:

-TCEQ Discharge Permit Number: W Q 1 2 1 1 3 - 0 0 1

-Name of Permittee: Orbit Systems, Inc

-Date of application to transfer Discharge Permit submitted:

-Date of application to transfer Discharge Permit approved by TCEQ: Upon Approval of STM

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="checkbox"/> -Non Metered	<input type="checkbox"/> -2" meter	-Residential Connection	103
<input type="checkbox"/> -5/8" or 3/4" meter	<input type="checkbox"/> -3" meter	-Commercial Connection	
<input type="checkbox"/> -1" meter	<input type="checkbox"/> -4" meter	-Industrial Connection	
<input type="checkbox"/> -1 1/2" meter	<input type="checkbox"/> -Other	-Other	
Total Water Connections:		Total Sewer Connections	103

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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- 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.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

July 15, 2015

Ms. Peggy Paul, President
Orbit Systems, Inc.
1302 Airline North
Rosharon, Texas 77583

Re: Compliance Evaluation Investigation at:
The Orbit Systems, Inc., Beechwood Wastewater Treatment Facility located at 7132 Green Tree Drive, approximately 0.5 mile west of State Highway 288B, and approximately 2800 feet southwest of the intersection of State Highway 288B and Beechwood Drive, and approximately 3.5 miles north of the City of Angleton (Brazoria County), Texas.
TCEQ ID No.: WQ0012113-001, EPA ID No.: TX0079260

Dear Ms. Paul:

On May 20, 2015, Mr. Nwachukwu Sam Okonkwo and Ms. Becky Costigan of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with applicable requirements for water quality. No violations are being alleged as a result of the investigation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Mr. Nwachukwu Sam Okonkwo in the Houston Region Office at 713-767-3692.

Sincerely,

A handwritten signature in dark ink, appearing to read "BSS" followed by a stylized flourish.

Barbara S. Sullivan
Team Leader
Water Quality Management
Region 12 Houston

BSS/NSO/ci

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:

0200245

Date of last inspection:

4/16/2015

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/>	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/> 103	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-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#
See Attachment 'J'		

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 - following verifiable natural and man-made landmarks, or
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 - A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

April 28, 2015

Ms. Peggy Paul, President
Orbit Systems, Inc.
1302 Airline N.
Rosharon, Texas 77583-7718

Re: Comprehensive Compliance Investigation at:
Beechwood Subdivision, off Beechwood Dr. (CR 453), Brazoria County, Texas
Regulated Entity No.: 101197648, TCEQ ID No.: 0200245, Investigation No.: 1230492

Dear Ms. Paul:

On April 16, 2015, Ms. Christina Bernal, of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Bernal, in the Houston Region Office at (713) 767-3650.

Sincerely,

A handwritten signature in cursive script, reading "Leticia De Leon".

Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/CB/mar

cc: Brazoria County Health Department

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

0	2	0	0	3	3	8
---	---	---	---	---	---	---

Date of last inspection: 4/16/2015

-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:

1

Yes ☒ No. If yes, please explain:

1

☐ Yes☐

☐ No. If yes, please explain:

	Description of the Required Improvement
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

Schedule to Complete	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Estimated Cost	
----------------	--

	Percent Complete	Estimated Cost

11

☐ Yes

☐

Water

Sewer

PUCT Sale Merger Transfer (Previous TCEQ Form 10516)
Page 16 of 23 9/1/2014

20. Do you currently purchase water or sewer treatment capacity from another source? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ 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	-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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: See Attachment 'K'

- 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.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

April 28, 2015

Ms. Peggy Paul, President
Orbit Systems, Inc.
1302 Airline N.
Rosharon, Texas 77583-7718

Re: Comprehensive Compliance Investigation at:
Bernard Oaks Subdivision, 59 Scotsdale (CR 244B), Brazoria County, Texas
Regulated Entity No.: 101283638, TCEQ ID No.: 0200338, Investigation No.: 1230373

Dear Ms. Paul:

On April 16, 2015, Ms. Christina Bernal, of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Bernal, in the Houston Region Office at (713) 767-3650.

Sincerely,

A handwritten signature in cursive script, appearing to read "Leticia De Leon".

Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/CB/mar

cc: Brazoria County Health Department

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:

0 2 0 0 3 2 3

Date of last inspection: 03/18/2015

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:

Current owner is addressing additional issues indicated in investigation on 03/18/2015

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/> -Non Metered	<input type="text"/> -2" meter	<input type="text"/> -Residential Connection	<input type="text"/>
<input type="text"/> -5/8" or 3/4" meter	<input type="text"/> -3" meter	<input type="text"/> -Commercial Connection	<input type="text"/>
<input type="text"/> -1" meter	<input type="text"/> -4" meter	<input type="text"/> -Industrial Connection	<input type="text"/>
<input type="text"/> -1 1/2" meter	<input type="text"/> -Other	<input type="text"/> -Other	<input type="text"/>
Total Water Connections: <input type="text"/> 48		Total Sewer Connections <input type="text"/>	

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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

April 2, 2015

Protecting Texas by Reducing and Preventing Pollution

Ms. Peggy Paul, President
Orbit Systems Inc.
1302 Airline N.
Rosharon, Texas 77583

Re: Comprehensive Compliance Investigation at:
Blue Sage Gardens Subdivision, 5100 Blue Sage Dr., Pearland, Brazoria County, Texas
Regulated Entity No.: 101178028, TCEQ ID No.: 0200323 Investigation No.: 1227254

Dear Ms. Paul:

On March 18, 2015, Mr. Scott Shashy of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation; however, please see the attached Additional Issue. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Mr. Scott Shashy in the Houston Region Office at (713) 767-3650.

Sincerely,

A handwritten signature in cursive script that reads "Leticia De Leon".

Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/SS/ra

cc: Brazoria County Health Department

Enclosure: Summary of Investigation Findings

Summary of Investigation Findings

BLUE SAGE GARDENS SUBDIVISION
5700 BLUE SAGE DRIVE
PEARLAND, BRAZORIA COUNTY, TX 77584

Investigation #
122725A
Investigation Date: 03/18/2015

Additional ID(s): 0200323

No Violations Associated to this Investigation

ADDITIONAL ISSUES

Description
Item 1

Additional Comments

Failure, by a retail public utility that possesses a certificate of public convenience and necessity that has reached 85% of its capacity as compared to the most restrictive criteria of the commission's minimum capacity requirements in Chapter 290 T.A.C., to submit to the executive director a planning report that clearly explains how the retail public utility will provide the expected service demands to the remaining areas within the boundaries of its certificated area.

At the time of investigation, the regulated entity provided 65 GPM of well capacity. The system is required to provide at least 58.5 GPM of well capacity. Please note, this system may provide at least 68.8 GPM of well capacity to meet the 85% Rule.

Barry R. McBee, *Chairman*
R. B. "Ralph" Marquez, *Commissioner*
John M. Baker, *Commissioner*
Dan Pearson, *Executive Director*



TEXAS NATURAL RESOURCE CONSERVATION COMMISSION

Protecting Texas by Reducing and Preventing Pollution

July 21, 1997

Mr. Charles B. Walker, P.E.
Orbit Systems, Inc.
1302 Airline North
Rosharon, Texas 77583

Re: Blue Sage Gardens Subdivision
Proposed Well Number 2
Texas Natural Resource Conservation Commission (TNRCC) Public Water System
Identification Number 0200323
Plans Review and Rate Design Team Log Number 707-069
Brazoria County, Texas

Dear Mr. Walker:

The planning material received on July 14, 1997, with your letter dated July 10, 1997 for the proposed Well Number 2 has been reviewed. The project generally meets the minimum requirements of the TNRCC's Chapter §290 - Rules and Regulations for Public Water Systems (Rules) and is **conditionally approved for construction** if the project plans and specifications meet the following requirements:

- The cement-grout mixture shall comply with section 7.3, AWWA Standard A100-90 [§290.41(c)(3)(C)].
- All newly installed pipe and fittings must conform to ANSI/NSF Standard 61 and must be certified by an organization accredited by ANSI [§290.44(a)(1)].

