



Control Number: 50059



Item Number: 11

Addendum StartPage: 0

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PUBLIC UTILITY COMMISSION
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APPLICATION OF DOUBLE DIAMOND §
UTILITIES COMPANY, INC., DOUBLE §
DIAMOND PROPERTIES §
CONSTRUCTION COMPANY, AND §
MIDWAY WATER UTILITIES, INC. §
FOR SALE, TRANSFER, OR MERGER §
OF FACILITIES AND CERTIFICATE §
RIGHTS IN HILL, PALO PINTO, §
JOHNSON, AND GRAYSON COUNTIES §

PUBLIC UTILITY COMMISSION
OF TEXAS

APPLICANTS' SECOND ERRATA TO THE APPLICATION

Double Diamond Utilities Company, Inc., Double Diamond Properties Construction Company, and Midway Water Utilities (Midway) (collectively Applicants) file this Second Errata to the Application for Approval of the Sale, Transfer, or Merger of Facilities and Certificates of Convenience and Necessity Rights in Hill, Palo Pinto, Johnson, and Grayson Counties (STM Application) as follows:

I. ERRATA

Applicants filed the STM Application on September 27, 2019. Pursuant to Applicants' discussion with the Public Utility Commission (Commission) Staff, on November 5, 2019, Applicants are filing the attached Second Errata in response to requests made by Commission Staff for proof that discharge permit applications were filed with the Texas Commission on Environmental Quality (TCEQ) for the following wastewater treatment facilities: Rock Creek, The Cliffs, The Retreat, and White Bluff. A file stamped copy of the discharge permit applications are attached hereto as Attachment A.

In addition to the above, Applicants determined it did not properly identify the Certificate of Convenience and Necessity (CCN) number in which Midway proposes to consolidate. The Second Errata correctly states that "Midway proposes to consolidate the two water CCNs 12087 and 13235 into CCN 12087."

The pages in Attachment B to the Second Errata replace bates page numbers 2, 8, 11, 14, and 17 of the STM Application.

Pursuant to discussions with Commission Staff on November 15, 2019, Applicants are filing a correction to the map for the Rock Creek wastewater service area. Also, at the request of

Commission Staff, Applicants are resubmitting all of the other maps in Attachments 9 and 10 of the Application to ensure accurate mapping. All of the maps are attached hereto as Attachment C.

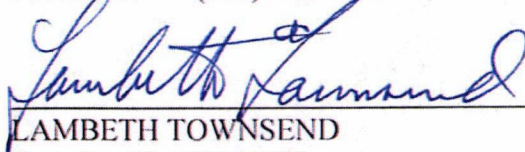
The Second Errata to Attachment 9 is one map entitled Application of Midway Water Utilities, Inc. to Acquire CCN 20705 from Double Diamond, Inc. in Grayson County, which replaces bates number 234. The Errata to Attachment 9 are two maps entitled 1) Application of Midway Water Utilities, Inc. to Acquire CCN 20705 from Double Diamond, Inc. in Palo Pinto County; and 2) Application of Midway Water Utilities, Inc. to Acquire CCN 20705 from Double Diamond, Inc. in Hill County and Johnson County, and those maps replace bates number 234. Errata to Attachment 10 are a map entitled The Retreat CCNS 12087 and 20705, which replaces bates numbers 236 and 240, and a map entitled White Bluff CCNs 12087 and 20705, which replaces bates numbers 237 and 242.

II. CONCLUSION

Applicants respectfully requests the Application be found administratively complete, and that it be granted any other relief to which it may be entitled.

Respectfully submitted,

LLOYD GOSSELINK
ROCHELLE & TOWNSEND, P.C.
816 Congress Avenue, Suite 1900
Austin, Texas 78701
Telephone: (512) 322-5800
Facsimile: (512) 472-0532



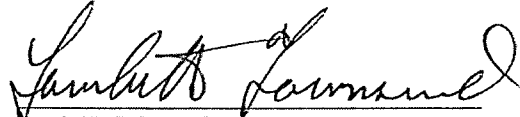
LAMBETH TOWNSEND
State Bar No. 20167500
ltownsend@lglawfirm.com

WILLIAM A. FAULK, III
State Bar No. 24075674
cfaulk@lglawfirm.com

ATTORNEYS FOR APPLICANTS

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing document was served on all parties of record on this 18th day of November, 2019.


LAMBETH TOWNSEND

Attachment A
TCEQ Discharge
Permit Application



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**APPLICATION TO TRANSFER A WASTEWATER PERMIT
OR CAFO PERMIT**

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

SECTION 1. CURRENT PERMIT INFORMATION

What is the Permit Number? WQ0014783001

What is the EPA I.D. Number? TX 0129241

What is the Current Name on the Permit?

Double Diamond Utilities Co.

What is the Customer Number (CN) for the current permittee? CN 600672349 X6815

What is the Regulated Entity Reference Number (RN): RN 105132401

For Publicly Owned Treatment Works (POTWs) Only:

- a) Does this permit require implementation of an approved pretreatment program by the POTW? Yes No
- b) Does this permit have a domestic reclaimed water authorization associated with it?
NOTE: The domestic reclaimed water authorization associated with this permit will be cancelled on the same date the transfer took place. See instructions for more information.
Yes No

11.18.19
Lan Tran
TCEQ

SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

A. What is the Legal Name of the facility owner?

Midway Water Utilities, INC.

B. What is the Customer Number (CN) issued to this entity? CN 600663579

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 3. CO-APPLICANT INFORMATION

Complete this section only if another person or entity is required to apply as a co-permittee.

A. What is the Legal Name of the co-applicant applying for this permit?

[REDACTED]

B. What is the Customer Number (CN) issued to this entity? CN [REDACTED]

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

SECTION 6. SITE INFORMATION

Site Name: Rock Creek Wastewater Treatment Facility

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: Midway Water Utilities, INC.

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

B. Landowner of the effluent disposal site:

Landowner Name: _____

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

C. For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres: _____

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? May 1, 2020

SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: _____

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Ed Taussig

Title: Finance Director Credentials: _____

Company Name: SouthWest Water Company

Mailing Address: 12535 Reed Road

City, State, and Zip Code: Sugar Land, TX 77478

Phone Number: 281-207-5930 Fax Number: 281-207-5930

E-mail Address: etaussig@swwc.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes No

Do you owe any penalties to the TCEQ? Yes No

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

TRANSFEROR SIGNATURE (Current Facility Owner)

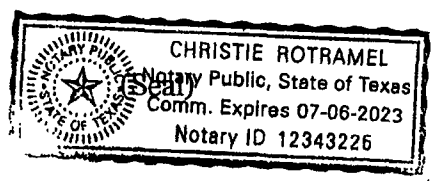
I consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: Double Diamond Utilities Co.

Title: President

Signature: Randy Gray Date: 11-14-19

SUBSCRIBED AND SWORN to before me by the said Randy Gray on this 14th day of November, 2019
My commission expires on the 6th day of July, 2023



Christie Rotamel
Notary Public
Dallas
County, Texas

TRANSFeree SIGNATURE (New Facility Co-Applicant)

Complete if a co-applicant is required.

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the operator of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations and revocation of this permit.

New Facility Co-Applicant: ~~XXXXXXXXXXXXXXXXXXXX~~

Title: President

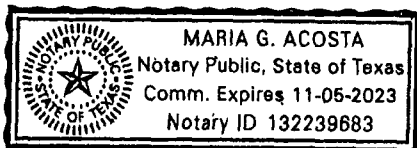
Signature: Charles W Profilet Jr Date: 11.15.19

SUBSCRIBED AND SWORN to before me by the said Charles W Profilet Jr. on

this 15th day of November, 2019

My commission expires on the 5th day of November, 2023

(Seal)



W Acosta
Notary Public

Fort Bend
County, Texas



TCEQ Use Only

TCEQ Core Data Form

For detailed Instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other Permit Transfer
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600663579		RN 105132401

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	05/01/2020	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input checked="" type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (if an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Midway Water Utilities, Inc.		Double Diamond Utilities Co.	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited			
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:			
<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational License <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	1620 Grand Avenue Parkway		
	Ste 140		
	City	Pflugerville	State TX ZIP 78660 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
N/A		twilliford@swwc.com	
18. Telephone Number (512) 219-2294		19. Extension or Code	20. Fax Number (if applicable) () -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)		
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information		
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)		
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)		
Rock Creek Wastewater Treatment Facility		

23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City	State			Nearest ZIP Code			
27. Latitude (N) In Decimal:		28. Longitude (W) In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
4941				22131			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
domestic wastewater treatment plant							
34. Mailing Address:	1620 Grand Avenue Parkway						
	Suite 140						
	City	Pflugerville	State	TX	ZIP	78660 ZIP + 4	
35. E-Mail Address:		twilliford@swwc.com					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(512) 219-2294		N/A		() -			

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

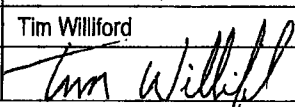
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0014783001				

SECTION IV: Preparer Information

40. Name:	Tim Williford	41. Title:	Senior EHS Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 219-2294	N/A	(512) 252-8782	twilliford@swwc.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	SWWC Utilities, Inc.	Job Title:	Senior Environmental Health & Safety Manager
Name (In Print):	Tim Williford	Phone:	(512) 219-2294
Signature:		Date:	11/18/19



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
APPLICATION TO TRANSFER A WASTEWATER PERMIT
OR CAFO PERMIT

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

SECTION 1. CURRENT PERMIT INFORMATION

What is the Permit Number? WQ0002789000

What is the EPA I.D. Number? TX 0099015

What is the Current Name on the Permit?

Double Diamond Utilities Co.

