

Control Number: 47776



Item Number: 1

Addendum StartPage: 0





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

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

| Docket Number: | |
|--|-----------------------|
| (this number will be assigned by the Public Utility Commission after your applica | tion is filed) |
| 7 copies of the application, including the original, shall be filed with | LOI ID |
| Public Utility Commission of Texas Attention: Filing Clerk | |
| 1701 N. Congress Avenue P.O. Box 13326 | |
| Austin, Texas 78711-3326 If submitting digital map data, two copies of the portable electronic storage medium (such as CD | |
| If submitting digital map data, two copies of the portable electronic storage medium (such as CD | or DVD) are required. |

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

| Purpose of Applica | ation | |
|---------------------------|-----------------------------|--|
| □Obtain | □New Water CCN | |
| ⊠Amend | Water CCN# (s) 10821 | |
| Amend | Sewer CCN#(s) | |

1. Applicant Information

| Applicant | | |
|---|-------------------------------|--|
| Utility name: Bethel-Ash Water Supply Corporation | | |
| Certificate number: 10821 | | |
| Street address (City/ST/ZIP/Code): 6435 State Highway 19 N Athens, TX 75752 | | |
| Mailing address(City/ST/ZIP/Code): PO Box 1385 Athens, TX 75751 | | |
| Utility Phone Number and Fax: (903) 675-8466 | | |
| Contact information | | |
| Please provide information about the person(s) to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney, accountant manager, or other title related to the applicant. | | |
| Name: Mike Herrington | Title: General Manager | |
| Mailing address: PO Box 1385 Athens, TX 75751 | | |
| Email: bethelash@live.com | Phone and Fax: (903) 675-8466 | |
| List all counties in which service is proposed: Henderson | | |

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| | Check the appropriate box and provide information regarding the legal status of the applicant: | | | |
|----|--|---|--|---|
| | □ Inv | estor Owned Utility | 🗆 Individual | 🗁 Partnership |
| | 🗌 Hor | me or Property Owner | s Association | For-profit Corporation |
| | | - | | olled cooperative corporation er Service Corporation) |
| | ⊒ Mu | nicipality | ☐ District | Other - Please explain: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 | If the | applicant is a For-Profi | it husiness or corpo | pration, please include the following information: |
| 3. | If the i. | A copy of the corpor | - | pration, please include the following information: on of Account Status" from the Texas State Comptroller of Public |
| 3. | | A copy of the corpor Accounts. The corporation's ch | ration's "Certificati | |
| ÷. | i. | A copy of the corpor Accounts. The corporation's ch State: | ration's "Certificati narter number as re | on of Account Status" from the Texas State Comptroller of Public |
| 3. | i. II. | A copy of the corpor Accounts. The corporation's ch State: | nation's "Certification narter number as re nolders and their re | on of Account Status" from the Texas State Comptroller of Public ecorded with the Office of the Texas Secretary of espective percentages of ownership. |
| 3. | i. II. III. | A copy of the corpor Accounts. The corporation's ch State: A listing of all stock A copy of the compa | ration's "Certification narter number as re nolders and their re any's organizationa | on of Account Status" from the Texas State Comptroller of Public ecorded with the Office of the Texas Secretary of espective percentages of ownership. |
| 3. | I. II. III. IV. | A copy of the corpor Accounts. The corporation's ch State: A listing of all stockh A copy of the compa A list of all directors | ration's "Certification narter number as re nolders and their re any's organizationa and disclose the ti | on of Account Status" from the Texas State Comptroller of Public ecorded with the Office of the Texas Secretary of espective percentages of ownership. Il chart, if available. le of each individual. |
| | i. ii. iv. v. vi. | A copy of the corpor Accounts. The corporation's ch State: A listing of all stockh A copy of the compa A list of all directors A list of all affiliated | ration's "Certification narter number as re nolders and their re any's organizationa and disclose the tion organizations (if an | on of Account Status" from the Texas State Comptroller of Public ecorded with the Office of the Texas Secretary of espective percentages of ownership. Il chart, if available. le of each individual. |
| | i. ii. iv. v. vi. | A copy of the corpor Accounts. The corporation's ch State: A listing of all stockh A copy of the compa A list of all directors A list of all affiliated | ration's "Certification marter number as re molders and their re any's organizationa and disclose the ti organizations (if an ater Code (TWC) Cl | on of Account Status" from the Texas State Comptroller of Public ecorded with the Office of the Texas Secretary of espective percentages of ownership. Il chart, if available. le of each individual. ny) and explain the affiliate's business relationship with the applicant. hapter 67 water supply or sewer service corporation please provide: |
| | i. ii. iv. v. vi. If the | A copy of the corpor Accounts. The corporation's ch State: A listing of all stockh A copy of the compa A list of all directors A list of all affiliated applicant is a Texas W A copy of the Article | ration's "Certification narter number as re nolders and their re any's organizationa and disclose the ti organizations (if an ater Code (TWC) Cl es of Incorporation | on of Account Status" from the Texas State Comptroller of Public ecorded with the Office of the Texas Secretary of espective percentages of ownership. Il chart, if available. le of each individual. ny) and explain the affiliate's business relationship with the applicant. hapter 67 water supply or sewer service corporation please provide: |
| з. | i. ii. iv. v. vi. If the i. | A copy of the corpor Accounts. The corporation's ch State: A listing of all stockh A copy of the compa A list of all directors A list of all affiliated applicant is a Texas W A copy of the Article The corporation's cl | ration's "Certification marter number as re- molders and their re- any's organizationa and disclose the ti organizations (if a ater Code (TWC) Cl es of Incorporation harter number as re- | on of Account Status" from the Texas State Comptroller of Public ecorded with the Office of the Texas Secretary of espective percentages of ownership. Il chart, if available. le of each individual. ny) and explain the affiliate's business relationship with the applicant. hapter 67 water supply or sewer service corporation please provide: and By-Laws. |