An appointed engineer must notify the TNRCC's Region 12 Office at (713) 767-3500 when construction will start.

Mr. Charles B. Walker

Page 2

July 21, 1997

The design engineer or water system representative is required to notify the Plans Review and Rate Design Team at (512) 239-6960 at least 48 hours before the well casing pressure cementing begins. If pressure cementing is to begin on a Monday, then they must give notification on the preceding Thursday. If pressure cementing is to begin on Tuesday, then they must give notification on the preceding Friday.

The TNRCC does not approve this well for use as a public water supply at this time. We have enclosed a copy of the "Public Well Completion Data Checklist for Interim Approval." We provide this checklist to help you in obtaining interim approval to use this well before we can give final approval. All known abandoned or inoperative wells (unused wells that have not been plugged) within one quarter mile of a proposed wellsite shall be reported to the Commission along with existing or potential pollution hazards. Examples of existing or potential pollution hazards that may affect ground water quality include, but are not limited to: landfill and dump sites, animal feedlots, military facilities, industrial facilities, wood-treatment facilities, liquid petroleum and petrochemical production, storage, and transmission facilities, Class 1, 2, 3, and 4 injection wells, and pesticide storage and mixing facilities.

The submittal consisted of two sheets of engineering drawings that included technical specifications, a county map and a recorded sanitary control easement. The proposed project consists of:

- One public water supply well drilled to 530 feet with 425 linear feet (l.f.) of 5-inch i.d. PVC casing (ASTM F480 SDR 17);
- Approximately 20 l.f. of 3-inch i.d. PVC slotted screen and 3-inch i.d. PVC blank liner (schedule 40);
- A five-horsepower submersible pump set at 200et deep. The design capacity of the pump is 60 g.p.m.; and,
- Concrete well head, well discharge piping and related appurtenances.

The well will be constructed on the west side of F.M. Road 1128 just west of the City of Pearland.

Please keep in mind that within 60 days of project completion the engineer must attest in writing that the project was constructed as described in the approved plans, specifications and any change orders filed with the TNRCC as required in §290.39(c)(3)(C) of the Rules.

Please refer to Plans Review and Rate Design Team Log No. 707-069 in all correspondence for this project. This will help complete our review and prevent it from being considered a new project.

Mr. Charles B. Walker

Page 3

July 21, 1997

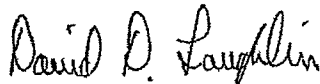
For future reference, you can review part of the Plans Review and Rate Design Team's database to see if we have received your project. This is available on the TNRCC's homepage on the Internet at the following address:

<http://www.tnrcc.state.tx.us/water/wu/rates/planrev.html>

You can download most of the well construction checklists and the latest revision of Chapter 290 "Rules and Regulations for Public Water Systems" from this site.

If you have any questions please contact me at (512) 239-6960 or the Internet address: "DLAUGHLI@tnrcc.state.tx.us."

Sincerely,



David D. Laughlin, P.E.
Plans Review and Rate Design Team
Water Utilities Division, MC 153

DDL/mlm

cc: Blue Sage Gardens Subdivision
TNRCC Region No.12 Office - Houston

[Convert to PDF](#)**WATER WELL OPERATING PERMIT**

Brazoria County Groundwater Conservation District
111 E. Locust St. Building A-29, Suite 140
Angleton, TX 77515
Phone: (979) 864-1078 Fax: (979) 864-1079

PERMIT NUMBER: 20160715015151

I. PERMITTEE: Orbit Systems,
Inc.
Attn: Peggy Paul
1302 Airline North
Rosharon, Texas 77583

II. LOCATION OF WELL:
5100 Blue Sage Drive
Pearland, Texas 77584
Lat: 29 32' 39.11" Lon: -95 20'
4.697"

III. WELL NUMBER:
20160715131832

IV. USE: Public_Supply

V. PERMIT TERM: 8/11/2016 THROUGH 7/31/2017

An Operating Permit authorizes groundwater production for the 12 month permit term indicated.

VI. Authorized withdrawal for term of permit: 1,750,000.00
gallons
(Based on requested or historic use and not limited)

CONDITIONS OF PERMIT:

- Groundwater produced will be put to beneficial use at all times
- Groundwater will be used at the physical location of the well, unless otherwise noted on the approved application.
- Failure to pay production fees as required or conform to the permit conditions or rules of the District may be cause for revocation of the permit.

APPROVED THIS DAY 8/12/2016

By
Sherilyn Plentl
Administrative Assistant
Brazoria County Groundwater Conservation District
979-864-1078

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:

00200325

Date of last inspection:

10/17/2014

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:

All Additional Issues listed in the Comprehensive Compliance Investigation will be addressed within 6 months following consummation of transaction.

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:

39 Water Sewer

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

Applicant will obtain consent letter prior to issuance of STM application

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

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/> -Non Metered	<input type="text"/> -2"meter	<input type="text"/> -Residential Connection	<input type="text"/>
<input type="text"/> 39 -5/8" or 3/4" meter	<input type="text"/> -3" meter	<input type="text"/> -Commercial Connection	<input type="text"/>
<input type="text"/> -1" meter	<input type="text"/> -4" meter	<input type="text"/> -Industrial Connection	<input type="text"/>
<input type="text"/> -1 1/2" meter	<input type="text"/> -Other	<input type="text"/> -Other	<input type="text"/>
Total Water Connections: <input type="text"/> 39		Total Sewer Connections <input type="text"/>	

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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- 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.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Tohji Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

December 12, 2014

Ms. Peggy Paul, President
Obits System Inc.
1302 Airline North
Rosharon, Texas 77583-7718

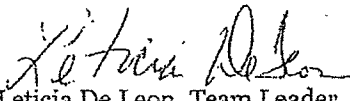
Re: Comprehensive Compliance Investigation at:
Brandi Estates Subdivision, 8603 E. Sherri Circle, Brazoria County., Texas
Regulated Entity No.: 101256535, TCEQ ID No.: 0200325, Investigation No.: 1202939

Dear Ms. Paul:

On October 17, 2014, Ms. LaTrichia Spikes of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation; however, please see the attached Additional Issue. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. LaTrichia Spikes in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LJD/LS/ra

cc: Brazoria County Environmental Health Department

Enclosure: Summary of Investigation Findings

Summary of Investigation Findings

BRANDI ESTATES

8603 E SHERRI CIR

MANVEL, BRAZORIA COUNTY, TX 77578

Investigation #

1202939

Investigation Date: 10/17/2014

Additional ID(s): 0200325

No Violations Associated to this Investigation

ADDITIONAL ISSUES

Description

Item 1

Additional Comments

30 TAC, §290.39(j) Examination of Plans and Specifications

Please be aware to notify the executive director prior to making any significant change or addition to the system's production, treatment, storage, pressure maintenance, or distribution facilities.

No documentation was available showing the addition of polyphosphate treatment was approved by TCEQ. It is therefore recommended that the facility apply for approval of this change in treatment to the water system in order to remain in compliance.

Please be aware that all "as built plans" must be submitted to Austin in writing for approval and that the system may apply for an exception by writing to the:

Texas Commission on Environmental Quality,
Technical Review and Oversight Team (MC-159),
P.O. Box 13087, Austin, Texas 78711-3087, phone
(512)239-4691.

Item 2

30 TAC, §291.93(3)

Adequacy of Water Utility Service

Please be aware that a retail public utility that possesses a certificate of public convenience and necessity that has reached 85% of its capacity as compared to the most restrictive criteria of the commission's minimum capacity requirements in Chapter 290 T.A.C., to submit to the executive director a planning report that clearly explains how the retail public utility will provide the expected service demands to the remaining areas within the boundaries of its certificated area. A report is not required if the source of supply available to the utility service provider is reduced to below the 85% level due to a court or agency conservation order unless that order is expected to extend for more than 18 months from the date it is entered in which case a report shall be required.