What is the Customer Number (CN) for the current permittee? CN 600672349

What is the Regulated Entity Reference Number (RN): RN 101265213

For Publicly Owned Treatment Works (POTWs) Only:

- a) Does this permit require implementation of an approved pretreatment program by the POTW? Yes No
- b) Does this permit have a domestic reclaimed water authorization associated with it? NOTE: **The domestic reclaimed water authorization associated with this permit will be cancelled on the same date the transfer took place. See instructions for more information.** Yes No

*11.19.19
Lauri Thomas
TCEQ
X815*

SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

A. What is the Legal Name of the facility owner?

Midway Water Utilities, INC.

B. What is the Customer Number (CN) issued to this entity? CN 600663579

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 3. CO-APPLICANT INFORMATION

Complete this section only if another person or entity is required to apply as a co-permittee.

A. What is the Legal Name of the co-applicant applying for this permit?

- B.** What is the Customer Number (CN) issued to this entity? CN [REDACTED]
- C.** Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

SECTION 6. SITE INFORMATION

Site Name: The Cliffs WWTP

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: Midway Water Utilities, INC.

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

B. Landowner of the effluent disposal site:

Landowner Name: AGE BARNETT

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

C. For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres: 0.25

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? May 1, 2020

SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: None

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Ed Taussig

Title: Finance Director Credentials: None

Company Name: SouthWest Water Company

Mailing Address: 12535 Reed Road

City, State, and Zip Code: Sugar Land, TX 77478

Phone Number: 281-207-5930 Fax Number: [REDACTED]

E-mail Address: etaussig@swwc.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes No

Do you owe any penalties to the TCEQ? Yes No

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

[REDACTED]

TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

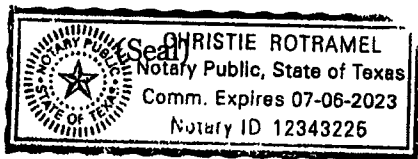
Facility Owner Name: Double Diamond Utilities Co.

Title: President

Signature: Randy Gray Date: 11.14.19

SUBSCRIBED AND SWORN to before me by the said Randy Gray on this 14th day of November, 2019

My commission expires on the 6th day of July, 2023



Christie Rotramel
Notary Public
Dallas
County, Texas

TRANSFeree SIGNATURE (New Facility Co-Applicant)

Complete if a co-applicant is required.

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the operator of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations and revocation of this permit.

New Facility Co-Applicant: _____

Title: President

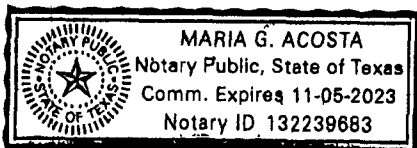
Signature: Charles W Profey Date: 11.15.19

SUBSCRIBED AND SWORN to before me by the said Charles W. Profey Jr. on

this 15th day of November, 2019

My commission expires on the 5th day of November, 2023

(Seal)



[Signature]
Notary Public

Fort Bend
County, Texas



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other Permit Transfer	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600663579		RN 101265213

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		05/01/2020	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information		<input checked="" type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
Midway Water Utilities, Inc.				Double Diamond Utilities Co.	
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
				10. DUNS Number (if applicable)	
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		<input checked="" type="checkbox"/> 251-500		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:					
<input checked="" type="checkbox"/> Owner		<input checked="" type="checkbox"/> Operator		<input type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Other:					
15. Mailing Address:					
1620 Grand Avenue Parkway					
Ste 140					
City		Pflugerville		State TX	
ZIP		78660		ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
N/A				twilliford@swwc.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(512) 219-2294				() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)		
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information		
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)		
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)		

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City	State				Nearest ZIP Code		
27. Latitude (N) In Decimal:		28. Longitude (W) In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
4941				22131			
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
domestic wastewater treatment plant							
34. Mailing Address:	1620 Grand Avenue Parkway						
	Suite 140						
	City	Pflugerville	State	TX	ZIP	78660	ZIP + 4
35. E-Mail Address:		twilliford@swwc.com					
36. Telephone Number		37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
(512) 219-2294		N/A			() -		

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form Instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0002789000				

SECTION IV: Preparer Information

40. Name:	Tim Williford	41. Title:	Senior EHS Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 219-2294	N/A	(512) 252-8782	twilliford@swwc.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	SWWC Utilities, Inc.	Job Title:	Senior Environmental Health & Safety Manager
Name <i>(In Print)</i> :	Tim Williford	Phone:	(512) 219-2294
Signature:		Date:	



TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other Permit Transfer	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600663579		RN 101265213

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	05/01/2020	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input checked="" type="checkbox"/> Change in Regulated Entity Ownership	
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Midway Water Utilities, Inc.		Double Diamond Utilities Co.	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:			
<input checked="" type="checkbox"/> Owner		<input checked="" type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
		<input type="checkbox"/> Owner & Operator	
		<input type="checkbox"/> Voluntary Cleanup Applicant	
		<input type="checkbox"/> Other:	
15. Mailing Address:	1620 Grand Avenue Parkway		
	Ste 140		
	City	Pflugerville	State TX ZIP 78660 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
N/A		twilliford@swwc.com	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(512) 219-2294		() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)		
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information		
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)		
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)		
The Cliffs Wastewater Treatment Facility		

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City					State	Nearest ZIP Code	
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4941			22131				
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
domestic wastewater treatment plant							
34. Mailing Address:	1620 Grand Avenue Parkway						
	Suite 140						
	City	Pflugerville	State	TX	ZIP	78660	ZIP + 4
35. E-Mail Address:		twilliford@swwc.com					
36. Telephone Number		37. Extension or Code		38. Fax Number <i>(if applicable)</i>			
(512) 219-2294		N/A		() -			

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

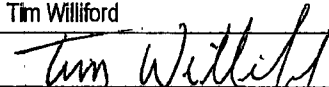
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0002789000				

SECTION IV: Preparer Information

40. Name:	Tim Williford		41. Title:	Senior EHS Manager	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(512) 219-2294	N/A	(512) 252-8782	twilliford@swwc.com		

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	SWWC Utilities, Inc.	Job Title:	Senior Environmental Health & Safety Manager		
Name <i>(In Print)</i> :	Tim Williford	Phone:	(512) 219-2294		
Signature:		Date:	11/18/19		



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**APPLICATION TO TRANSFER A WASTEWATER PERMIT
OR CAFO PERMIT**

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

SECTION 1. CURRENT PERMIT INFORMATION

What is the Permit Number? WQ0014373001

What is the EPA I.D. Number? TX 0125270

What is the Current Name on the Permit?

Double Diamond Utilities Co.

What is the Customer Number (CN) for the current permittee? CN 600672349

What is the Regulated Entity Reference Number (RN): RN 103913919

For Publicly Owned Treatment Works (POTWs) Only:

- a) Does this permit require implementation of an approved pretreatment program by the POTW? Yes No
- b) Does this permit have a domestic reclaimed water authorization associated with it?
NOTE: **The domestic reclaimed water authorization associated with this permit will be cancelled on the same date the transfer took place.** See instructions for more information.
Yes No

11-18-19
Laurie Thomas
TCEQ
X6815

SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

A. What is the Legal Name of the facility owner?

Midway Water Utilities, INC.

B. What is the Customer Number (CN) issued to this entity? CN 600663579

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 3. CO-APPLICANT INFORMATION

Complete this section only if another person or entity is required to apply as a co-permittee.

A. What is the Legal Name of the co-applicant applying for this permit?

B. What is the Customer Number (CN) issued to this entity? CN [REDACTED]

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

SECTION 6. SITE INFORMATION

Site Name: The Retreat Wastewater Treatment Facility

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: Midway Water Utilities, INC.

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

B. Landowner of the effluent disposal site:

Landowner Name: [REDACTED]

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

C. For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres: [REDACTED]

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? May 1, 2020

SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Ed Taussig

Title: Finance Director Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 12535 Reed Road

City, State, and Zip Code: Sugar Land, TX 77478

Phone Number: 281-207-5930 Fax Number: [REDACTED]

E-mail Address: etaussig@swwc.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes No

Do you owe any penalties to the TCEQ? Yes No

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

[REDACTED]

TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

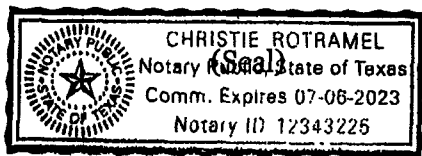
Facility Owner Name: Double Diamond Utilities Co.

Title: President

Signature: Randy Gray Date: 11-14-19

SUBSCRIBED AND SWORN to before me by the said Randy Gray on this 14th day of November, 2019

My commission expires on the 16th day of July, 2023



Christie Rotramel
Notary Public
Dallas
County, Texas

TRANSFeree SIGNATURE (New Facility Co-Applicant)

Complete if a co-applicant is required.

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the operator of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations and revocation of this permit.

New Facility Co-Applicant: [Redacted]

Title: President

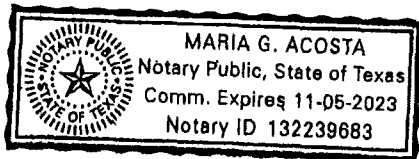
Signature: Charles W Profey Date: 11.15.19

SUBSCRIBED AND SWORN to before me by the said Charles W. Profey Jr. on

this 15th day of November, 2019

My commission expires on the 5th day of November, 2023

(Seal)



[Signature]
Notary Public

Fort Bend
County, Texas



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other Permit Transfer
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600663579		RN 103913919

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	05/01/2020	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input checked="" type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Midway Water Utilities, Inc.		Double Diamond Utilities Co.	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited			
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:			
<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	1620 Grand Avenue Parkway		
	Ste 140		
	City	Pflugerville	State TX ZIP 78660 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
N/A		twilliford@swwc.com	
18. Telephone Number (512) 219-2294	19. Extension or Code		20. Fax Number (if applicable)

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
<i>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
The Retreat Wastewater Treatment Facility	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City	State				Nearest ZIP Code		
27. Latitude (N) In Decimal:		28. Longitude (W) In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
4941				22131			
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
domestic wastewater treatment plant							
34. Mailing Address:	1620 Grand Avenue Parkway						
	Suite 140						
	City	Pflugerville	State	TX	ZIP	78660	ZIP + 4
35. E-Mail Address:		twilliford@swwc.com					
36. Telephone Number		37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
(512) 219-2294		N/A			() -		

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form Instructions for additional guidance.