| A. | Are there people already living in the proposed area? | 🗙 Yes | 🗌 No | |
|----|---|-------|------|--|
| | If YES, are any currently receiving utility service? | 🗌 Yes | □ No | |
| } | If YES, from WHOM? Bethel Ash WSC | | | |
| | | | | |

Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity, 9/1/14 (formerly TCEQ form 10362) Page 3 of 25

| Β. | Demon | strate the Need for Service by providing the following: |
|----|-------------------|---|
| | Have ye | ou received any requests for service in the requested service area? |
| | 🛛 Yes | |
| | If YES, J | provide the following: |
| | ì. | Describe the service area and circumstances driving the need for service in the requested area. Indicate the name(s) and address(es) of landowner(s), prospective landowner(s), tenant(s), or resident(s) that have requested service; and/or |
| | ii. | Describe the economic need(s) for service in the requested area (i.e. plat approvals, recent annexation(s) or annexation request(s), building permits, septic tank permits, hospitals, etc.); <u>and/or</u> |
| | iii. | Discuss in detail the environmental need(s) for service in the requested area (i.e. failing septic tanks in the requested area, fueling wells, etc.); <u>and/or</u> |
| | iv. | Provide copies of any written application(s) or request(s) for service in the requested area; <u>and/or</u> |
| | v. | Provide copies of any reports and/or market studies demonstrating existing or anticipated growth in the requested area. |
| | vi. | If none of these items exist or are available, please justify the need for service in the proposed area in writing. |
| | | ire to demonstrate a need for additional service in the proposed service area may result in the delay and /or enial of the application. |
| C. | ☐ Yes If YES, | bortion of the proposed service area inside an incorporated city or district? ☑ No within the corporate limits of: e a copy of any franchise, permit, or consent granted by the city or district. If not available please explain: |
| D. | ls any | portion of the proposed service area inside another utility's CCN area? 조 No |
| | | has the current CCN holder agreed to decertify the proposed area? |
| | If NO, interes | are you seeking dual or single certification of the area? Explain why decertification of the area is in the public st: |
| | Singl | e certification |
| | | |
| | | |
| | | |
| | | |

Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity, 9/1/14 (formerly TCEQ form 10362) Page 4 of 25

3. Map Requirements

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

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

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

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

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

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

A. Please provide the following information:

- i. a list of public drinking water supply system(s) or sewer system(s) within a 2 mile radius of the proposed system;
- ii. copies of written requests seeking to obtain service from each of the public drinking water systems or sewer systems listed in a. 1 above or documentation that it is not economically feasible to obtain service from each entity;
- iii. copies of written responses from each system or evidence that they did not reply; and
- iv. for sewer utilities, documentation showing that you have obtained or applied for a wastewater discharge permit.
- B. Were your requests for service denied? Yes No