(A) After any commission field inspection, a retail public utility must analyze the system's capacity to determine if it has reached 85% of its capacity. If the retail public utility has reached 85% of its capacity, it must file this report no later than 90 days after the date of a commission letter detailing the results of the inspection. Capacity is considered to be the overall rated capacity in number of residential connection equivalents based on the most restrictive criteria for production, treatment, storage, or pumping.

(B) The report should be submitted in writing and should contain the following:

(i) a brief description of the overall utility system and service area;

(ii) an analysis of the plant capacity as defined in subparagraph (A) of this paragraph;

(iii) details on how the retail public utility will provide service to the remaining areas within the boundaries of its certificated area. This includes projections of cost and expected design and installation dates for additional facilities.

Item 3

Item2- Continue

(C) The executive director may waive or limit the reporting requirements if the retail public utility demonstrates that the projected growth of the area will not require the retail public utility to exceed 100% of its current capacity for the next five years.

(D) Any retail public utility required to file reports under this section of the rules, including those requesting waivers, shall file updated reports within 90 days after the retail public utility receives a copy of each subsequent commission field inspection report until the system demand is below 85% capacity.

Specifically, it is noted on this investigation that your well has reached 85 % of its capacity. This was based on 31 connections.

Submit a planning report within 90 days to TCEQ, Water Supply Division, Public Drinking Water Section, Technical Review & Oversight, MC 159, P.O. Box 13087, Austin, TX 78711-3087; phone (512) 239-4691.

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:

0-2-0-0-6-3-9

Date of last inspection:

No Facilities Built

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:

Please note that at this time the area covered by a CCN is undeveloped and therefor has no production or distribution facilities.

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/>	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-Other
Total Water Connections:		Total Sewer Connections	
<input type="text"/>		<input type="text"/>	

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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: See Attachment 'K'

- 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.

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: 0200410

Date of last inspection: 09/24/2014

B. For Wastewater Systems:

-TCEQ Discharge Permit Number: WQ -
 -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:

All Additional Issues listed in the Comprehensive Compliance Investigation will be addressed within 6 months following consummation of transaction.

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/>	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-Other
Total Water Connections:		<input type="text"/>	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#
See Attachment J		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- 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.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 20, 2014

#15

Ms. Peggy Paul, President
Obits System Inc.
1302 Airline North
Rosharon, Texas 77583-7718

Re: Comprehensive Compliance Investigation at:
Briar Meadows, CR 121 and CR 574, Rosharon, Brazoria County, Texas
Regulated Entity No.: 101209054, TCEQ ID No.: 0200410, Investigation No.: 1196934

Dear Ms. Paul:

On September 24, 2014, Ms. LaTrichia Spikes of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation; however, please see the attached Additional Issue. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. LaTrichia Spikes in the Houston Region Office at (713) 767-3650.

Sincerely,

Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/LS/ra

cc: Brazoria County Environmental Health Department

Enclosure: Summary of Investigation Findings

Summary of Investigation Findings

BRIAR MEADOWS

6202 SUMMER LN

ROSHARON, BRAZORIA COUNTY, TX 77583

Investigation #

1196934

Investigation Date: 09/25/2014

Additional ID(s): 0200410

No Violations Associated to this Investigation

ADDITIONAL ISSUES

Description

Item 1

Additional Comments

30 TAC, §290.39(j) Examination of Plans and Specifications

Please be advised that public water systems shall notify the executive director prior to making any significant change or addition to the system's production, treatment, storage, pressure maintenance, or distribution facilities.

Please be aware that all "as built plans" must be submitted to Austin in writing for approval and that the system may apply for an exception by writing to the:

Texas Commission on Environmental Quality,
Technical Review and Oversight Team (MC-159),
P.O. Box 13087, Austin, Texas 78711-3087, phone
(512)239-4691.

It is noted at the time of the investigation, the regulated entity has been applying polyphosphate to the iron exceedances.

0	2	0	0	3	2	4
---	---	---	---	---	---	---

281

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

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/> 53	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-Other
Total Water Connections:		<input type="text"/> 53	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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

March 26, 2015

H-3

Ms. Peggy Paul, President
Orbit Systems Inc.
1302 Airline N
Rosharon, Texas 77583-7718

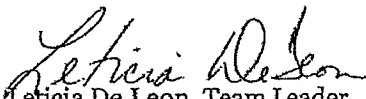
Re: Comprehensive Compliance Investigation at:
Colony Cove Subdivision Water System, 2311 Colony Cove, Rosharon, Brazoria County,
Texas
Regulated Entity No.: 101192722
TCEQ ID No.: 0200324, Investigation No.: 1222998

Dear Ms. Paul:

On March 10, 2015, Ms. Patricia Blackwell, of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Blackwell, in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/PB/mar

cc: Brazoria County Environmental Health Department

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

0	2	0	0	6	0	4
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B. For Wastewater Systems:

-Date of application to transfer Discharge Permit approved by TCEQ: _____

Description of the Required Improvement	Schedule to Complete	Estimated Cost

☛ 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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply:

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

Water		Sewer	
<input type="text"/>	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-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#
See Attachment		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- 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:
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 - 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.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Jon Niermann, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

#32
August 10, 2016

Ms. Peggy Paul, President
Orbit Systems, Inc.
1302 Airline N.
Rosharon, Texas 77583-7718

Re: Comprehensive Compliance Investigation at:
Colony Trails Subdivision, 3002 Trail Loop S., Rosharon, Brazoria County, Texas
Regulated Entity No.: 101187201, TCEQ ID No.: 0200604, Investigation No.: 1338389

Dear Ms. Paul:

On July 27, 2016, Mr. Vernon Crandle of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Mr. Vernon Crandle in the Houston Region Office at (713) 767-3650.

Sincerely,

A handwritten signature in dark ink, appearing to read "Latrichia Spikes".

for Latrichia Spikes, Team Leader
Public Water Supply
Houston Region Office

LS/VC/ra

cc: Brazoria County Environmental Health Department

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:

0 2 0 0 2 7 4

Date of last inspection: 03/10/2015

B. For Wastewater Systems:

-TCEQ Discharge Permit Number: W Q 000000 - 0000

-Name of Permittee: [REDACTED]

-Date of application to transfer Discharge Permit submitted: [REDACTED]

-Date of application to transfer Discharge Permit approved by TCEQ: [REDACTED]

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

[REDACTED]

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

[REDACTED]

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
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply:

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

Water		Sewer	
<input type="text"/>	-Non Metered	<input type="text"/>	-2"meter
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- 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:
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 - 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.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

March 19, 2015

J.

Ms. Peggy Paul, President
Orbit Systems Inc.
1302 Airline N
Rosharon, Texas 77583-7718

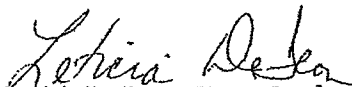
Re: Comprehensive Compliance Investigation at:
Country Acres Estates, 10 Wollam Loop, Alvin, Brazoria County, Texas
Regulated Entity No.: 101270312, TCEQ ID No.: 0200274, Investigation No.: 1223020

Dear Ms. Paul:

On March 10, 2015, Ms. Patricia Blackwell of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Patricia Blackwell in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/PB/ra

cc: Brazoria County Environmental Health Department

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:

0200273

Date of last inspection:

10/17/2014

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:

All Additional Issues listed in the Comprehensive Compliance Investigation will be addressed within 6 months following consummation of transaction.