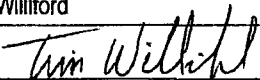
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0014373001				

SECTION IV: Preparer Information

40. Name:	Tim Williford	41. Title:	Senior EHS Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 219-2294	N/A	(512) 252-8782	twilliford@swwc.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	SWWC Utilities, Inc.	Job Title:	Senior Environmental Health & Safety Manager
Name <i>(In Print)</i> :	Tim Williford	Phone:	(512) 219-2294
Signature:		Date:	11/18/19

Copy



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
APPLICATION TO TRANSFER A WASTEWATER PERMIT
OR CAFO PERMIT

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

SECTION 1. CURRENT PERMIT INFORMATION

What is the Permit Number? WQ0013786002

What is the EPA I.D. Number? TX 0113913

What is the Current Name on the Permit?

Double Diamond Utilities Co.

What is the Customer Number (CN) for the current permittee? CN 600672949

What is the Regulated Entity Reference Number (RN): RN 102329802

11/18/19
Liam Thomas
TCEQ
X6815

For Publicly Owned Treatment Works (POTWs) Only:

- a) Does this permit require implementation of an approved pretreatment program by the POTW? Yes No
- b) Does this permit have a domestic reclaimed water authorization associated with it?
NOTE: **The domestic reclaimed water authorization associated with this permit will be cancelled on the same date the transfer took place. See instructions for more information.**
Yes No

SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

A. What is the Legal Name of the facility owner?

Midway Water Utilities, INC.

B. What is the Customer Number (CN) issued to this entity? CN 600663579

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 3. CO-APPLICANT INFORMATION

Complete this section only if another person or entity is required to apply as a co-permittee.

A. What is the Legal Name of the co-applicant applying for this permit?

- B.** What is the Customer Number (CN) issued to this entity? CN [REDACTED]
- C.** Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: [REDACTED]

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

SECTION 6. SITE INFORMATION

Site Name: White Bluff Wastewater Treatment Facility

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: Midway Water Utilities, INC.

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

B. Landowner of the effluent disposal site:

Landowner Name: XXXXXXXXXX

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

C. For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres: XXXXXXXXXX

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? May 1, 2020

SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Timothy Williford

Title: Sr. EHS Manager Credentials: XXXXXXXXXX

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

City, State, and Zip Code: Pflugerville, TX 78660

Phone Number: 512-219-2294 Fax Number: 512-252-8782

E-mail Address: twilliford@swwc.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Ed Taussig

Title: Finance Director Credentials: XXXXXXXXXX

Company Name: SouthWest Water Company

Mailing Address: 12535 Reed Road

City, State, and Zip Code: Sugar Land, TX 77478

Phone Number: 281-207-5930 Fax Number: [REDACTED]

E-mail Address: etaussig@swwc.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes No

Do you owe any penalties to the TCEQ? Yes No

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

[REDACTED]

TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

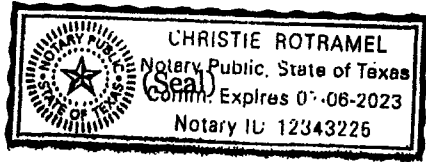
Facility Owner Name: Double Diamond Utilities Co.

Title: President

Signature: Randy Gracy Date: 11-14-19

SUBSCRIBED AND SWORN to before me by the said Randy Gracy on this 14th day of November, 2019

My commission expires on the 10th day of July, 2023



Christie Rotramel
Notary Public
Dallas
County, Texas

TRANSFeree SIGNATURE (New Facility Co-Applicant)

Complete if a co-applicant is required.

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the operator of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations and revocation of this permit.

New Facility Co-Applicant: Charles W. Proffitt Jr.

Title: President

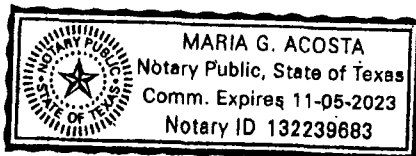
Signature: Charles W Proffitt Jr Date: 11.15.19

SUBSCRIBED AND SWORN to before me by the said Charles W. Proffitt Jr. on

this 15th day of November, 2019

My commission expires on the 5th day of November, 2023

(Seal)



[Signature]
Notary Public

Fort Bend
County, Texas



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other Permit Transfer
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600663579		RN 102329802

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	05/01/2020	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input checked="" type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an Individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Midway Water Utilities, Inc.		Double Diamond Utilities Co.	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer: <input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:			
<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	1620 Grand Avenue Parkway		
	Ste 140		
	City	Pflugerville	State TX ZIP 78660 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
N/A		twilliford@swwc.com	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(512) 219-2294		() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)
White Bluff Wastewater Treatment Facility

23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City					State	Nearest ZIP Code	
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
4941				22131			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
domestic wastewater treatment plant							
34. Mailing Address:	1620 Grand Avenue Parkway						
	Suite 140						
	City	Pflugerville	State	TX	ZIP	78660	ZIP + 4
35. E-Mail Address:		twilliford@swwc.com					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(512) 219-2294		N/A		() -			

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

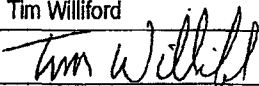
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0013786002				

SECTION IV: Preparer Information

40. Name:	Tim Williford			41. Title:	Senior EHS Manager		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address				
(512) 219-2294	N/A	(512) 252-8782	twilliford@swwc.com				

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Swwc Utilities, Inc.		Job Title:	Senior Environmental Health & Safety Manager			
Name (In Print):	Tim Williford			Phone:	(512) 219-2294		
Signature:				Date:	11/18/19		

Attachment B
Errata Pages to the
Application

Part A: General Information

1. Describe the proposed transaction, including the effect on all CCNs involved, and provide details on the existing or expected land use in the area affected by the proposed transaction. Attach all supporting documentation, such as a contract, a lease, or proposed purchase agreements:

Midway Water Utilities, Inc. is a direct, wholly-owned subsidiary of Monarch Utilities, Inc., which is an indirect, wholly-owned subsidiary of SouthWest Water Company ("SouthWest"). Double Diamond, Inc. currently owns the following water and sewer utilities in Texas: White Bluff (water CCN #12087, sewer CCN #20705), The Cliffs (water CCN #12087, sewer CCN #20705), Rock Creek (water CCN #13235, sewer CCN #20705), and The Retreat (water CCN #12087, sewer CCN #20705). Through an Asset Purchase Agreement signed on August 21, 2019, Double Diamond is selling the assets of the four utilities to Midway and transferring the respective water and sewer CCNs to Midway. There will be no changes to the existing CCN boundaries as part of the transfer; however, Midway proposes to consolidate the two water CCNs 12087 and 13235 into CCN 12087.

2. The proposed transaction will require (check all applicable):

For **Transferee** (Purchaser) CCN:

For **Transferor** (Seller) CCN:

- Obtaining a NEW CCN for Purchaser
- Transfer all CCN into Purchaser's CCN (Merger)
- Transfer Portion of CCN into Purchaser's CCN
- Transfer all CCN to Purchaser and retain Seller CCN
- Uncertificated area added to Purchaser's CCN

- Cancellation of Seller's CCN
- Transfer of a Portion of Seller's CCN to Purchaser
- Only Transfer of Facilities, No CCN or Customers
- Only Transfer of Customers, No CCN or Facilities
- Only Transfer CCN Area, No Customers or Facilities

Part B: Transferor Information

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

3. A. Name: Double Diamond Utilities Co. & Double Diamond Properties Construction Co., both subsidiaries of Double Diamond Delaware, Inc.

(individual, corporation, or other legal entity)

Individual Corporation WSC Other: _____

B. Mailing Address: 5495 Belt Line Rd., Ste 200, Dallas, TX 75254

Phone: (214) 706-9801 Email: rgracy@ddresorts.com

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

Name: Randy Gracy Title: President

Mailing Address: 5495 Belt Line Rd., Ste 200, Dallas, TX 75254

Phone: (214) 706-9801 Email: rgracy@ddresorts.com

4. If the utility to be transferred is an Investor Owned Utility (IOU), for the most recent rate change, attach a copy of the current tariff and complete A through B:

A. Effective date for most recent rates: 5/19/17 (The Retreat); 5/31/19 (Rock Creek); grc currently pending (White Bluff & The Cliffs)

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

No Yes Application or Docket Number: 48717 (Rock Creek); 42919 (The Retreat); 46245 (White Bluff & The Cliffs)

If the transferor is a Water Supply or Sewer Service Corporation, provide a copy of the current tariff.

Part F: TCEQ Public Water System or Sewer (Wastewater) Information

Complete Part F for EACH Public Water or Sewer system to be transferred subject to approval of the transaction. Attach a separate sheet with this information if you need more space for additional systems being transferred.