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| I. If vest please provide documentation of the denial of service and go to | f the denial of service and go to c. | If yes, please provide documentation |
|--|--------------------------------------|--|
|--|--------------------------------------|--|

ii. If no, please provide a detailed analysis which justifies your reasons for not accepting service. A separate analysis must be prepared and submitted for each utility that granted your request for service.

| C. | Please summarize how the proposed utility system will be constructed and describe each projected construction |
|----|---|
| | phase, if any: |

| D. | Date of plat approval, if required: |
|----|-------------------------------------|
| | Approved by: |

E. Date Plans & Specifications submitted to the TCEQ for approval:

| | _ Attach copy of approval letter, if available. If the letter |
|---|---|
| is not available by the time your CCN application is submitte | ed, please supplement your application with a copy of the |
| letter once you receive it from the TCEQ. | |

F. Date construction is scheduled to commence: _____

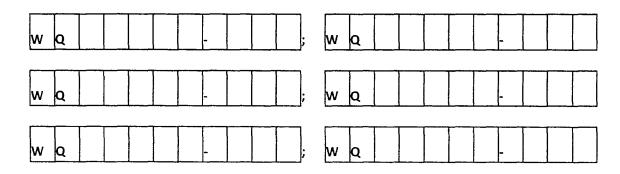
G. Date service is scheduled to commence:

5. Existing System Information

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

| i. | Water system(s): | TCEQ Public Water System identification number(s): |
|-----|------------------|--|
| | 1 0 7 | |
| | | |
| | | |
| | | |
| ii. | Sewer system(s): | TCEQ Discharge Permit number(s) |

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- iii. Date of last TCEQ water and/or sewer system inspection(s): 11/12/2014
- iv. Attach a copy of the most recent TCEQ water and/or sewer inspection report letter(s).
- v. For each system deficiency listed in the TCEQ inspection report letter; attach a brief explanation listing the actions taken or being taken by the utility to correct the listed deficiencies, including the proposed completion dates.
- B. Provide the following information about the utility's certified water and/or sewer operators

| Classes | License Number |
|---------|--------------------|
| Class D | WO0035871 |
| Class C | WG0002711 |
| Class D | WO0033389 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Class D Class C |

- Attach additional sheet(s) if necessary -

- C. Using the current number of customers, is any facility component in systems named in #5A above operating at 85% or greater of minimum standard capacity?
 - 🗌 Yes
 - 🗷 No

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

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

| TCEQ Water System | | | TCEQ Sewer System | | |
|--------------------|----------|----------|-------------------|----------|----------|
| Connection | Existing | Proposed | Connection | Existing | Proposed |
| 5/8" or 3/4" meter | | | Residential | | |
| 1" meter or larger | | | Commercial | | |
| Non-Metered | | | Industrial | | |

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| TCEQ Water System | TCEQ Sewer System |
|-------------------|-------------------|
| Other: | Other: |
| Total Water | Total Sewer |

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

| Rural area, sewer service is not provided. |
|---|
| |
| |
| |
| |
| |
| If this application is for a sewer CCN only, please explain how water service is or will be provided: |
| |
| |
| |
| |

G. Effect of Granting a Certificate Amendment.

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

i. the applicant,

F.

- ii. any retail public utility of the same kind already serving the proximate area; and
- iii. any landowner(s) in the requested area.

H. Do you currently purchase or plan to purchase water or sewer treatment capacity from another source?

i. E No, (skip the rest of this question and go to #6)

ii. Yes, Water

Purchased on a \Box Regular \Box Seasonal \Box Emergency basis?

| Water Source | % of Total Treatment | | | |
|--------------|----------------------|--|--|--|
| | 0.00% | | | |

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| Water Source | % of Total Treatment |
|--------------|----------------------|
| | 0.00% |
| | 0.00% |

iii. 🛛 🗌 Yes, Sewer treatment capacity

Purchased on a 🛛 Regular 🗍 Seasonal 🖓 Emergency basis?

| Sewer Source | % of Total Treatment |
|--------------|----------------------|
| | 0.00% |
| | 0.00% |
| | 0.00% |

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

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

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

6. Financial Information

i.