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/>	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
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 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

December 17, 2014

Ms. Peggy Paul, President
Obits System Inc.
1302 Airline North
Rosharon, Texas 77583-7718

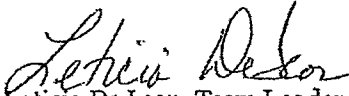
Re: Comprehensive Compliance Investigation at:
Country Meadows, 46 Country Meadows, Alvin, Brazoria County, Texas
Regulated Entity No.: 101438331, TCEQ ID No.: 0200273, Investigation No.: 1202932

Dear Ms. Paul:

On October 17, 2014, Ms. LaTrichia Spikes of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation; however, please see the attached Additional Issue. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. LaTrichia Spikes in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/LS/ra

cc: Brazoria County Environmental Health Department

Enclosure: Summary of Investigation Findings

Summary of Investigation Findings

COUNTRY MEADOWS	Investigation #
46 COUNTRY MEADOWS	1202932
ALVIN, BRAZORIA COUNTY, TX 77511	Investigation Date: 10/17/2014
Additional ID(s): 0200273	

No Violations Associated to this Investigation

ADDITIONAL ISSUES

Description

Item 1

Additional Comments

Please be aware to notify the executive director prior to making any significant change or addition to the system's production, treatment, storage, pressure maintenance, or distribution facilities.

No documentation was available showing the addition of polyphosphate treatment was approved by TCEQ. It is therefore recommended that the facility apply for approval of this change in treatment to the water system in order to remain in compliance.

Please be aware that all "as built plans" must be submitted to Austin in writing for approval and that the system may apply for an exception by writing to the:

Texas Commission on Environmental Quality,
Technical Review and Oversight Team (MC-159),
P.O. Box 13087, Austin, Texas 78711-3087, phone
(512)239-4691

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:

0 7 9 0 5 1 0

Date of last inspection:

System not active PWSID

B. For Wastewater Systems:

-TCEQ Discharge Permit Number:

W Q 1 2 3 4 5 6 7 8 9 10 11 12

-Name of Permittee:

Crystal Lake Estates PWS

-Date of application to transfer Discharge Permit submitted:

10/1/14

-Date of application to transfer Discharge Permit approved by TCEQ:

10/1/14

18. A. Are any improvements required to meet TCEQ or PUC standards?

☐

Yes

☒

No. If yes, please explain:

Please note that the current owners have had verbal and electronic contact with TCEQ requesting this system be activated as a PWS. Once TCEQ conducts a site visit / inspection, those documents will be forwarded to the PUC.

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply:

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

Water			Sewer		
<input type="text"/>	-Non Metered	<input type="text"/>	<input type="text"/>	-2" meter	<input type="text"/>
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	<input type="text"/>	-3" meter	<input type="text"/>
<input type="text"/>	-1" meter	<input type="text"/>	<input type="text"/>	-4" meter	<input type="text"/>
<input type="text"/>	-1 1/2" meter	<input type="text"/>	<input type="text"/>	-Other	<input type="text"/>
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#
See Attachment J		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Peggy

sent 10/20/16 1:20pm

To:
Subject:

PWSINVEN@tceq.texas.gov
PWS Activation request-Crystal Lake Estates - PWS ID #0790510

This note is to request activation for the public water supply at Crystal Lake Estates PWS ID #0790510.

Operators:

Peggy Paul -- Groundwater Treatment Operator C, License Number WG0009635 exp 09/08/17
1302 Airline North
Rosharon TX 77583
281-369-2041

Sarah Walker Carlock -- Groundwater Treatment Operator A, License Number WG0011094 exp 11/18/18
1302 Airline North
Rosharon TX 77583
281-369-2041

Subdivision currently has 20 active connections with estimated population at 60. There is more new construction for estimated 10 more connections in the near future.

Please let us know how to proceed. Thank you for your assistance.

Sincerely,
Peggy Paul, President
Orbit Systems, Inc.
281-369-2041

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: 0000000234

Date of last inspection: 5/19/2016

B. For Wastewater Systems:

-TCEQ Discharge Permit Number: WQ 0000000000 - 0000000000
 -Name of Permittee: [Redacted]
 -Date of application to transfer Discharge Permit submitted: [Redacted]
 -Date of application to transfer Discharge Permit approved by TCEQ: [Redacted]

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

[Redacted]

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

[Redacted]

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
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/> -Non Metered	<input type="text"/> -2" meter	<input type="text"/> -Residential Connection	<input type="text"/>
<input type="text"/> -5/8" or 3/4" meter	<input type="text"/> -3" meter	<input type="text"/> -Commercial Connection	<input type="text"/>
<input type="text"/> -1" meter	<input type="text"/> -4" meter	<input type="text"/> -Industrial Connection	<input type="text"/>
<input type="text"/> -1 1/2" meter	<input type="text"/> -Other	<input type="text"/> -Other	<input type="text"/>
Total Water Connections: <input type="text"/> 105		Total Sewer Connections <input type="text"/>	

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#
See Attachment J		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Jon Niermann, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

July 18, 2016

Ms. Peggy Paul, President
Orbit Systems, Inc
1302 Airline N
Rosharon, Texas 77583-7718

Re: Comprehensive Compliance Investigation at:
Demi John I S Water System, 207 Flounder Circle, Brazoria County, Texas
Regulated Entity No.: 101192078
TCEQ ID No.: 0200234 Investigation No.: 1314886

Dear Ms. Paul:

On May 19, 2016, Mr. Vernon Crandle, of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Mr. Crandle, in the Houston Region Office at (713) 767-3650.

Sincerely,

A handwritten signature in cursive script that reads "Latrichia Spikes".

Latrichia Spikes, Team Leader
Public Water Supply
Houston Region Office

LS/VC/mar


cc: Brazoria County Public Health and Environmental Services

Part F – TCEQ Public Water or Sewer System Information

17. A. For Water Systems. TCEQ Public Water System Identification Number: 00200 0185

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

Description of the Required Improvement	Schedule to Complete	Estimated Cost

 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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ 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	-3" meter	-Commercial Connection	
-1" meter	-4" meter	-Industrial Connection	
-1 1/2" meter	-Other	-Other	
Total Water Connections:	89	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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: See Attachment 'K'

- a. 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.
- b. 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:
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 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

1020
October 21, 2014

Ms. Peggy Paul, President
Orbit Systems, Inc.
1302 Airline N.
Rosharon, Texas 77583-7718

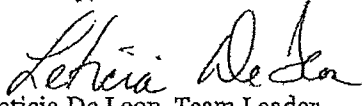
Re: Comprehensive Compliance Investigation at:
Demi John Place Water System, 4511 CR 459D, Freeport, Brazoria County, Texas
Regulated Entity No.: 101190361, TCEQ ID No.: 0200185, Investigation No.: 1195761

Dear Ms. Paul:

On September 25, 2014, Ms. Patricia Blackwell of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation; however, during the investigation, the investigator resolved apparent instances of noncompliance noted during the previous investigation dated October 14, 2011. Information has been provided which appears to indicate that these outstanding problems have been corrected. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation. No further response from you is necessary concerning this investigation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Patricia Blackwell in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/PC/ra

cc: Brazoria County Environmental Health Department

Enclosure: Summary of Findings

Summary of Investigation Findings

DEMI JOHN PLACE WATER SYSTEM

Investigation #

1195761

Investigation Date: 09/25/2014

, BRAZORIA COUNTY,

Additional ID(s): 0200185

ALLEGED VIOLATION(S) NOTED AND RESOLVED

Track No: 452182

30 TAC Chapter 290.41(c)(3)(K)

Alleged Violation:

Investigation: 969786

Comment Date: 11/28/2011

Ground Water Sources and Development

Failure to provide the well with a screened casing vent, which must face downward and be elevated so as to minimize the drawing of contaminants into the well. The screening must be 16 mesh or finer corrosion resistant screen.

Note: The casing vent was not screened.

Investigation: 1195761

Comment Date: 10/13/2014

Ground Water Sources and Development

Failure to provide the well with a screened casing vent, which must face downward and be elevated so as to minimize the drawing of contaminants into the well. The screening must be 16 mesh or finer corrosion resistant screen.

Note: The casing vent was not screened.

Recommended Corrective Action: Submit a photo, invoice, or receipt to verify compliance.