22. A. For Public Water System (PWS):

TCEQ PWS Identification Number: 1090073 (7 digit ID)

Name of PWS: White Bluff

Date of last TCEQ compliance inspection: Dec 23, 2018 (attach TCEQ letter)

Subdivisions served: White Bluff

B. For Sewer service:

TCEQ Water Quality (WQ) Discharge Permit Number: WQ 13786-002 (8 digit ID)

Name of Wastewater Facility: White Bluff

Name of Permittee: Double Diamond

Date of last TCEQ compliance inspection: Feb 12, 2015 (attach TCEQ letter)

Subdivisions served: White Bluff

Date of application to transfer permit *submitted* to TCEQ: Nov 18, 2019

23. List the number of *existing* connections, by meter/connection type, to be affected by the proposed transaction:

Water				Sewer	
	Non-metered	5	2"	565	Residential
630	5/8" or 3/4"		3"	18	Commercial
13	1"		4"		Industrial
5	1 1/2"		Other		Other
Total Water Connections:				653	Total Sewer Connections: 583

24. A. Are any improvements required to meet TCEQ or Commission standards?

No Yes

B. Provide details on each required major capital improvement necessary to correct deficiencies to meet the TCEQ or Commission standards (attach any engineering reports or TCEQ approval letters):

Description of the Capital Improvement:	Estimated Completion Date:	Estimated Cost:

C. Is there a moratorium on new connections?

No Yes:

25. Does the system being transferred operate within the corporate boundaries of a municipality?

No Yes: _____ (name of municipality)

If yes, indicate the number of customers within the municipal boundary.

Water: _____ Sewer: _____

Part F: TCEQ Public Water System or Sewer (Wastewater) Information

Complete Part F for EACH Public Water or Sewer system to be transferred subject to approval of the transaction. Attach a separate sheet with this information if you need more space for additional systems being transferred.

22. A. For Public Water System (PWS):

TCEQ PWS Identification Number: 1820061 (7 digit ID)

Name of PWS: The Cliffs

Date of last TCEQ compliance inspection: Jun 13, 2019 (attach TCEQ letter)

Subdivisions served: The Cliffs

B. For Sewer service:

TCEQ Water Quality (WQ) Discharge Permit Number: WQ02790-000 (8 digit ID)

Name of Wastewater Facility: The Cliffs

Name of Permittee: Double Diamond

Date of last TCEQ compliance inspection: Jun 13, 2019 (attach TCEQ letter)

Subdivisions served: The Cliffs

Date of application to transfer permit submitted to TCEQ: Nov 18, 2019

23. List the number of *existing* connections, by meter/connection type, to be affected by the proposed transaction:

Water				Sewer	
	Non-metered	15	2"	242	Residential
263	5/8" or 3/4"		3"	19	Commercial
13	1"		4"		Industrial
1	1 1/2"		Other		Other
Total Water Connections:				292	Total Sewer Connections: 261

24. A. Are any improvements required to meet TCEQ or Commission standards?

No Yes

B. Provide details on each required major capital improvement necessary to correct deficiencies to meet the TCEQ or Commission standards (attach any engineering reports or TCEQ approval letters):

Description of the Capital Improvement:	Estimated Completion Date:	Estimated Cost:

C. Is there a moratorium on new connections?

No Yes:

25. Does the system being transferred operate within the corporate boundaries of a municipality?

No Yes: _____ (name of municipality)

If yes, indicate the number of customers within the municipal boundary.

Water: _____ Sewer: _____

Part F: TCEQ Public Water System or Sewer (Wastewater) Information

Complete Part F for EACH Public Water or Sewer system to be transferred subject to approval of the transaction. Attach a separate sheet with this information if you need more space for additional systems being transferred.

22. A. For Public Water System (PWS):

TCEQ PWS Identification Number: 1260127 (7 digit ID)

Name of PWS: The Retreat

Date of last TCEQ compliance inspection: Apr 26, 2018 (attach TCEQ letter)

Subdivisions served: The Retreat

B. For Sewer service:

TCEQ Water Quality (WQ) Discharge Permit Number: WQ14373-001 (8 digit ID)

Name of Wastewater Facility: The Retreat

Name of Permittee: Double Diamond

Date of last TCEQ compliance inspection: Nov 7, 2018 (attach TCEQ letter)

Subdivisions served: The Retreat

Date of application to transfer permit submitted to TCEQ: Nov 18, 2019

23. List the number of existing connections, by meter/connection type, to be affected by the proposed transaction:

Water				Sewer	
	Non-metered	1	2"	135	Residential
142	5/8" or 3/4"		3"	5	Commercial
2	1"		4"		Industrial
2	1 1/2"		Other		Other
Total Water Connections:				147	
				Total Sewer Connections:	140

24. A. Are any improvements required to meet TCEQ or Commission standards?

No Yes

B. Provide details on each required major capital improvement necessary to correct deficiencies to meet the TCEQ or Commission standards (attach any engineering reports or TCEQ approval letters):

Description of the Capital Improvement:	Estimated Completion Date:	Estimated Cost:

C. Is there a moratorium on new connections?

No Yes:

25. Does the system being transferred operate within the corporate boundaries of a municipality?

No Yes: _____ (name of municipality)

If yes, indicate the number of customers within the municipal boundary.

Water: _____ Sewer: _____

Part F: TCEQ Public Water System or Sewer (Wastewater) Information

Complete Part F for EACH Public Water or Sewer system to be transferred subject to approval of the transaction. Attach a separate sheet with this information if you need more space for additional systems being transferred.

22. A. For Public Water System (PWS):

TCEQ PWS Identification Number: 0910147 (7 digit ID)

Name of PWS: Rock Creek

Date of last TCEQ compliance inspection: Oct 25, 2017 (attach TCEQ letter)

Subdivisions served: Rock Creek

B. For Sewer service:

TCEQ Water Quality (WQ) Discharge Permit Number: WQ 14783-001 (8 digit ID)

Name of Wastewater Facility: Rock Creek

Name of Permittee: Double Diamond

Date of last TCEQ compliance inspection: Dec 21, 2015 (attach TCEQ letter)

Subdivisions served: Rock Creek

Date of application to transfer permit *submitted* to TCEQ: Nov 18, 2019

23. List the number of *existing* connections, by meter/connection type, to be affected by the proposed transaction:

Water				Sewer	
	Non-metered	4	2"	84	Residential
93	5/8" or 3/4"		3"	3	Commercial
	1"		4"		Industrial
	1 1/2"		Other		Other
Total Water Connections:				97	Total Sewer Connections: 87

24. A. Are any improvements required to meet TCEQ or Commission standards?

No Yes

B. Provide details on each required major capital improvement necessary to correct deficiencies to meet the TCEQ or Commission standards (attach any engineering reports or TCEQ approval letters):

Description of the Capital Improvement:	Estimated Completion Date:	Estimated Cost:

C. Is there a moratorium on new connections?

No Yes:

25. Does the system being transferred operate within the corporate boundaries of a municipality?

No Yes: _____ (name of municipality)

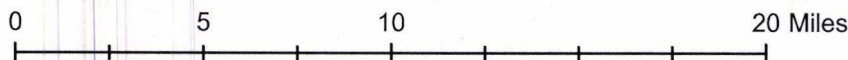
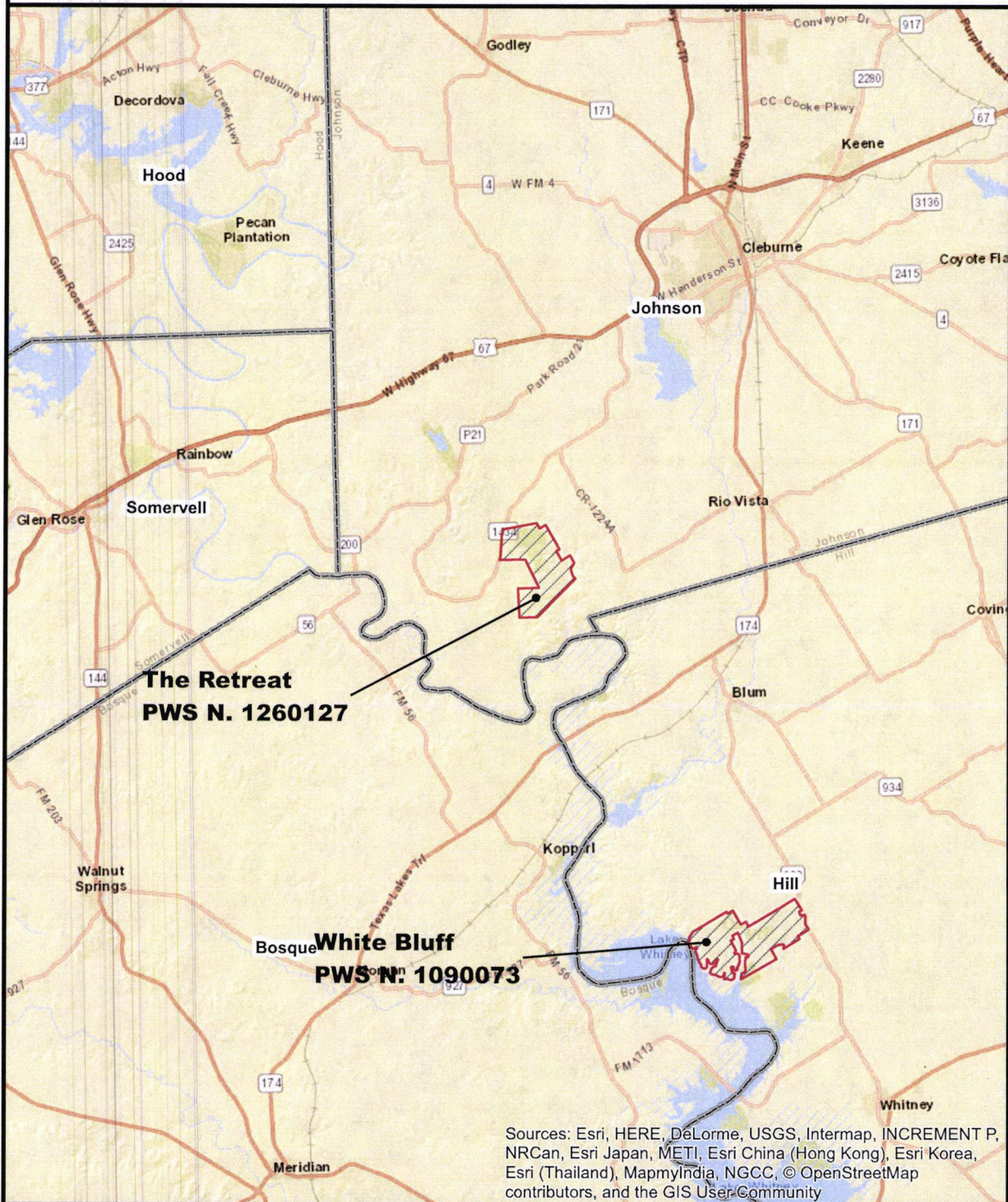
If yes, indicate the number of customers within the municipal boundary.