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

Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity, 9/1/14 (formerly TCEQ form 10362) Page 9 of 25 should correlate to the projected growth in connections, shown on the projected profit and loss statement.

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

7. Notice Requirements

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

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

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

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- iii. For applications for the AMENDMENT of a CCN, the applicant must mail the notice with a copy of the proposed CCN map to all cities and neighboring retail public utilities providing the same utility service within two (2) miles of the requested service area.
- H. Notice to Customers:

Investor Owned Utilities (IOUs) that are currently providing service without a CCN must provide individual mailed notice to all current customers. The notice must contain the current rates, the date those rates were instituted and any other information required in the application.

I. The commission may require the applicant to deliver notice to other affected persons or agencies.

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

OATH

 STATE OF
 Texas

 COUNTY OF
 Henderson

I, <u>Mike Herrington</u>, being duly sworn, file this application as <u>General Manager</u> (indicate relationship to Applicant, that is, owner, member of partnership, title as officer of corporation, or other authorized representative of Applicant); that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the maps and financial information filed with this application, and have complied with all the requirements contained in this application; and, that all such statements made and matters set forth therein are true and correct. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Public Utility Commission of Texas.

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

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

Mike Kas

(Utility's Authorized Representative)

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

Karen

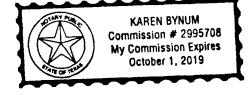
ARY PUBLIC IN AND FOR TI STATE OF TEXAS

TOR TYPE NAME OF NO

MY COMMISSION EXPIRES __ Uct. 1, 2019

Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity, 9/1/14 (formerly TCEQ form 10362) Page 12 of 25

SEAL



Notice for Publication

| NOTICE OF APPLICATION FOR CERTIFICATE OF CONV PROVIDE WATER/SEWER UTILITY SERVICE IN | ENIENCE AND NECESSITY (CCN) TO |
|--|--|
| Henderson | COUNTY(IES), TEXAS |
| Name of Applicant Bethel-Ash Water Supply Corporation CCN to obtain or amend CCN No. (s) 10821 decertify a portion(s) of (Name of Decertified | has filed an application for a and to with the Utility) |
| Public Utility commission of Texas to provide | water (specify 1) water or 2) sewer or 3) water & sewer) |
| utility service in Henderson | County (ies). |
| The proposed utility service area is located approxima [direction] of downtown generally bounded on the north by ; on the south by; ar | [City or Town] Texas, and is ;on the east by |
| The total area being requested includes approximately | y acres and |

current customers. A copy of the proposed service area map is available at (Utility Address and Phone Number): 6435 State Highway 19 N Athens, TX 75752 903-675-8466

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

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

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

within thirty (30) days from the date of this publication or notice. A public hearing will be held only if a legally sufficient hearing request is received or if the commission on its own motion requests a hearing. Only those individuals who submit a written hearing request or a written request to be notified if a hearing is set will receive notice if a hearing is scheduled.

If a public hearing is requested, the commission will not issue the CCN and will forward the application to the State Office of Administrative Hearings (SOAH) for a hearing. If no settlement is reached and an evidentiary hearing is held, the SOAH will submit a recommendation to the commission for final decision. If an evidentiary hearing is held, it will be a legal proceeding similar to a civil trial in state district court.

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

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

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

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

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

Notice to Neighboring Systems, Landowners and Cities

| NOTICE OF APPLICATION FOR CERTIFICATE OF PROVIDE WATER/SEWER UTILITY SERVICE IN | CONVENIENCE AND | NECESSITY (CCN) TO |
|---|--------------------|--|
| Henderson | | COUNTY(IES), TEXAS |
| To: | Date Notice Mailed | 20 |
| (Address) | | |
| City State Zip | | |
| Name of Applicant Bethel-Ash Water Supply Corporation CCN to obtain or amend CCN No. (s) 10821 decertify a portion(s) of(Name of De | has filed a | an application for a and to with the |
| Public Utility Commission of Texas to provide | water | |
| utility service in Henderson | (specify 1) wate | er or 2) sewer or 3) water & sewer) County(ies). |
| The proposed utility service area is located appr [direction] of downtown generally bounded on the north by; on the south by; | ,[City o | r Town] Texas, and is |
| See enclosed map of the proposed service | area. | |

The total area being requested includes approximately _____ acres and ______ current customers.