Resolution: On 02/06/2012 documentation was provided to TCEQ via US mail in the form of a work order indicating that a screen had been placed on the well casing vent.

Track No: 452186

30 TAC Chapter 290.41(c)(3)(J)

Alleged Violation:

Investigation: 969786

Comment Date: 11/30/2011

Ground Water Sources and Development

Failure to repair the cracked concrete sealing block surrounding Well Number 1 using a flexible, nontoxic, waterproof compound with a properly constructed and installed sealing block.

Investigation: 1195761

Comment Date: 10/13/2014

Ground Water Sources and Development

Failure to repair the cracked concrete sealing block surrounding Well Number 1 using a flexible, nontoxic, waterproof compound with a properly constructed and installed sealing block.

Recommended Corrective Action: Submit a photo, invoice, or receipt to verify compliance.

Resolution: On 02/06/2012 documentation was received via US mail in the form of a work order indicating that the cracks in the concrete sealing block had been repaired.

Part I - 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:

20 22 00 3 3 9

Date of last inspection:

Not active PWS based on meter count

B. For Wastewater Systems:

-TCEQ Discharge Permit Number:

W Q 2 4 7 1 2 2 - 2 7 2

-Name of Permittee:

City of Larkspur

-Date of application to transfer Discharge Permit submitted:

11/1/2014

-Date of application to transfer Discharge Permit approved by TCEQ:

11/1/2014

18. A. Are any improvements required to meet TCEQ or PUC standards?

☐

Yes

☒

No. If yes, please explain:

Not active PWS based on meter count

B. Is there a moratorium on new connections?

☐

Yes

☒

No. If yes, please explain:

Not active PWS based on meter count

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/>	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-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:

Not active PWS based on meter count

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

Name	Class	License#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- 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:
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 - 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.

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:

20 21 0 0 5 0 6

Date of last inspection:

10/17/2014

B. For Wastewater Systems:

-TCEQ Discharge Permit Number:

W Q 3 4 3 4 3 - 3 4 3

-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:

All Additional Issues listed in the Comprehensive Compliance Investigation will be addressed within 6 months following consummation of transaction.

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/>	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/> 25	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
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 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., Chairman
Toby Baker, Commissioner
Zak Covar, Commissioner
Richard A. Hyde, P.E., Executive Director



COPY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

December 8, 2014

Protecting Texas by Reducing and Preventing Pollution

Ms. Peggy Paul, President
Obits System Inc.
1302 Airline North
Rosharon, Texas 77583-7718

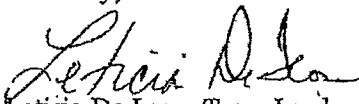
Re: Comprehensive Compliance Investigation at:
Lee Ridge Subdivision, CR 633, Brazoria County., Texas
Regulated Entity No.: 101225456, TCEQ ID No.: 0200506, Investigation No.: 1202944

Dear Ms. Paul:

On October 17, 2014, Ms. LaTrichia Spikes of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation; however, please see the attached Additional Issue. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. LaTrichia Spikes in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/LS/ra

cc: Brazoria County Environmental Health Department

Enclosure: Summary of Investigation Findings

COPY

PWS/0200506/CO/10-17-2014/Investigation Report
Texas Commission on Environmental Quality
Investigation Report

The TCEQ is committed to accessibility. If you need assistance in accessing this document, please contact oee@tceq.texas.gov

Customer: Orbit Systems, Inc.
Customer Number: CN600625198

Regulated Entity Name: LEE RIDGE SUBDIVISION

Regulated Entity Number: RN101225456

Investigation # 1202944	Incident Numbers
Investigator: LATRICIA SPIKES	Site Classification GW <=50 CONNECTION
Conducted: 10/17/2014 -- 10/17/2014	No Industry Code Assigned
Program(s): PUBLIC WATER SYSTEM/SUPPLY	
Investigation Type: Compliance Investigation	Location: CR633 & CR 95 KEY MAP 694B
Additional ID(s): 0200506	
Address: , , ,	Local Unit: REGION 12 - HOUSTON Activity Type(s): PWSCCIGWCM - CCI GW PURCHASE - COMMUNITY MANDATORY

Principal(s):

Role	Name
RESPONDENT	ORBIT SYSTEMS INC

Contact(s):

Role	Title	Name	Phone
Participated in Investigation	PRESIDENT	MRS PEGGY PAUL	Work (281) 369-2041
Participated in Investigation	OPERATIONS MANAGER	MR RONNIE PAUL	Work (281) 369-2041
Regulated Entity Contact	PRESIDENT	MRS PEGGY PAUL	Work (281) 369-2041
Regulated Entity Mail Contact	PRESIDENT	MRS PEGGY PAUL	Work (281) 369-2041

Other Staff Member(s):

Role	Name
Investigator	PATRICIA BLACKWELL
QA Reviewer	SHARON PATRY
Supervisor	LETICIA DELEON
Supervisor	DARLA BRANCH
QA Reviewer	DARLA BRANCH

LEE RIDGE SUBDIVISION -

10/17/2014 Inv. # - 1202944

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Page 3 of 4

Interconnections (I/C): N/A

Interconnect Capacity Calculations Needed?: N/A

Chemical Analysis:

Type	Latest Date	Compliant	Exceedance
Min	11/06/2013	Yes	No
Metals	11/06/2013	No	Manganese- 0.0535 mg/L
NO ₂ /NO ₃	11/06/2013	Yes	No
Radio Chems	11/06/2013	Yes	No
VOCs	06/21/2011	Yes	No
SOC 5	11/06/2013	Yes	No
THMs	06/21/2011	Yes	No
HAAs	06/21/2011	Yes	No

The Manganese concentration of 0.0535 mg/L exceeds the maximum permissible level for this constituent which is 0.05 mg/L. The system is treating for the Manganese exceedance with Polyphosphate.

Notification/Date: N/A

Background:

Are there Current Enforcement Actions: No

Is there an Agreed Order and Compliance Agreements: No

Are there Outstanding Violations from a previous CCI that have not been resolved? : No

Additional Information: N/A

Please see attached T-NET documentation for system specifics. Attached for review are: Water System, Water Storage Tanks, Water Sources, Service Pumps, System Capacities, Treatment Plants, Field Checklist, and Exit Interview.

No Violations Associated to this Investigation

Additional Issues

Description Item 1

Additional Comments

30 TAC, §290.39(j) Examination of Plans and Specifications

Please be aware to notify the executive director prior to making any significant change or addition to the system's production, treatment, storage, pressure maintenance, or distribution facilities.

No documentation was available showing the addition of polyphosphate treatment was approved by TCEQ. It is therefore recommended that the facility apply for approval of this change in treatment to the water system in order to remain in compliance.

Please be aware that all "as built plans" must be submitted to Austin in writing for approval and that the system may apply for an exception by writing to the:

Texas Commission on Environmental Quality, Technical Review and Oversight Team (MC-159), P.O. Box 13087, Austin, Texas 78711-3087, phone (512)239-4691.

Summary of Investigation Findings

COPY

LEE RIDGE SUBDIVISION

Investigation #

1202944

Investigation Date: 10/17/2014

, BRAZORIA COUNTY,

Additional ID(s): 0200506

No Violations Associated to this Investigation

ADDITIONAL ISSUES

Description

Item 1

Additional Comments

30 TAC, §290.39(j) Examination of Plans and Specifications

Please be aware to notify the executive director prior to making any significant change or addition to the system's production, treatment, storage, pressure maintenance, or distribution facilities.

No documentation was available showing the addition of polyphosphate treatment was approved by TCEQ. It is therefore recommended that the facility apply for approval of this change in treatment to the water system in order to remain in compliance.