Water: _____ Sewer: _____

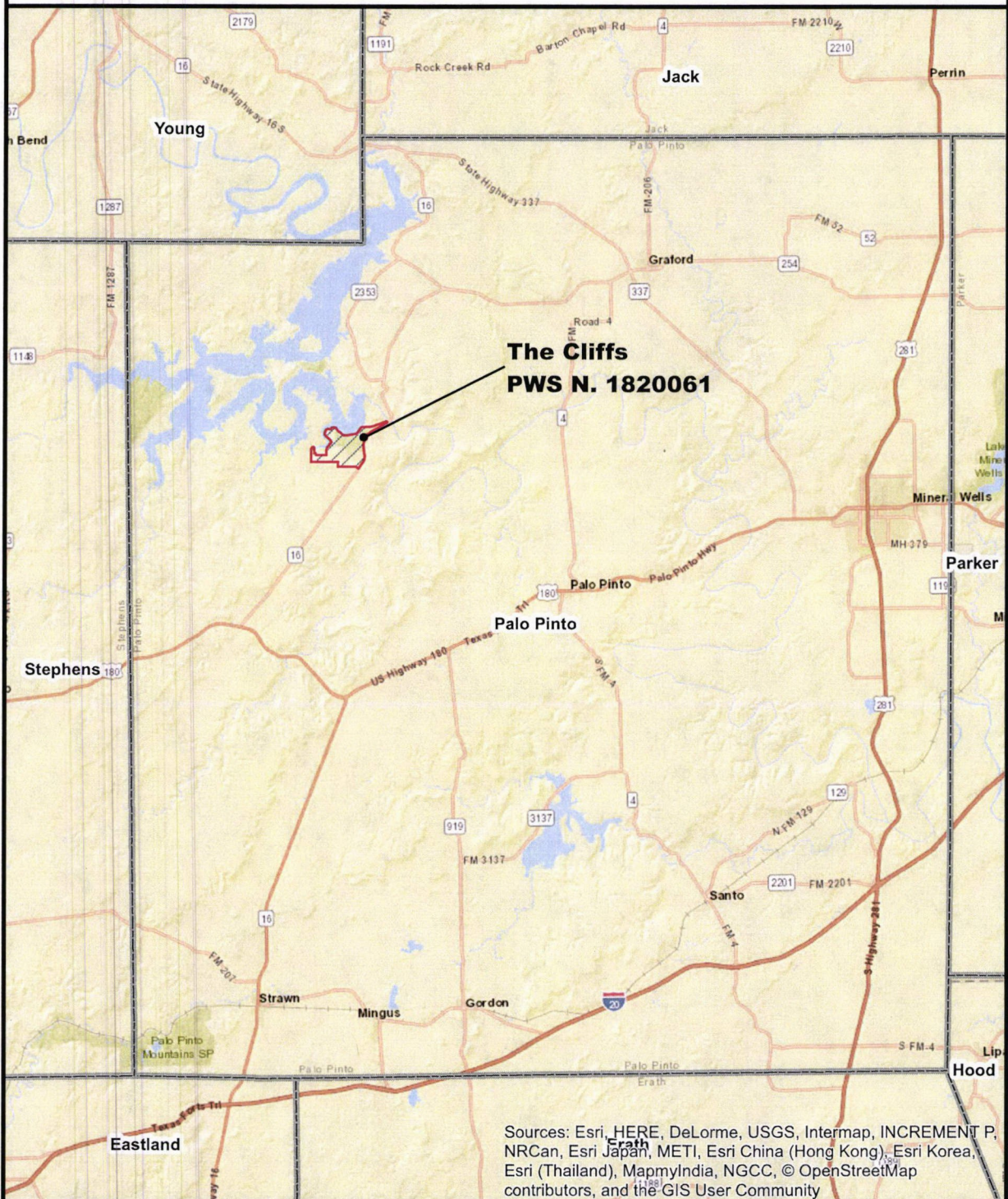
Attachment C

Maps


APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 12087 FROM DOUBLE DIAMOND UTILITIES CO. IN HILL AND JOHNSON COUNTY

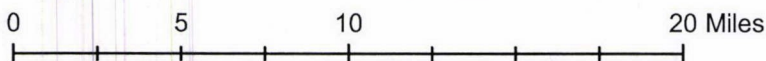


APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 12087 FROM DOUBLE DIAMOND UTILITIES CO. IN PALO PINTO COUNTY

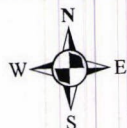


REQUESTED AREA TO BE TRANSFERRED

 DOUBLE DIAMOND UTILITIES CO.

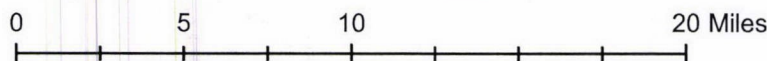


APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 13235 FROM DOUBLE DIAMOND PROPERTIES CONSTRUCTION CO. IN GRAYSON COUNTY

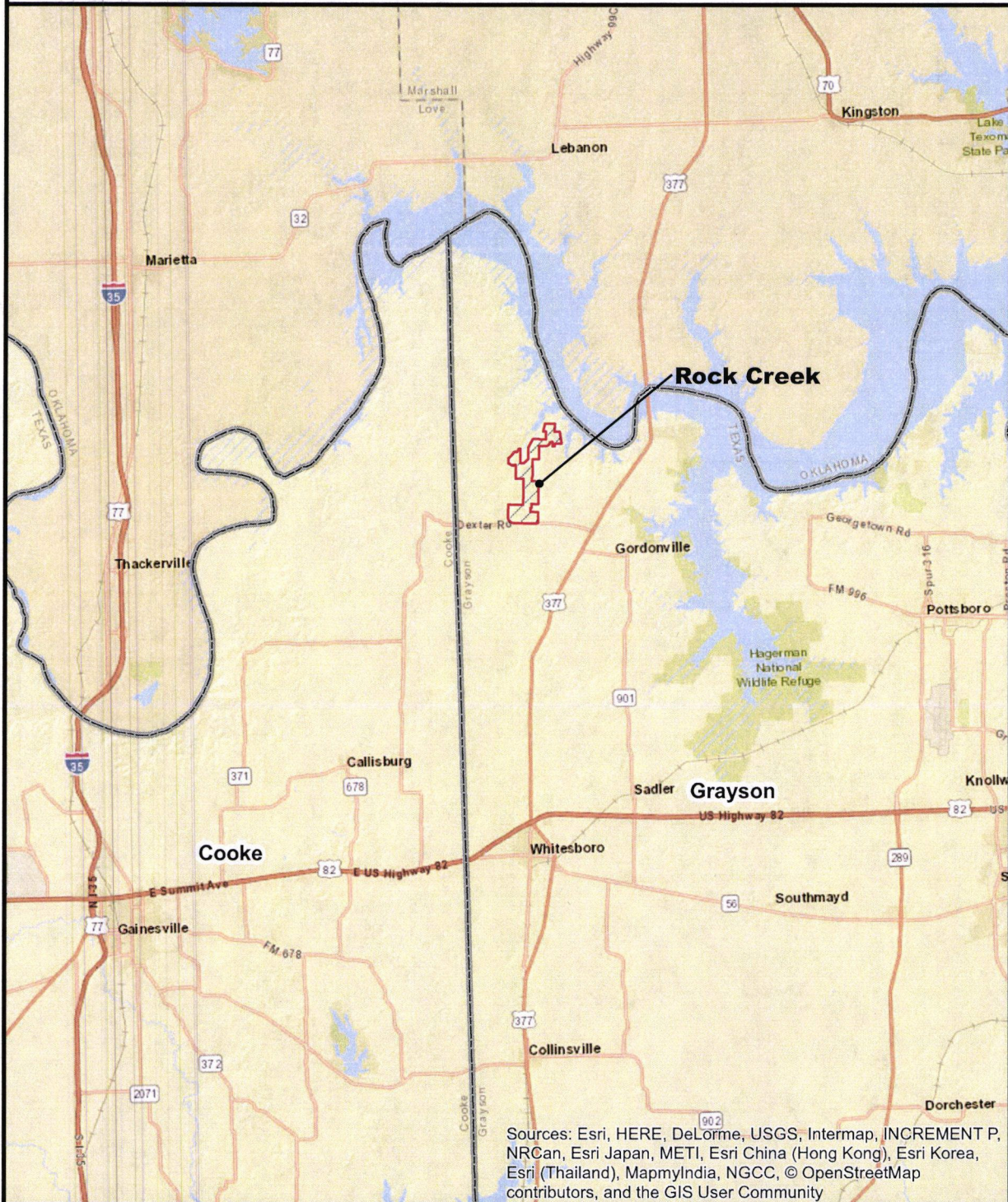


REQUESTED AREA TO BE TRANSFERRED

 DOUBLE DIAMOND PROPERTIES CONSTRUCTION CO.