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

Persons who wish to intervene or comment should write the:

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

within thirty (30) days from the date of this publication or notice. A public hearing will be held only if a legally sufficient hearing request is received or if the commission on its own motion requests a hearing. Only those individuals who submit a written hearing request or a written request to be notified if a hearing is set will receive notice if a hearing is scheduled.

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

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

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

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

Notice to Customers of IOUs in Proposed Area

| - | Henderson | <u></u> | COL | JNTY(IES), TEXAS |
|---|---|---|---|---|
| | Dear Customer: | | Date Notice Mailed | 20 |
| | Name of Applicant Bethel-Ash | Water Supply Corporatio | has filed an ap | plication for a |
| | CCN to obtain or amend CCN | No. (s) <u>10821</u> | | and to |
| | decertify a portion(s) of | | Decertified Utility) | with the |
| | | (Name of I | Decertified Utility) | |
| | Public Utility commission of T | Texas to provide | water | |
| | utility and in | | | sewer or 3) water & sewer) |
| | utility service in | | | County(ies). |
| | The proposed utility service a | area is located ar | provimately mile | 20 |
| | | | | |
| | Idirection 1 of downtown | | [City or Tow | In] Tevas |
| | | | ,[City or Tow | |
| | [direction] of downtown A copy of the proposed servi Number): <u>6435 State Highway 19 N</u> | ce area map is a | | |
| | A copy of the proposed servi | ce area map is av N Athens, TX 75752 | vailable at (Utility Address a | and Phone |
| loothly | A copy of the proposed servi Number): <u>6435 State Highway 19 M</u> | ce area map is av N Athens, TX 75752 Th were first effec | vailable at (Utility Address a | and Phone |
| Ionthly | A copy of the proposed servi Number): <u>6435 State Highway 19 M</u> The current : utility rates which Flat Rate of \$ <u>22.00</u> Per | ce area map is av N Athens, TX 75752 Th were first effect r connection | vailable at (Utility Address a tive on <u>May 1</u> iscellaneous Fees | and Phone 20 14 |
| | A copy of the proposed servi Number): <u>6435 State Highway 19 N</u> The current : utility rates which Flat Rate of \$ <u>22.00</u> Per - OR- | ce area map is av N Athens, TX 75752 Th were first effect r connection | vailable at (Utility Address a tive on <u>May 1</u> iscellaneous Fees egulatory Assessment | and Phone 20 14 |
| lonthly | A copy of the proposed servi Number): <u>6435 State Highway 19 M</u> The current utility rates which Flat Rate of \$ <u>22.00</u> Per - OR- Base Rate Including per | ce area map is av N Athens, TX 75752 Th were first effect r connection gallons Ta | vailable at (Utility Address a ctive on <u>May 1</u> iscellaneous Fees egulatory Assessment ap Fee (Average Actual Cost) | and Phone 20 14 1% \$ 1,425.00 |
| lonthly | A copy of the proposed servi Number): <u>6435 State Highway 19 M</u> The current utility rates whice Flat Rate of \$ <u>22.00</u> Per - OR- Base Rate Including per on for: | ce area map is av N Athens, TX 75752 Th were first effect r connection gallons Ta Re | vailable at (Utility Address a ctive on <u>May 1</u> iscellaneous Fees egulatory Assessment ap Fee (Average Actual Cost) econnecting fee: | and Phone 20 14 1.425.00 \$ |
| onthly | A copy of the proposed servi Number): <u>6435 State Highway 19 M</u> The current utility rates which Flat Rate of \$ <u>22.00</u> Per - OR- Base Rate Including per | ce area map is av N Athens, TX 75752 Th were first effect r connection gallons Ta Re | vailable at (Utility Address a ctive on <u>May 1</u> iscellaneous Fees egulatory Assessment ap Fee (Average Actual Cost) econnecting fee: - Non Payment (\$25.00 ma | and Phone 20 14 1% \$1,425.00 \$ |