Please be aware that all "as built plans" must be submitted to Austin in writing for approval and that the system may apply for an exception by writing to the:

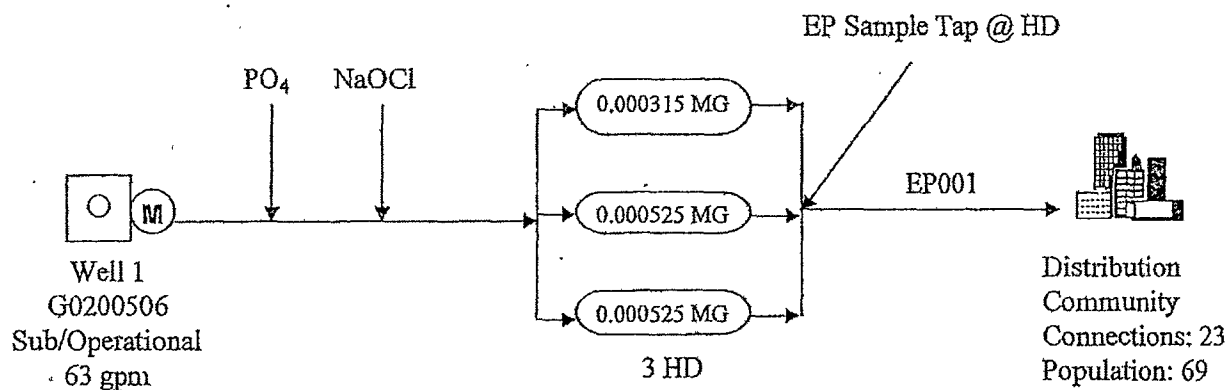
Texas Commission on Environmental Quality,
Technical Review and Oversight Team (MC-159),
P.O. Box 13087, Austin, Texas 78711-3087, phone
(512)239-4691.

COPY

PWS - SYSTEM FLOW DIAGRAM

Name of System:	Lee Ridge Subdivision		Additional ID:	0200506
Investigation #:	1202944	Investigation Date:	10/17/2014	
Description of Sources, Treatment, Entry Points and Distribution Labeling: owner=s source names and TCEQ wtrsrc code designation; types of treatment and chemicals, entry points to distribution, entry point sample taps, booster disinfection, distribution connections and layout (if possible).				

CR 633
Brazoria County, TX



Well 2
G1460088B
Airlift well
Emergency
20 gpm Rated

PUBLIC WATER SYSTEM DATA

Name of System: Lee Ridge Subdivision			
CCN Number: 11982		PWS ID: 200506	
Classification: Not Applicable		Type: Community	
Region Number: 12			
Interconnect with Other PWS:		No	Name of PWS I/C: N/A
Type I/C: N/A			
Retail Service Connections:		23	Retail Meters: 23
Retail Population: 69			
Wholesale Master Meters:		0	Wholesale Service Connections: 0
Wholesale Population: 0			
Total Well Capacity: 63 GPM 0.09072 MGD			
Raw Capacity: 0 GPM 0 MGD			
Total Elevated Storage:		0 MG	Total Storage Capacity: 0 MG
Pressure Tank Capacity:		0.001365	
Maximum Daily Usage:		N/A MGD	Date: 09/09/9999
Average Daily Usage:		N/A MGD	Time Period: 09/09/9999 to 09/09/9999
Wholesale Contract:		No	Maximum Purchase Rate: N/A
No. of Samples Required:		1/Mo.	No. of Samples Submitted: 1/Mo.
No. of Raw Samples Required:		0	No. of Raw Samples Submitted: 0
Non-Comm Dates of Operation:		09/09/9999 to 09/09/9999	

WATER STORAGE TANKS

Type	Capacity	Material	Location
HD	0.000315	ST	CR 633
HD	0.000525	ST	CR 633
HD	0.000525	ST	CR 633

COPY

Texas Commission on Environmental Quality	Office of Water	Public Drinking Water Section
County Map of TX	Water System Search	Office of Compliance and Enforcement

11/26/2014

10:11:50

Texas Commission on Environmental Quality

DWW Water System Summary Sheet

PWS ID	PWS Name	Central Registry RN
TX0200506	LEE RIDGE SUBDIVISION	RN101225456

Organization/Customer *	Central Registry CN
ORBIT SYSTEMS INC	CN600625198

*Regulatory mail will be addressed to this organization/person

All Water System Contacts			
Type	Contact	Communication	
AC - Administrative Contact	BREM, JANE, WALKER 1302 AIRLINE N ROSHARON, TX 77583-7718	Electronic Type	Value
		EMAIL - Email	ORBITJANE@EVI.NET
		Phone Type	Value
		BUS - Business	281-369-2041
		FAX - Facsimile	281-369-0327
EC - Emergency Contact - PRESIDENT	PAUL, PEGGY 1302 AIRLINE N ROSHARON, TX 77583-7718	EMERG - Emergency	281-369-2041
		Electronic Type	Value
		EMAIL - Email	PEGGY@ORBITWATER.NET
OW - Owner	ORBIT SYSTEMS INC 1302 AIRLINE N ROSHARON, TX 77583-7718	Phone Type	Value
		BUS - Business	281-369-2041

Operator Grade	Number
----------------	--------

*Ground Water Treatment Operator C**3*

Water Operator Licenses

No Licensing Data for this PWS

*Paul, Peggy J - WG0009635**Gonzalez, Juan Jose - WG0008247**Walker, Sarah - WG001094*

Owner Type	Owner Type Options: COUNTY, DISTRICT, FEDERAL GOVERNMENT, INVESTOR OWNED, MUNICIPALITY, NATIVE AMERICAN, PRIVATE, STATE GOVERNMENT, WATER SUPPLY CORPORATION
Investor Owned	

COPY

G0200506A		1 - RIDGE RD (A)		P	G	535	45 GPM	39 GPM
Drill Date		Source Summary						
06/05/1980		CHICOT						
GPS Latitude (decimal)	GPS Longitude (decimal)	GPS Elevation	GPS Date	Seller				
29.46395	-95.316923	0	04/07/2009	Not Purchasing				

(Inactive/Offline Sources)			
SourceNumber	Name	Status	Depth

Code Explanations
Monitoring Type Codes: (GW) GROUNDWATER, (GUP) GROUNDWATER UNDER THE INFLUENCE - PURCHASED, (SWP) SURFACE WATER - PURCHASED, (GU) GROUNDWATER UNDER THE INFLUENCE OF SURFACE WATER, (N) NO SOURCES, (SW) SURFACE WATER
Activity Status Codes: (A) ACTIVE, (D) DELETED/DISSOLVED, (I) INACTIVE, (P) PROPOSED,
Operational Status Codes: (E) EMERGENCY, (I) INTERIM/PEAK, (O) OTHER, (P) PERMANENT, (S) SEASONAL
Source Types: (G) GROUND WATER, (S) SURFACE WATER, (U) GROUND WATER UNDER THE INFLUENCE

- End of Report -

At the time of your query this data was the most current information available from our database, which is in real time. Every effort was made to retrieve it according to your query. Thank-you for using DWW.

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:

0200432

Date of last inspection:

3/19/2015

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:

All Additional Issues listed in the Comprehensive Compliance Investigation will be addressed within 6 months following consummation of transaction.