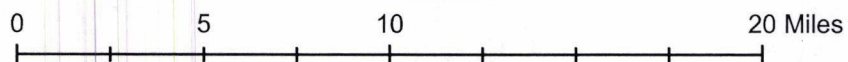


APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 20705 FROM DOUBLE DIAMOND, INC. IN GRAYSON COUNTY

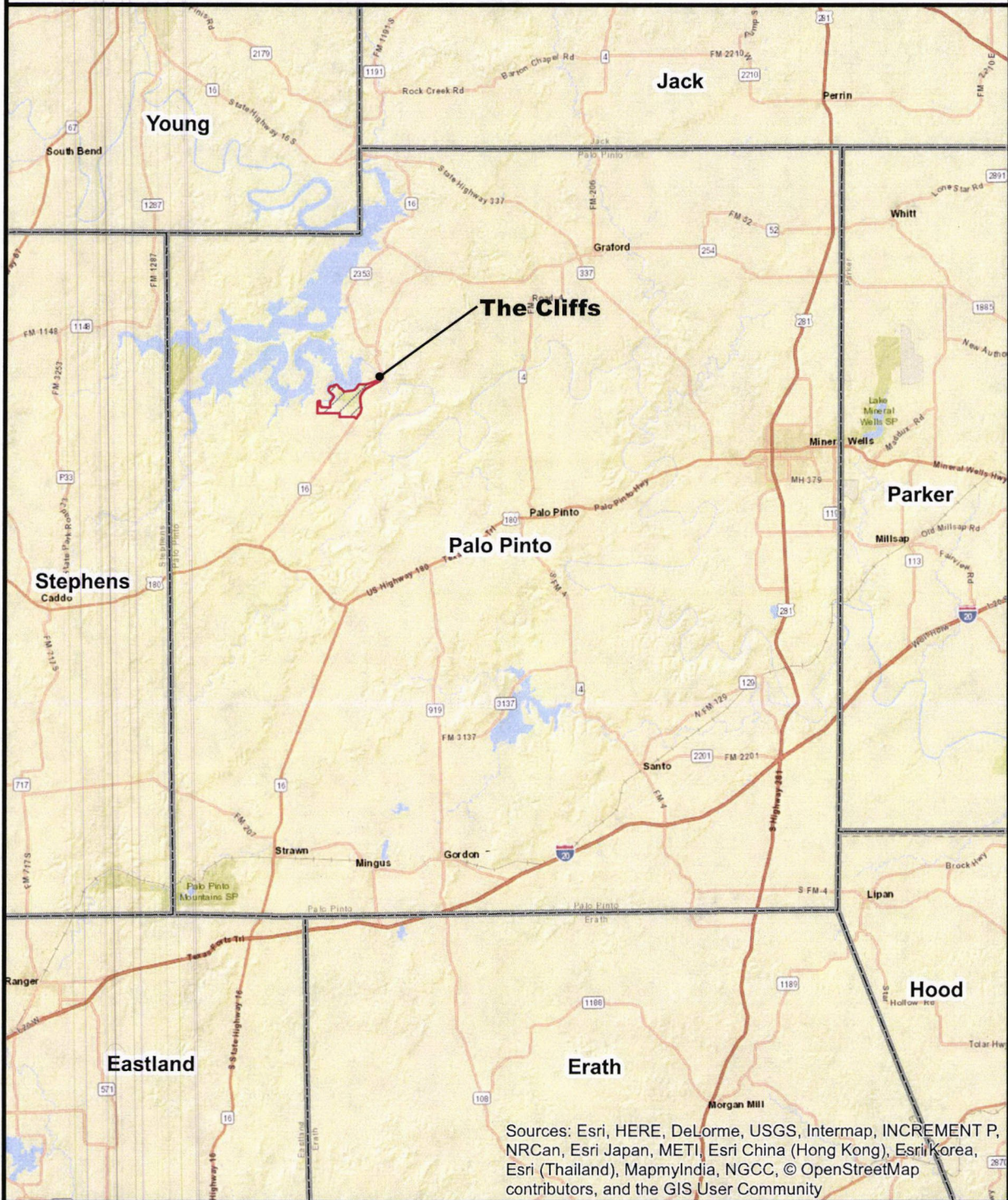


REQUESTED AREA TO BE TRANSFERRED

 DOUBLE DIAMOND, INC.

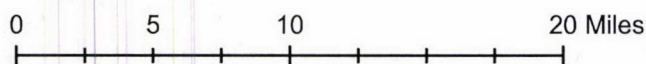


APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 20705 FROM DOUBLE DIAMOND, INC. IN PALO PINTO COUNTY

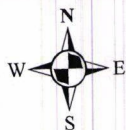
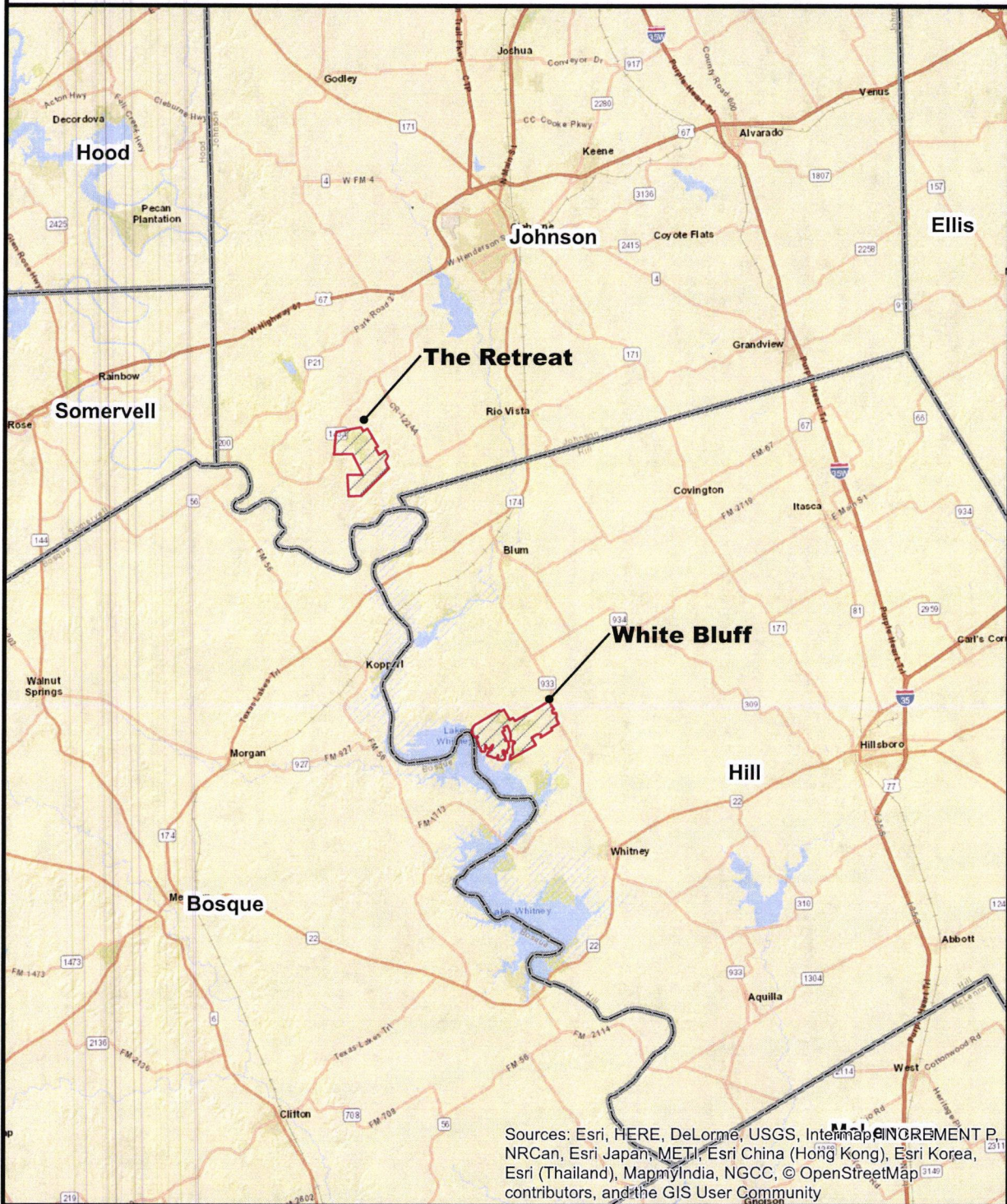


REQUESTED AREA TO BE TRANSFERRED

 DOUBLE DIAMOND, INC.