| lonthly | A copy of the proposed servi Number): <u>6435 State Highway 19 N</u> The current : utility rates which Flat Rate of \$ <u>22.00</u> Per - OR- Base Rate Including per on for: 5/8" meter <u>\$</u> 1" meter <u>\$</u> | ce area map is av N Athens, TX 75752 Th were first effect r connection gallons Ta Re | vailable at (Utility Address a ctive on <u>May 1</u> iscellaneous Fees egulatory Assessment ap Fee (Average Actual Cost) econnecting fee: | and Phone 20 14 1% \$1,425.00 \$ (\$ (\$ |
| onthly | A copy of the proposed servi Number): <u>6435 State Highway 19 M</u> Flat Rate of \$ <u>22.00</u> Per - OR- Base Rate Including per on for: <u>5/8" meter \$</u> | ce area map is av N Athens, TX 75752 Th were first effect r connection gallons Re Re | vailable at (Utility Address a stive on <u>May 1</u> iscellaneous Fees egulatory Assessment ap Fee (Average Actual Cost) econnecting fee: - Non Payment (\$25.00 ma - Transfer | and Phone 20 14 1% \$ 1,425.00 \$ 3x) \$ \$20.00 |
| onthly | A copy of the proposed servi Number): <u>6435 State Highway 19 N</u> Flat Rate of \$ <u>22.00</u> Per - OR- Base Rate Including per on for: <u>5/8" meter \$</u> 1 1/2" meter <u>\$</u> 2" meter <u>\$</u> | ce area map is av N Athens, TX 75752 Th were first effect r connection gallons Ta Re La | vailable at (Utility Address a ctive on <u>May 1</u> iscellaneous Fees egulatory Assessment ap Fee (Average Actual Cost) econnecting fee: - Non Payment (\$25.00 ma - Transfer - Customer's request | and Phone 20 14 (\$ 1,425.00 (\$ (\$ 20.00) (\$ (\$ (\$ (\$ 20.00)) (\$ (\$ (\$ (\$ (\$ (\$ (\$ (\$ (\$ (\$ (\$ (\$ (\$ (|
| onthly | A copy of the proposed servi Number): 6435 State Highway 19 M Theorement utility rates whice Flat Rate of \$ 22.00 Per - OR - Base Rate Including per on for: 5/8" meter \$ 1" meter \$ 1 1/2" meter \$ 2" meter \$ | ce area map is av N Athens, TX 75752 Th were first effect r connection galions Ref La Ref | vailable at (Utility Address a ctive on <u>May 1</u> iscellaneous Fees egulatory Assessment ap Fee (Average Actual Cost) econnecting fee: - Non Payment (\$25.00 ma - Transfer - Customer's request ate fee | and Phone 20 14 1% \$ 1,425.00 \$ 3x) \$ 20.00 \$ \$ 20.00 \$ \$ 25.00 or 10% \$ 25.00 |
| Others Gallona | A copy of the proposed servi Number): <u>6435 State Highway 19 N</u> The current : utility rates which Flat Rate of \$ <u>22.00</u> Per -OR- Base Rate Including per on for: 5/8" meter <u>\$</u> 1" meter <u>\$</u> 1 1/2" meter <u>\$</u> 2" meter <u>\$</u> 3 | ce area map is av N Athens, TX 75752 Th were first effect r connection gallons a gallons La Re Cu r 1,000 | vailable at (Utility Address a ctive on <u>May 1</u> iscellaneous Fees egulatory Assessment ap Fee (Average Actual Cost) econnecting fee: - Non Payment (\$25.00 ma - Transfer - Customer's request ate fee eturned Check charge | and Phone 20 14 1% \$1,425.00 \$ 3x) \$ \$20.00 \$ \$ \$20.00 \$ \$ \$20.00 \$ \$ \$20.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Ionthly onnecti Others Gallona | A copy of the proposed servi Number): <u>6435 State Highway 19 N</u> The current : utility rates which Flat Rate of \$ <u>22.00</u> Per- -OR- Base Rate Including per on for: <u>5/8" meter \$ 1" meter \$ 11/2" meter \$ 2" meter \$ 2" meter \$ 3</u> | ce area map is av N Athens, TX 75752 Th were first effect r connection gallons a gallons La Re Cu r 1,000 | vailable at (Utility Address a ctive on <u>May 1</u> iscellaneous Fees egulatory Assessment ap Fee (Average Actual Cost) econnecting fee: - Non Payment (\$25.00 ma - Transfer - Customer's request ate fee eturned Check charge ustomer Deposit (\$50.00 ma | and Phone 20 14 1% \$ 1,425.00 \$ 3x) \$ 20.00 \$ \$ 20.00 \$ 20.0 |

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

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

Persons who wish to intervene or comment should write the:

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within thirty (30) days from the date of this publication or notice. A public hearing will be held only if a legally sufficient hearing request is received or if the commission on its own motion requests a hearing. Only those individuals who submit a written hearing request or a written request to be notified if a hearing is set will receive notice if a hearing is scheduled.