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/> 98	-Non Metered	<input type="text"/>	-Residential Connection
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-Commercial Connection
<input type="text"/>	-1" meter	<input type="text"/>	-Industrial Connection
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-Other
Total Water Connections:		<input type="text"/> 98	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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- 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.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



27
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

March 30, 2015

Ms. Peggy Paul, President
Orbit System, Inc.
1302 Airline North
Rosharon, Texas 77583-7718

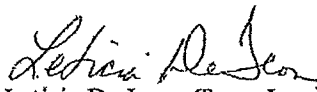
Re: Comprehensive Compliance Investigation at:
Mark V Estates, 16611 Keith Circle, Brazoria County, Texas
Regulated Entity No.: 101182608
TCEQ ID No.: 0200432 Investigation No.: 1223175

Dear Ms. Paul:

On March 19, 2015, Ms. Jeanne Eckhart, Ms. Christina Bernal, and Ms. Destiny Winning, of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation; however, please see the attached Additional Issue. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Eckhart, in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/JE/mar

Enclosure: Summary of Investigation Findings

Summary of Investigation Findings

MARK V ESTATES

Investigation #

1223176

Investigation Date: 03/19/2015

, BRAZORIA COUNTY,

Additional ID(s): 0200432

No violations associated with this investigation

ADDITIONAL ISSUES

Description

Item 1

Additional Comments

Failure, by a retail public utility that possesses a certificate of public convenience and necessity that has reached 85% of its capacity as compared to the most restrictive criteria of the commission's minimum capacity requirements in Chapter 290 T.A.C., to submit to the executive director a planning report that clearly explains how the retail public utility will provide the expected service demands to the remaining areas within the boundaries of its certificated area. Specifically, it is noted on this investigation that the ground storage tank has reached 97% of its capacity. This was based on 97 connections. (200 gallons/connection * 97 connections = 0.0194 million gallons (MG) required; 0.0194 MG required/ 0.02 MG provided on site = 97%) Submit a planning report within 90 days to TCEQ, Water Supply Division, Public Drinking Water Section, Technical Review & Oversight, MC 159, P.O. Box 13087, Austin, TX 78711-3087; phone (512) 239-4691.

TCEQ EXIT INTERVIEW FORM: Potential Violations and/or Records Requested					
Regulated Entity/State Name	MARK V ESTATES		TCEQ Add. ID No. RN No. (optional)	0200432	
Investigation Type	CCI	Contact Made In-House (Y/N)	COMPLIANCE		
Regulated Entity Contact	PEGGY PAUL		Telephone No.	(281) 369-2041	Date Contacted 2/23/2015
Title	PRESIDENT		Fax No.		Date Faxed

NOTICE: The information provided in this form is intended to provide clarity to issues that have arisen during the investigation process between the TCEQ and the regulated entity named above and does not represent final TCEQ findings related to violations. Any potential or alleged violations discovered after the date on this form will be communicated by telephone to the regulated entity representative prior to the issuance of a notice of violation or enforcement. Conclusions drawn from this investigation, including additional violations or potential violations discovered (if any) during the course of this investigation, will be documented in a final investigation report.

Issue		For Records Request: identify the necessary records, the company contact and date due to the agency.		For Alleged and Potential Violation Issues: include the rule in question with the clearly described potential problem. Other type of issues: fully describe.	
No.	Type	Rule Citation (if known)	Description of Issue		
1	PAI		85% PLANNING REPORT - GST		

Issue Type Can Be One or More of: AV (Alleged Violation), PV (Potential Violation), O (Other), or RR (Records Request)

Did the TCEQ document the regulated entity named above operating without proper authorization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did the investigator advise the regulated entity representative that continued operation is not authorized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Document Acknowledgment. Signature on this document establishes only that the regulated entity (company) representative received a copy of this document and associated continuation pages on the date noted. If contact was made by telephone, document will be faxed to regulated entity; therefore, signature not required.

Investigator Name (Signed & Printed)	JEANNE ECKHART	Date	3/19/2015
Regulated Entity Representative Name (Signed & Printed)	Peggy Paul	Date	3/19/15

If you have questions about any information on this form, please contact your local TCEQ Regional Office.

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

White Copy: Regulated Entity Representative Yellow Copy: TCEQ

TCEQ-20085 (Rev. 6/07)

(Note: Use additional pages as necessary) Page 1 of 1

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W Q

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<p> 1. <u>NAME</u> _____ 2. <u>ADDRESS</u> _____ 3. <u>CITY</u> _____ 4. <u>STATE</u> _____ 5. <u>ZIP</u> _____ 6. <u>PHONE</u> _____ 7. <u>DATE</u> _____ 8. <u>SIGNATURE</u> _____ 9. <u>PRINT NAME</u> _____ 10. <u>PRINT ADDRESS</u> _____ 11. <u>PRINT CITY</u> _____ 12. <u>PRINT STATE</u> _____ 13. <u>PRINT ZIP</u> _____ 14. <u>PRINT PHONE</u> _____ 15. <u>PRINT DATE</u> _____ 16. <u>PRINT SIGNATURE</u> _____ 17. <u>PRINT NAME</u> _____ 18. <u>PRINT ADDRESS</u> _____ 19. <u>PRINT CITY</u> _____ 20. <u>PRINT STATE</u> _____ 21. <u>PRINT ZIP</u> _____ 22. <u>PRINT PHONE</u> _____ 23. <u>PRINT DATE</u> _____ 24. <u>PRINT SIGNATURE</u> _____ 25. <u>PRINT NAME</u> _____ 26. <u>PRINT ADDRESS</u> _____ 27. <u>PRINT CITY</u> _____ 28. <u>PRINT STATE</u> _____ 29. <u>PRINT ZIP</u> _____ 30. <u>PRINT PHONE</u> _____ 31. <u>PRINT DATE</u> _____ 32. <u>PRINT SIGNATURE</u> _____ 33. <u>PRINT NAME</u> _____ 34. <u>PRINT ADDRESS</u> _____ 35. <u>PRINT CITY</u> _____ 36. <u>PRINT STATE</u> _____ 37. 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CITY</u> _____ 172. <u>PRINT STATE</u> _____ 173. <u>PRINT ZIP</u> _____ 174. <u>PRINT PHONE</u> _____ 175. <u>PRINT DATE</u> _____ 176. <u>PRINT SIGNATURE</u> _____ 177. <u>PRINT NAME</u> _____ 178. <u>PRINT ADDRESS</u> _____ 179. <u>PRINT CITY</u> _____ 180. <u>PRINT STATE</u> _____ 181. <u>PRINT ZIP</u> _____ 182. <u>PRINT PHONE</u> _____ 183. <u>PRINT DATE</u> _____ 184. <u>PRINT SIGNATURE</u> _____ 185. <u>PRINT NAME</u> _____ 186. <u>PRINT ADDRESS</u> _____ 187. <u>PRINT CITY</u> _____ 188. <u>PRINT STATE</u> _____ 189. <u>PRINT ZIP</u> _____ 190. <u>PRINT PHONE</u> _____ 191. <u>PRINT DATE</u> _____ 192. <u>PRINT SIGNATURE</u> _____ 193. <u>PRINT NAME</u> _____ 194. <u>PRINT ADDRESS</u> _____ 195. <u>PRINT CITY</u> _____ 196. <u>PRINT STATE</u> _____ 197. <u>PRINT ZIP</u> _____ 198. <u>PRINT PHONE</u> _____ 199. <u>PRINT DATE</u> _____ 200. <u>PRINT SIGNATURE</u> _____ 201. <u>PRINT NAME</u> _____ 202. <u>PRINT ADDRESS</u> _____ 203. <u>PRINT CITY</u> _____ 204. <u>PRINT STATE</u> _____ 205. <u>PRINT ZIP</u> _____ 206. <u>PRINT PHONE</u> _____ 207. <u>PRINT DATE</u> _____ 208. <u>PRINT SIGNATURE</u> _____ 209. <u>PRINT NAME</u> _____ 210. <u>PRINT ADDRESS</u> _____ 211. <u>PRINT CITY</u> _____ 212. <u>PRINT STATE</u> _____ 213. <u>PRINT ZIP</u> _____ 214. <u>PRINT PHONE</u> _____ 215. <u>PRINT DATE</u> _____ 216. <u>PRINT SIGNATURE</u> _____ 217. <u>PRINT NAME</u> _____ 218. <u>PRINT ADDRESS</u> _____ 219. <u>PRINT CITY</u> _____ 220. <u></u></p>
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7

☐ Yes

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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

Description of the Required Improvement	Schedule to Complete	Estimated Cost

321

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

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/> -Non Metered	<input type="text"/> -2" meter	<input type="text"/> -Residential Connection	<input type="text"/>
<input type="text"/> -5/8" or 3/4" meter	<input type="text"/> -3" meter	<input type="text"/> -Commercial Connection	<input type="text"/>
<input type="text"/> -1" meter	<input type="text"/> -4" meter	<input type="text"/> -Industrial Connection	<input type="text"/>
<input type="text"/> -1 1/2" meter	<input type="text"/> -Other	<input type="text"/> -Other	<input type="text"/>
Total Water Connections: <input type="text"/> 56		Total Sewer Connections: <input type="text"/>	

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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Jon Niermann, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

118
April 12, 2016

Ms. Peggy Paul, President
Orbit Systems, Inc.
1302 Airline North
Rosharon, Texas 77583-7718

Re: Comprehensive Compliance Investigation at:
Mooreland Subdivision Water System, 263 CR 291 and 690 CR 296A, Alvin, Brazoria
County, Texas
Regulated Entity No.: 101236081, TCEQ ID No.: 0200094, Investigation No.: 1321821

Dear Ms. Paul:

On March 11, 2016, Ms. Dawn Olivo, of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office, conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Olivo in the Houston Region Office at (713) 767-3650.

Sincerely,

A handwritten signature in cursive script that reads "LaTrichia Spikes".

LaTrichia Spikes, Team Leader
Public Water Supply
Houston Region Office

LS/DO/ra

cc: Brazoria County Health Department

0	2	0	0	5	9	2
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Not active PWS based on meter count

W O 5 5 5 5 5 - 5 5 5

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

12

7

☒

☐ No. If yes, please explain:

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

11

☐ Yes☒

No.

If yes, please explain:

Description of the Required Improvement	Schedule to Complete	Estimated Cost
Not active PWS based on meter count		

Yes

X Nỗ

Water

☛ 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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/> -Non Metered	<input type="text"/> -2" meter	<input type="text"/> -Residential Connection	<input type="text"/>
<input type="text"/> -5/8" or 3/4" meter	<input type="text"/> -3" meter	<input type="text"/> -Commercial Connection	<input type="text"/>
<input type="text"/> -1" meter	<input type="text"/> -4" meter	<input type="text"/> -Industrial Connection	<input type="text"/>
<input type="text"/> -1 1/2" meter	<input type="text"/> -Other	<input type="text"/> -Other	<input type="text"/>
Total Water Connections: <input type="text"/>		Total Sewer Connections: <input type="text"/>	

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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

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:

0200058

Date of last inspection:

3/19/2015

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:

All Additional Issues listed in the Comprehensive Compliance Investigation will be addressed within 6 months following consummation of transaction.

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/> 58	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

23
March 30, 2015

Ms. Peggy Paul, President
Orbit Systems Inc.
1302 Airline North Street
Rosharon, Texas 77583-7718

Re: Comprehensive Compliance Investigation at:
Riverside Estates, C.R. 39 (Cypress Rd), Brazoria County, Texas
Regulated Entity No.: 101256857
TCEQ ID No.: 0200058 Investigation No.: 1223164

Dear Ms. Paul:

On March 19, 2015, Ms. Jeanne Eckhart, Ms. Christina Bernal, and Ms. Destiny Winning, of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation; however, please see the attached Additional Issue. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Eckhart, in the Houston Region Office at (713) 767-3650.

Sincerely,

Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/JE/mar

Enclosure: Summary of Investigation Findings

Summary of Investigation Findings

RIVERSIDE ESTATES

Investigation #

1223164

Investigation Date: 03/19/2015

, BRAZORIA COUNTY,

Additional ID(s): 0200058

Violations Associated with this Investigation

ADDITIONAL ISSUES

Description

Item 1

Additional Comments

Failure, by a retail public utility that possesses a certificate of public convenience and necessity that has reached 85% of its capacity as compared to the most restrictive criteria of the commission's minimum capacity requirements in Chapter 290 T.A.C., to submit to the executive director a planning report that clearly explains how the retail public utility will provide the expected service demands to the remaining areas within the boundaries of its certificated area. Specifically, it is noted during this investigation that the well production has reached 86% of its capacity. This was based on 48 connections. (1.5 gallons/connection * 48 connections = 72 gallons per minute (GPM) required; 72 GPM required/ 84 GPM provided on site = 86%). Submit a planning report within 90 days to TCEQ, Water Supply Division, Public Drinking Water Section, Technical Review & Oversight, MC 159, P.O. Box 13087, Austin, TX 78711-3087; phone (512) 239-4691.

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:

0020346

Date of last inspection:

3/6/2015

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ 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	-3" meter	-Commercial Connection	
-1" meter	-4" meter	-Industrial Connection	
-1 1/2" meter	-Other	-Other	
Total Water Connections:	74	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#
See Attachment J		

24. Attach the following maps with each copy of the application: **See Attachment 'K'**

- a. 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.
- b. 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:
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 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

March 19, 2015

90

Ms. Peggy Paul, President
Orbit System Inc.
1302 Airline N
Rosharon, Texas 77583-7718

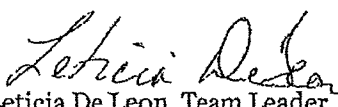
Re: Comprehensive Compliance Investigation at:
Rosharon Road Estates Subdivision, 8908 Rosharon Road, Rosharon, Brazoria Co, TX
Regulated Entity No.: 101180693, TCEQ ID No.: 0200346, Investigation No.: 1223038

Dear Ms. Paul:

On March 06, 2015, Ms. Patricia Blackwell of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Patricia Blackwell in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/PB/ra

cc: Brazoria County Environmental Health Department

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:

0200108

Date of last inspection:

03/10/2015

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? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply: 0.00%

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

Water		Sewer	
<input type="text"/>	-Non Metered	<input type="text"/>	-2" meter
<input type="text"/>	-5/8" or 3/4" meter	<input type="text"/>	-3" meter
<input type="text"/>	-1" meter	<input type="text"/>	-4" meter
<input type="text"/>	-1 1/2" meter	<input type="text"/>	-Other
Total Water Connections:		<input type="text"/>	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#
See Attachment 'J'		

24. Attach the following maps with each copy of the application: See Attachment 'K'

- a. 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.
- b. 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:
 1. A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 2. A map showing only the proposed area by:
 - i. metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - ii. projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - iii. following verifiable natural and man-made landmarks, or
 - iv. a copy of recorded plat map with metes and bounds.
 3. A written description of the proposed service area.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

March 23, 2015

Ms. Peggy Paul, President
Orbit Systems Inc.
1302 Airline N
Rosharon, Texas 77583-7718

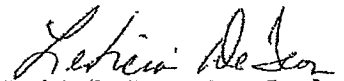
Re: Comprehensive Compliance Investigation at:
Ryan Long Subdivision 2 Water System, 19144 County Road 927B, Pearland, Brazoria
County, Texas
Regulated Entity No.: 101277531, TCEQ ID No.: 0200108, Investigation No.: 1223005

Dear Ms. Paul:

On March 10, 2015, Ms. Patricia Blackwell, of the Texas Commission on Environmental Quality (TCEQ) Houston Region Office conducted an investigation of the above-referenced facility to evaluate compliance with the applicable requirements for public water supply systems. No violations are being alleged as a result of the investigation. In addition, please be advised that a violation could be issued upon further review of your system's records or self-reported documentation.

The TCEQ appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions regarding these matters, please feel free to contact Ms. Blackwell, in the Houston Region Office at (713) 767-3650.

Sincerely,


Leticia De Leon, Team Leader
Public Water Supply
Houston Region Office

LD/PB/mar

cc: Brazoria County Environmental Health Department

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: 02070460

Date of last inspection: 9/25/2014

B. For Wastewater Systems:

-TCEQ Discharge Permit Number: WQ 000000 - 0000
 -Name of Permittee: [Redacted]
 -Date of application to transfer Discharge Permit submitted: [Redacted]
 -Date of application to transfer Discharge Permit approved by TCEQ: [Redacted]

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

[Redacted]

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

[Redacted]

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
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

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.