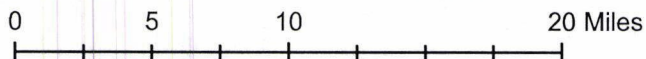


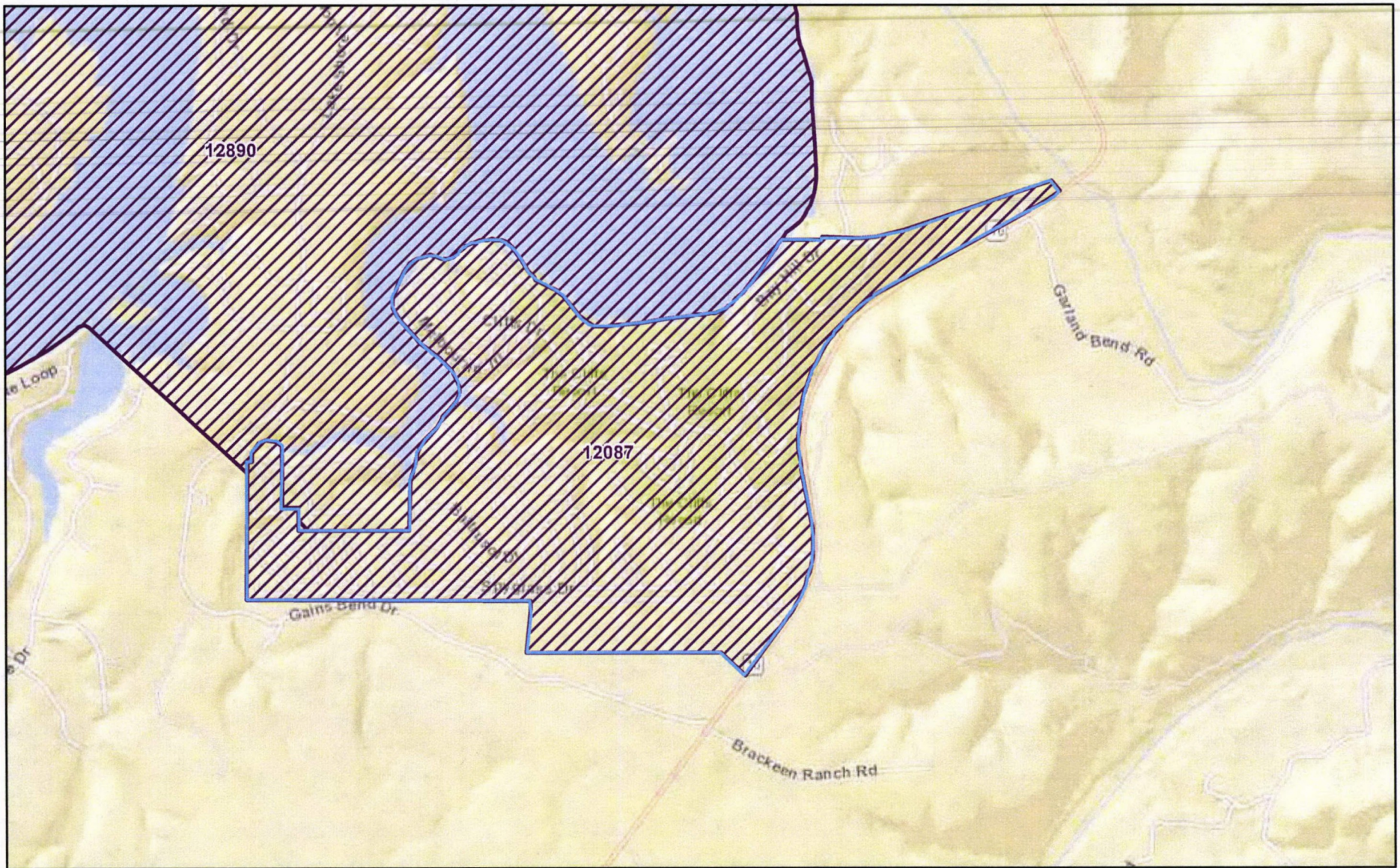
APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 20705 FROM DOUBLE DIAMOND, INC. IN HILL COUNTY AND JOHNSON COUNTY



REQUESTED AREA TO BE TRANSFERRED

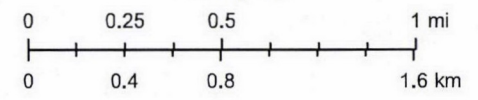
 DOUBLE DIAMOND, INC.



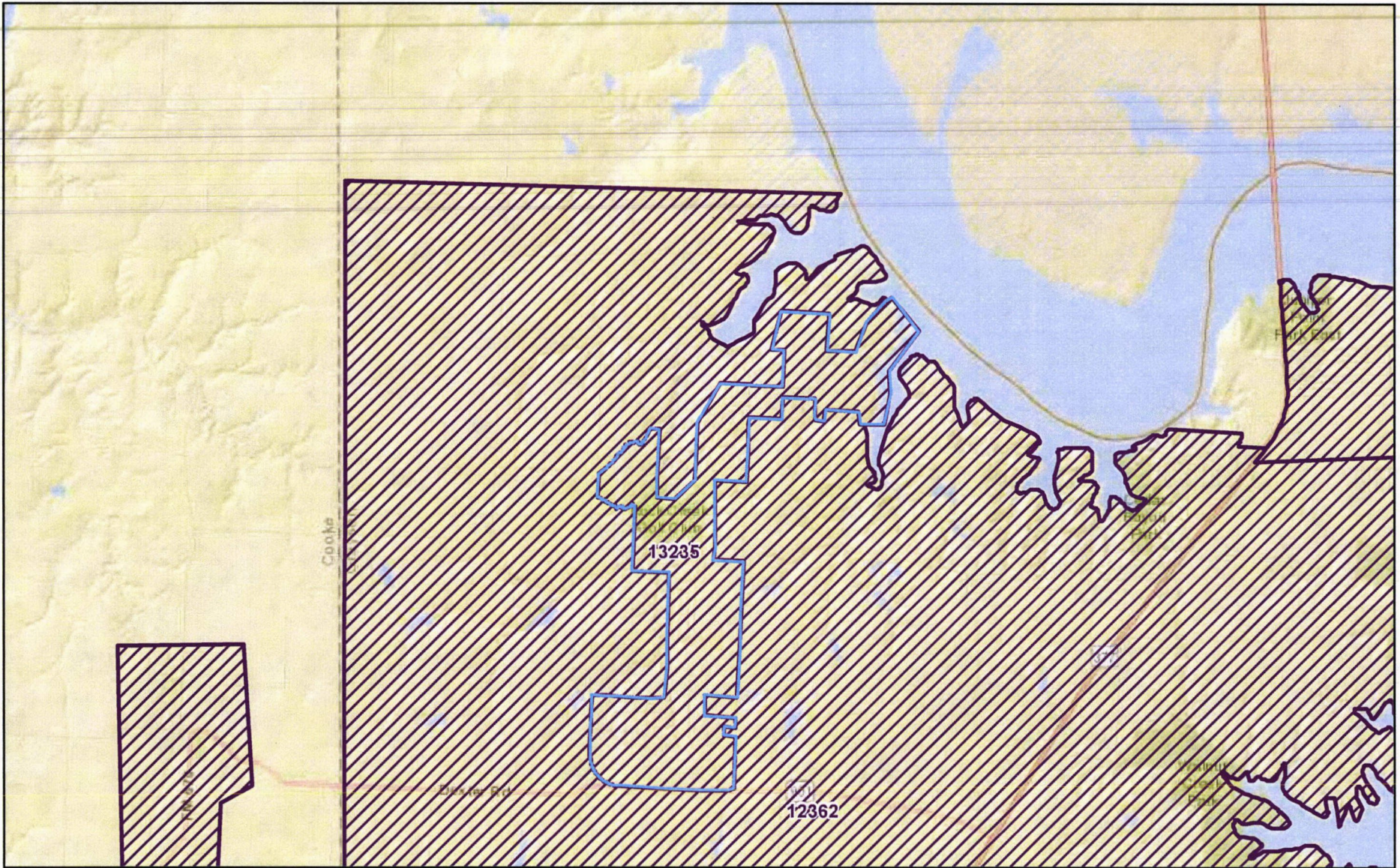


September 9, 2019

1:36,112

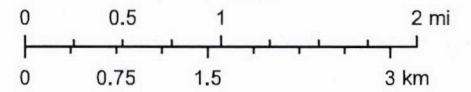


Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan,



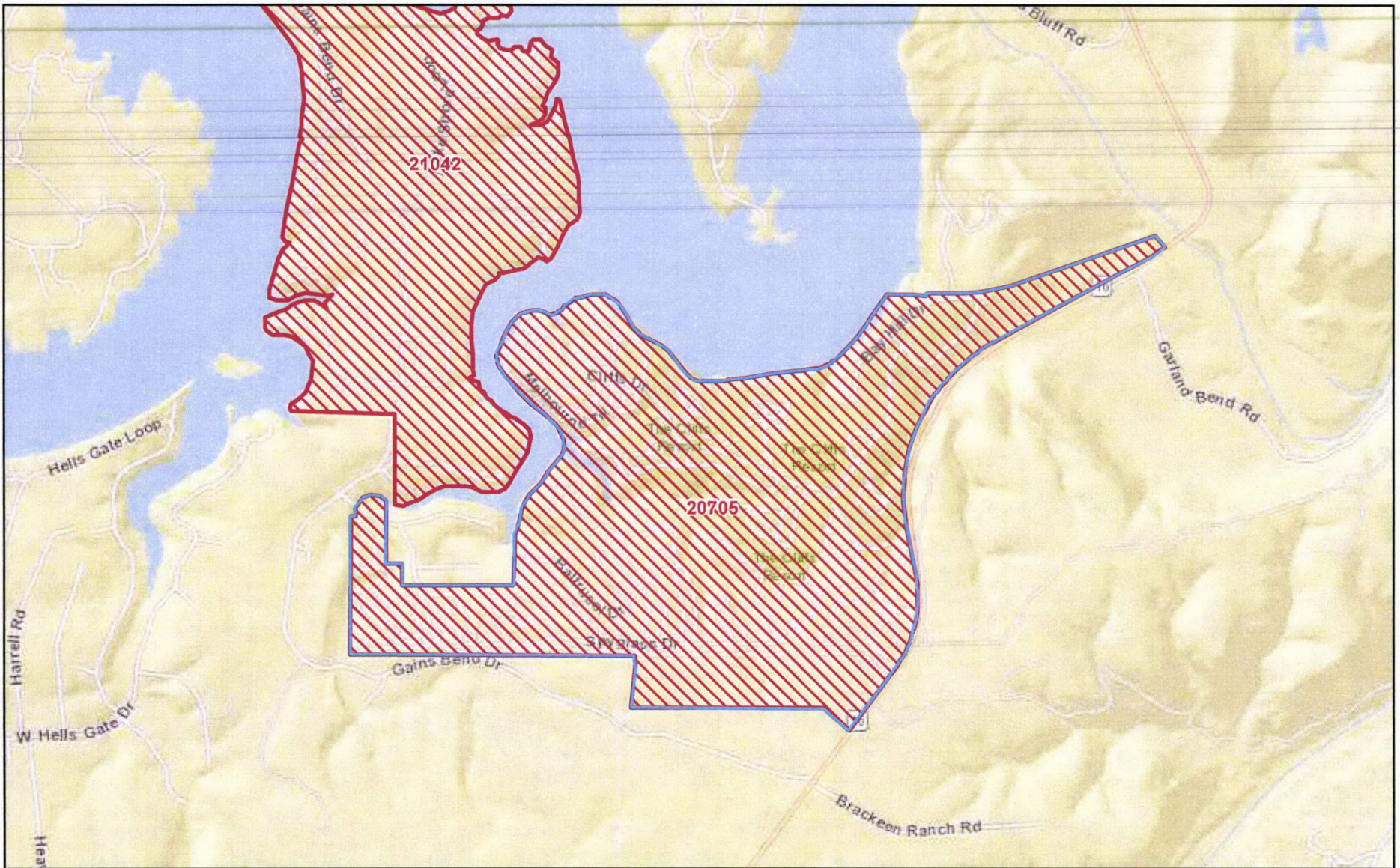
September 9, 2019

1:72,224



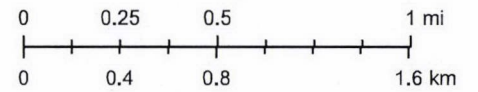
Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan,