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

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

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HISTORICAL BALANCE SHEETS

| | CURRENT | A-1 | A-2 | A-3 | A-4 | A-5 |
|--------------------------------|----------|----------|------|------|------|------|
| | YEAR (A) | YEAR | YEAR | YEAR | YEAR | YEAR |
| CURRENT ASSETS | | | | | | |
| Cash | | | | | - | |
| Accounts Receivable | | | | | | |
| Inventories | | | | | | 1 |
| Income Tax Receivable | | | | | | 1 |
| Other | | | | | | |
| Total | | | | | | |
| FIXED ASSETS | | | | | | · |
| Land | | | | | | |
| Collection/Distribution System | | | | | + | |
| Buildings | | | | | | |
| Equipment | | | | | + | |
| Other | | | | | | |
| Less: Accum. Depreciation or | | | | | + | |
| Reserves | | | | | | |
| Total | | <u> </u> | | | | |
| TOTAL ASSETS | | | | | | + |
| CURRENT LIABILITIES | | | | | | |
| Accounts Payable | | | | | | |
| Notes Payable, Current | | | | | | |
| Accrued Expenses | | | | | | |
| Other | | | | | | |
| Total | | | | | | + |
| LONGTERM LIABILITIES | | | | | | |
| Notes Payable, Long-term | | | | | | |
| Other | | <u> </u> | | | | + |
| TOTAL LIABILITIES | | | | | | |
| OWNER'S EQUITY | | | 1 | | | |
| Paid in Capital | | | | | | 1 |
| Retained Equity | | | | | + | |
| Other | | | - ! | | + | + |
| Current Period Profit or Loss | t | | | | | |
| TOTAL OWNER'S EQUITY | | | | | | - |
| TOTAL LIABILITIES AND EQUITY | | | | | | |
| WORKING CAPITAL | | | | | | + |
| CURRENT RATIO | | | | | | |
| DEBT TO EQUITY RATIO | | <u> </u> | | | | |
| EQUITY TO TOTAL ASSETS | | | | | | |
| | 1 | l | | | | |

HISTORICAL INCOME STATEMENT

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

HISTORICAL EXPENSES STATEMENT

| | CURRENT YEAR (A) | A-1 YEAR | A-2 YEAR | A-3 YEAR | A-4 YEAR | A-5 YEAR |
|------------------------|---------------------|-------------|-------------|-------------|-------------|-------------|
| GENERAL/ADMINISTRATIVE | | | | | | |
| EXPENSES | | | | | | |
| Salaries | | | | | | |
| Office Expense | | | | | | |
| Computer Expense | | | | | | |
| Auto Expense | | | | | | |
| Insurance Expense | | | | | | |
| Telephone Expense | | | | | | |
| Utilities Expense | | | | | | |
| Depreciation Expense | | | | | | |
| Property Taxes | | | | | | |
| Professional Fees | | | | | | |
| Other | | | | | | |
| Total | | | | | | |
| % Increase Per Year | 0 00% | 0 00% | 0 00% | 0.00% | 0 00% | 0.00% |
| OPERATIONAL EXPENSES | | | | | | |
| Salaries | | | | | | |
| Auto Expense | | | | | | |
| Utilities Expense | | | | | | |
| Depreciation Expense | | | | | | |
| Repair & Maintenance | | | | | | |
| Supplies | | | | | | |
| Other | | | | | | |
| Total | <u> </u> | | | | | |
| % Increase Per Year | 0 00% | 0.00% | 0.00% | 0 00% | 0.00% | 0.00% |
| ASSUMPTIONS | | | | | | |
| Interest Rate/Terms | <u> </u> | | | | | |
| Utility Cost/gal. | | | | | | |
| Depreciation Schedule | | | | • • | | |
| Other | | | | | | |

PROJECTED BALANCE SHEETS

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

PROJECTED INCOME STATEMENT

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

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PROJECTED EXPENSES STATEMENT

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

PROJECTED SOURCES AND USES OF CASH STATEMENTS

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

