



Control Number: 48935



Item Number: 7

Addendum StartPage: 0

PUC DOCKET NO. 48935

2019 JAN -3 PM 3:17

PETITION BY
AIRW 2017-7, L.P., A TEXAS
LIMITED PARTNERSHIP,
FOR STREAMLINED
EXPEDITED RELEASE
FROM CCN NO. 20071

§
§
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§
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§

BEFORE THE PUBLIC UTILITY
PUBLIC UTILITY COMMISSION
FILING CLERK

COMMISSION OF TEXAS

SUPPLEMENTAL AFFIDAVIT OF MAILING OF NOTICE FOR
STREAMLINED EXPEDITED RELEASE OF CCN NO. 20071

STATE OF TEXAS §
§
COUNTY OF TRAVIS §

Date: January 3, 2019

Affiant: Temple Noble

Affiant, Temple Noble, after having been duly sworn, on oath swears that the following statements are true and correct, and within her personal knowledge:

1. I am the Legal Assistant at the Law Firm of McCarthy & McCarthy, LLP, in Austin, Texas (the "Law Firm"), and work with Edmond R. McCarthy, Jr., attorney.
2. Mr. McCarthy and the Law Firm represent AIRW 2017-7, L.P., a Texas limited partnership ("Petitioner") in connection with its Petition for Streamlined Expedited Release from the Sewer Certificate of Convenience and Necessity ("CNN") No. 20071 held by the City of McKinney, Collin County, Texas, pursuant to (i) Texas Water Code Section 13.254 (a-5) and (ii) Rule 24.245 (l) of the Commission's Rules (16 TAC).
3. On the 30th day of November, 2018, pursuant to Section 13.254, Texas Water Code, and Commission Rule 24.245 (l)(4)(A)(vi) (16 TAC), I mailed copies of the Petition in this Docket No. 98935, filed with the PUC, to the current holder of CCN No. 20071, the City of McKinney, Collin County, Texas, to the following addresses:

City of McKinney
Attn: Paul Grimes, City Manager
P.O. Box 517
McKinney, Texas 75070

City of McKinney
Attn: Honorable George Fuller, Mayor
P.O. Box 517
McKinney, Texas 75070

City of McKinney
Attn: David Brown, Public Works
P.O. Box 517
McKinney, Texas 75070

City of McKinney
Attn: Mark Houser, City Attorney
P.O. Box 517
McKinney, Texas 75070

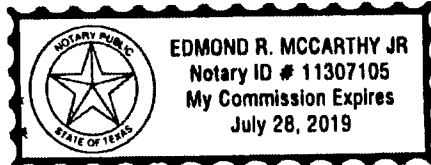
- 4. The mailed Petition referenced in Paragraph 3 above was sent both by postage prepaid certified mail and regular U.S. mail to the persons/addresses shown.
- 5. Copies of the return receipts postmarked November 30, 2018, are attached hereto as Exhibit "A." Copies of the returned "Green Cards" evidencing delivery of the Petition to the Addressees are attached hereto as Exhibit "B."
- 6. None of the Petitions mailed regular, United States, First Class Mail were returned, and are presumed to have been received by the respective Addressees.
- 7. Affiant's statements in paragraphs 1. through 6. above, inclusive, are true and correct and within the personal knowledge of Affiant.

Further Affiant sayeth not.

Temple Noble
Temple Noble, Legal Assistant, Affiant

SWORN TO AND SUBSCRIBED BEFORE ME by Temple Noble, acting in her capacity as Legal Assistant for McCarthy & McCarthy, LLP, and attorney Edmond R. McCarthy, Jr., on this, the 3rd day of January, 2019, to certify which witness my hand and seal of office.

Edmond R. McCarthy Jr.
Notary Public, State of Texas
Printed Name: Edmond R. McCarthy Jr.
Notary No.: 11307105
My Commission Expires: 7-28-19



Notary Seal: _____

Exhibit "A"

Copies of the Postmarked Certified Mail Return Receipts from the Mailing of the Petition for Streamlined Expedited Release of CCN No. 20071 filed in Docket No. 48935 on November 30, 3018 to the City of McKinney, holder of CCN No. 20071

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ _____
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____



Postage

\$ _____

Total

\$ _____

Street

City

State

Zip

City of McKinney
 Attn: Honorable George Fuller, Mayor
 P.O. Box 517
 McKinney, TX 75070

PS Form 3800, April 2015 PSN 7533-02-000-9047 See Reverse for Instructions

7016 0910 0000 8166 5943

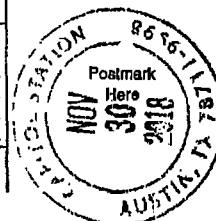
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- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ _____
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 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____



Postage

\$ _____

Total

\$ _____

Street

City

State

Zip

City of McKinney
 Attn: David Brown, Public Works
 P.O. Box 517
 McKinney, TX 75070

PS Form 3800, April 2015 PSN 7533-02-000-9047 See Reverse for Instructions

7016 0910 0000 8166 5936

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ _____
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____



Postage

\$ _____

Total

\$ _____

Street

City

State

Zip

City of McKinney
 Attn: Mark Houser, City Attorney
 P.O. Box 517
 McKinney, TX 75070

PS Form 3800, April 2015 PSN 7533-02-000-9047 See Reverse for Instructions

7016 0910 0000 8166 5455

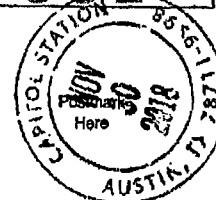
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Certified Mail Fee

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 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____



Postage

\$ _____

Total

\$ _____

Street

City

State

Zip


City of McKinney
 Attn: Paul Grimes, City Manager
 P.O. Box 517
 McKinney, TX 75070

PS Form 3800, April 2015 PSN 7533-02-000-9047 See Reverse for Instructions


7016 0910 0000 8166 5929

Exhibit "B"

Copies of Certified Mail, Return Receipt Requested
"Green Cards" from the City of McKinney Confirming Delivery
of the Mailed Petition for Streamlined Expedited Release
of CCN No. 20071 Filed in Docket No. 48935

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Manuel Cardona</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p>City of McKinney Attn: David Brown, Public Works P.O. Box 517 McKinney, TX 75070</p>	<p>B. Received by (Printed Name) <i>Manuel Cardona</i> C. Date of Delivery <i>12-11-18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
 9590 9403 0530 5173 4058 15	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> 7016 0910 0000 8166 5936	Domestic Return Receipt																

PS Form 3811, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Manuel Cardona</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. City of McKinney Attn: Honorable George Fuller, Mayor P.O. Box 517 McKinney, TX 75070</p>	<p>B. Received by (Printed Name) <i>Manuel Cardona</i> C. Date of Delivery <i>12-6-18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
 9590 9403 0530 5173 4058 08	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> 7016 0910 0000 8166 5943	Domestic Return Receipt																

PS Form 3811, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>																	
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<p>City of McKinney Attn: Mark Houser, City Attorney P.O. Box 517 McKinney, TX 75070</p>	<p>B. Received by (Printed Name) Mark Houser</p>	<p>C. Date of Delivery 7/6/16</p>																
<p>2. Article Number (Transfer from service label)</p> <p>9590 9403 0530 5173 4057 92</p> <p>7016 0910 0000 8166 5455</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
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