20705 The Cliffs

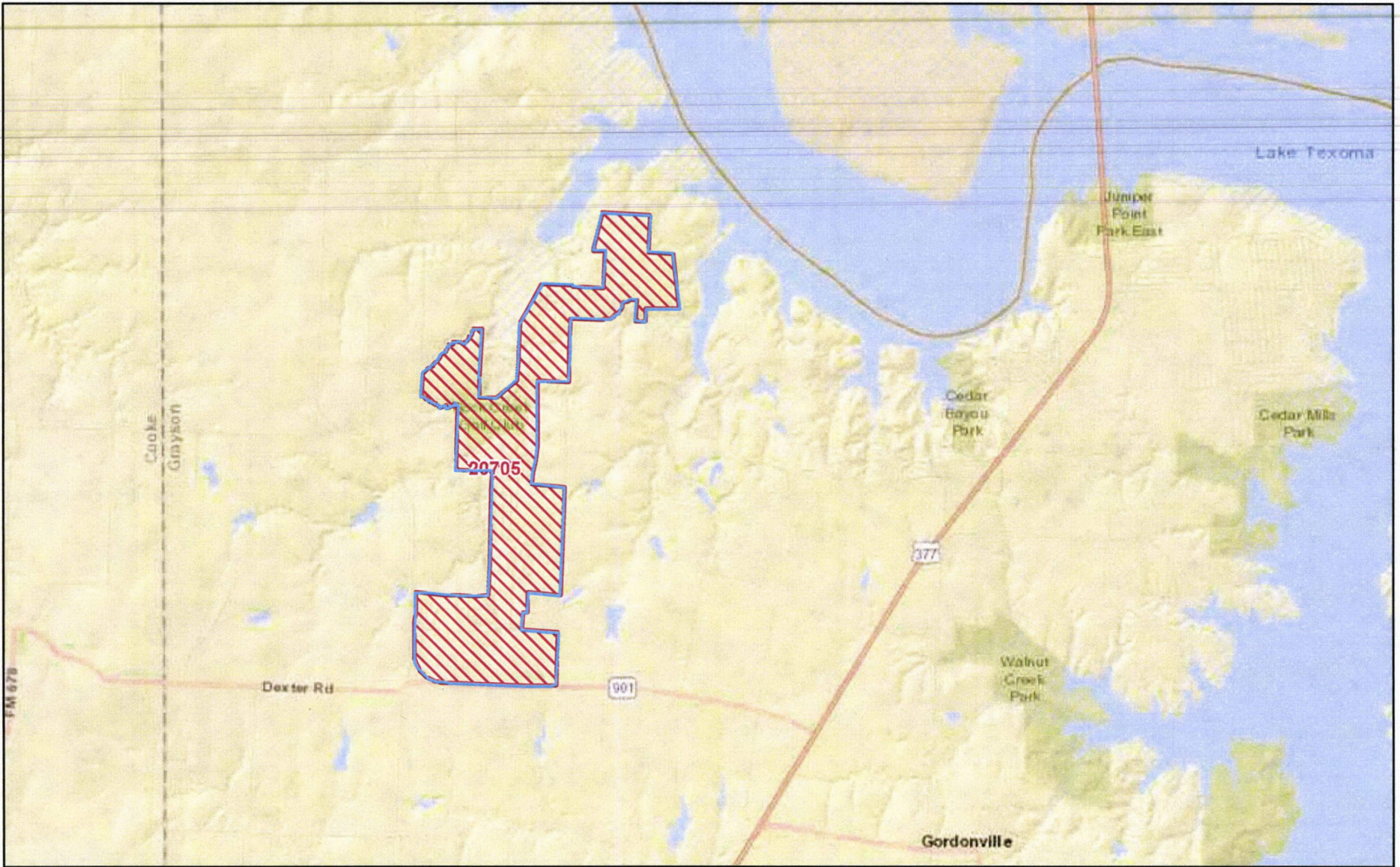


September 9, 2019

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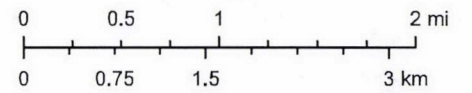


Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan,



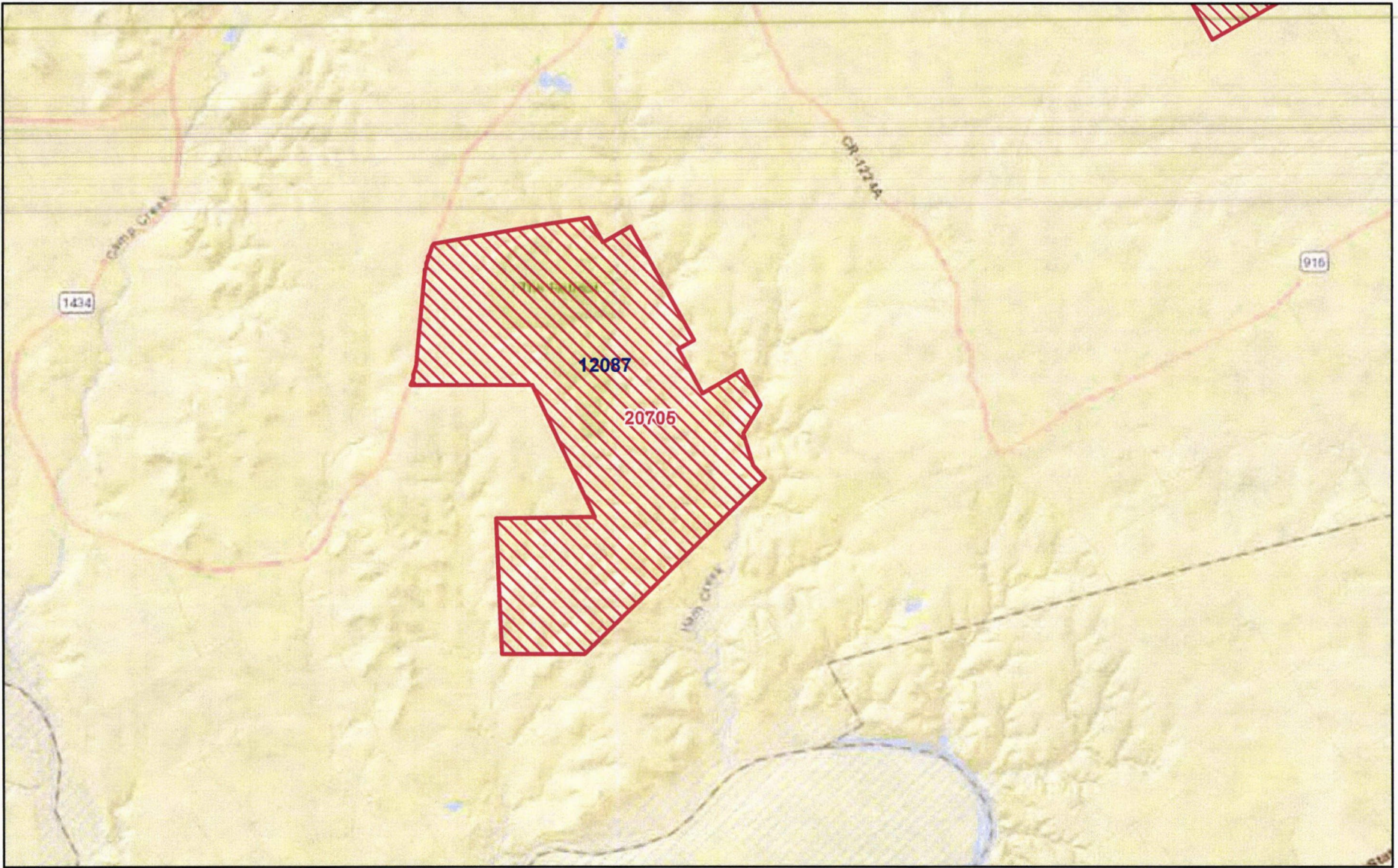
September 9, 2019

1:72,224



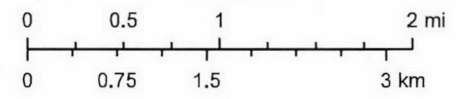
Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan,

The Retreat CCNs 12087 and 20705



October 30, 2019

1:72,224



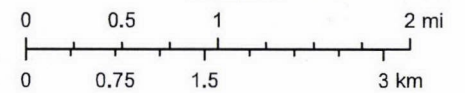
Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan,

White Bluff CCNs 12087 and 20705



October 30, 2019

1:72,224



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan,