

Control Number: 50059



Item Number: 11

Addendum StartPage: 0

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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 fo	regoing document	was served on all	parties of
record on this 18th day of November, 2019.		. /	_

AMBETH 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.

11.18 49 Law Than TCEQ

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 600672349×6815

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 🖸

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
- 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:

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

通過自然的影響。下戶台中

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:
Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

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

Phone Number: <u>512-219-2294</u> Fax Number: <u>512-252-8782</u>

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: <u>281-207-5930</u> Fax Number:

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
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: <u>Double Diamond Utilities Co.</u>
Title: Tresident
Signature: Date:
Quadu Cacaca
SUBSCRIBED AND SWORN to before me by the said KANW (ICM) on
this 14th day of NOVEMBER, 2019
My commission expires on the $\frac{1}{2}$ day of $\frac{1}{2}$, 20 $\frac{23}{2}$
1 + 1 = 0
CHRISTIE ROTRAMEL MWM
Notary Public
Notary ID 12343225
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 Perfuf	Date: 11.15.19
SUBSCRIBED AND SWORN to before me by	y the said Charles W. Profilet Jr. on
this 15th day of November	, 20 19
My commission expires on the 544	day of November, 20 23
	Wilcosh
(Seal)	Notary Public
MARIA G. ACOSTA Notary Public, State of Texas Comm. Expires 11-05-2023 Notary ID 132239683	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: Ger	<u>ieral Inforn</u>	<u>nation</u>								
1. Reason for Submission (If other is checked please describe in space provided.)											
New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)											
Renewal (Core Data Form should be submitted with the renewal form) Souther Permit Tranfer.											
2. Custome	r Referen	ce Number <i>(if i</i> ss		Follow this			3. R	egulat	ed Entity Referen	ce Number	(if issued)
CN 6006	663579			for CN or R Central	N numbe Registry		RI	N 105	5132401		
SECTION	II: Cu	stomer Info	rmation								
4. General C	Customer	information	5. Effective Da	ate for Cu	stomer	Inform	nation	Upda	tes (mm/dd/yyyy)	05/01	/2020
☐ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership											
☐Change in	n Legal Na	nme (Verifiable wit	th the Texas Sec	retary of S	State or	Texas	Comp	troller	of Public Accounts)	
The Custo	omer Na	me submitted	here may be	updated	d auto	matic	ally	based	d on what is cu	rrent and	l active with the
Texas Sec	cretary o	of State (SOS)	or Texas Con	nptrolle	r of Pu	ublic .	Acco	unts	(CPA).		
6. Customer	Legal Na	me (If an individua	l, print last name fil	rst: eg: Doe	ə, John)		<u> f</u>	new C	ustomer, enter previ	ious Custom	er below:
Midway V	Water U	tilities, Inc.					D	ouble	Diamond Utilitie	es Co.	
7. TX SOS/C	PA Filing	Number	8. TX State Tax	x ID (11 digi	its)		9.	Fede	ral Tax ID (9 digits)	10. DUN	S Number (If applicable)
,											
11. Type of Customer:											
Government:	Clty 🗆	County D Federal D	State 🗀 Other		Sole Pr	ropriet	orship] Other:		
12. Number	of Employ	yees 101-250	☑ 251-500	501 a	nd high	er		Inde Yes	pendently Owned	and Opera	ated?
14. Custome	er Role (Pi	oposed or Actual) -	as it relates to the	Regulated	i Entity II	isted on	this for	m. Plea	use check one of the	following:	
Owner	· · · · · ·)wner &						
Occupation	nal Licens		nsible Party		oluntary	•		plican	t Other:		
	1620 (Grand Avenue	e Parkway								
15. Mailing	Ste 14										·····
Address:	City			State	TX		ZIP	786	60	ZIP+4	1 .
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	Mailing in	formation (if outsi	de USA)						S (If applicable)		
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(512)21	.9-2294				··				() -		
ECTION	III: Re	egulated En	tity Inform	ation							
					y" is sei	lected	below	this for	rm should be accor	mpanied by	a permit application)
New Regu	•		to Regulated Enti						Entity Information	-	
The Regula	ated Ent	ity Name subr	mitted may be	update	ed in o	order	to m	eet T	CEQ Agency D	ata Stand	dards (removal
of organiza	tional e	ndings such a	as Inc, LP, or	LLC.)					- · · · ·		
22. Regulated	d Entity N	ame (Enter name d	of the site where the	e regulated	action is	s taking	place.)			
Rock Cree	k Waste	water Treatm	nent Facility								

23. Street Address of the Regulated Entity:					·			<u> </u>		*		
(No PO Boxes)	City			State	<u> </u>		ZIP			ZIP + 4		
24. County												
	E	nter Physical L	.ocati	on Descripti	on if no	street	address	is prov	rided.			
25. Description to Physical Location:												
26. Nearest City								State	9	N	earest ZIP	Code
		- 1										
27. Latitude (N) in Dec							ngitude	(W) li	n Decimal:		104-	
Degrees	Minutes		Seco	nas		Degrees	<u> </u>		Minutes	7.4	Seconds	
29. Primary SIC Code (4). Secondary S	IC Cod	de (4 digits)		Primary 6 digits)	NAICS	Code		Secondary NAICS Code r 6 digits)			
4941					221						*************************************	
33. What is the Primary	Business of	f this entity?	(Do not	repeat the SIC	or NAICS	descriptio	on.)		I			
domestic wasteater	treatmen	t plant									•	
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34. Mailing Address:	·		Suite 140									
/ (441-07.0)	City	Pflugervi	Pflugerville State				TX ZIP			ZIP + 4	.	
35. E-Mail Address	3:				t	willifor	d@sww	c.com				
36. Teleph	one Numbe	r		37. Extens	ion or C	Code	·	3	8. Fax Nun	nber <i>(if appl</i>	icable)	
(512)	219-2294				I/A				() -		
TCEQ Programs and IE rm. See the Core Data Form	Numbers Constructions for	heck all Program	s and v	vrite in the per	mits/regi:	stration r	numbers t	hat will b	e affected by	the updates s	ubmitted on	this
☐ Dam Safety	Districts	_		Edwards Aqui	fer		Emission	ns Inventory Air Industrial Hazardou				Naste
· · · · · · · · · · · · · · · · · · ·												
☐ Municipal Solid Waste	☐ New Sc	ource Review Air		OSSF			Petroleur	ım Storage Tank PWS				
Sludge	Storm V	Vater		Title V Air			Tires		Used Oil			
Maluntani Cia anun	☐ Waste \	Notes	 	Mantaurita A		1-	Mate Di			D Other		•
☐ Voluntary Cleanup	 		╀┸	Wastewater A	griculture		Water Ri	gris		Other:		
ECTION IX. D	WQ0014		٠				· · · · -					
ECTION IV: Pre		iormation	·		ľ			<u> </u>				
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2. Telephòne Number	43. Ext			Number		1	-Mail Ad		 			
512)219-2294	N/A] (512) 252-878	2	twil	liford(a)sww	c.com			
ECTION V: Aut By my signature below, mature authority to submit entified in field 39.	I certify, to t	he best of my ki										
ompany: SWWC	Utilities, Inc.				Job T	itle:	Senior	Environ	mental Hea	Ith & Safety	Manager	
ame(In Print): Tim Wi		10 10					1	Pho	i	512) 219-22		
ignature:	n Wi							Date		1/18/19	 7	

TCEQ-10400 (04/15) Page 2 of 2 12



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 🗇

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
- 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:

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:

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:

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: <u>281-207-5930</u> Fax Number:

E-mail Address: etaussig@swwc.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes I No 🗵

Do you owe any penalties to the TCEQ? Yes
No
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 Utilitie	es Co.
Title: President	
	11 111 10
Signature: A Golg & Jucan	Date: //:/4:/9
	a de Caració
SUBSCRIBED AND SWORN to before me b	by the said <u>FANAY (OTAOY</u> on
this 14th day of NOVEM	ber, 20.19
My commission expires on the	day of JVIV , 20 23
	Chartillel
Sea HRISTIE ROTRAMEL	Notary Public
Comm. Expires 07-06-2023	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:	and the second s	
Title: President and the		
Signature: Charles W Perfey	Date: 11.15.19	
SUBSCRIBED AND SWORN to before me b	y the said Charles W. Profilet Jr. o	n
this 15th day of November	, 20 19	
My commission expires on the 5 th	day of november, 2	20 <u>83</u>
	Whose	
(Seal)	Notary Public	
MARIA G. ACOSTA Notary Public, State of Texas Comm. Expires 11-05-2023 Notary ID 132239683	County, Texas	



TCEQ Core Data Form

TCEQ	Use Oni	<u></u> у	

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

SECTION	1: Ge	<u>neral Inforn</u>	nation									
1. Reason for Submission (If other is checked please describe in space provided.)												
New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)												
Renew	al (Core I	Data Form should	be submitted with	h the rene	wal for	m)		Other		rmit Tra		
2. Custome	r Referen	ce Number (if iss		Follow this			3. 1	Regu	ılated E	ntity Refere	nce Numbe	(if issued)
CN 600	663579		f	or CN or R Central			F	RN 1	01265	5213		
SECTION II: Customer Information												
4. General C	Customer	Information	5. Effective Da	te for Cu	stome	r Infor	natio	on Up	odates (mm/dd/yyyy)	05/01	./2020
☐ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership												
		me (Verifiable wit										
The Custo	omer Na	me submitted	here may be	updated	d auto	omatic	ally	bas	sed on	what is c	urrent and	active with the
Texas Sec	cretary o	f State (SOS)	or Texas Con	nptrolle	r of P	ublic	Acc	oun	ts (CP	A).		
6. Custome	Legal Na	me (If an individua	l, print last name fir	st: eg: Doe	, John)		<u></u>	if new	v Custon	oer, enter pre	ious Custom	er below:
Midway V	Water U	tilities, Inc.					1	Dout	ole Dias	mond Utiliti	es Co.	
7. TX SOS/C	PA Filing	Number	8. TX State Tax	(ID (11 digi	ts)			9. Fed	deral Ta	IX ID (9 digits)	10. DUN	S Number (# applicable)
11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited												
Government:	☐ City ☐	County 🔲 Federal 🗌	State Other		Sole F	Proprieto			Oth			
12. Number 0-20	of Employ 21-100	/ees 101-250	∑ 251-500	☐ 501 a	nd high	ner		13. In X Ye		lently Owne	d and Opera	ited?
14. Custome	er Role (Pr	oposed or Actual) -	as it relates to the	Regulated	Entity I	listed on	this fo	orm. F	Please cl	neck one of the	following:	
⊠Owner	`	Operat				& Opera						
Occupation	nal Licens		nsible Party			y Clear		\pplic	ant	☐Other:		1
	1620 (Grand Avenue	Parkway	*								
15. Mailing	Ste 14	0						·n			· <u>· · · · · · · · · · · · · · · · · · </u>	
Address:	City	Pflugerville		State	TX		ZIP	78	8660		ZIP+4	
16. Country	Mailing In	formation (If outside	le USA)			17. E-	Mail	Addı	ress (if a	pplicable)	<u> </u>	
N/A	-								swwc.			
18. Telephor	e Numbe		19	. Extension	on or (Fax Numbe	r (if applicat	ole)
(512)21	9-2294								() -		
ECTION	III: Re	gulated Ent	tity Inform	ation								,
					r" is se	elected	below	v this	form sh	ould be acco	mpanied by	a permit application)
☐ New Regu	lated Entit	y 🔲 Update to	o Regulated Entit	ty Name	Øι	Jpdate	to Re	egulat	ted Entil	y Information	ì	
The Regula	ited Enti	ty Name subn	nitted may be	update	d in	order	to n	neet	TCEC	Agency L	Data Stand	dards (removal
		ndings such a										
22. Regulated	Entity Na	a me (Enter name o	f the site where the	regulated	action i	is taking	place	1.)				

23. Street Addre													•	
the Regulated E														
(No PO Boxes)		City			State			ZIP				ZIP + 4		
24. County			<u>, </u>											
		En	iter Physical L	.ocatio	n Descript	ion if no	street	address	is prov	vided.				
25. Description to Physical Location														
26. Nearest City		<u> </u>							Stat	е		Nea	rest ZIP Code	
											 			
27. Latitude (N)	In Deci							ngitude (W) i	n Decimal	:		r-a	
Degrees		Minutes		Secor	nds		Degrees			Minutes			Seconds	
29. Primary SIC	Code (4 c	ligits) 30.	Secondary SI	C Cod	e (4 digits)		rimary digits)	NAICS	ode		Secon 6 digits)		ICS Code	
4941						221	31							
33. What is the F				(Do not i	repeat the SIC	or NAICS	descriptio	n.)	, ,					
domestic was	steater	treatment	plant											
34. Mailin	10					1620 Gr	and Av	enue Par	kway					
Address	-	Suite 140									· · · · · · · · · · · · · · · · · · ·	1		
		City	Pflugervi	lle	State	<u></u>	X	ZIP	<u> </u>	78660 ZIP + 4				
35. E-Mail A								i@swwc.						
36.		one Number			37. Extens		ode		3	88. Fax Nu	mber (if application	able)	
		219-2294				N/A)	-		
9. TCEQ Programs orm. See the Core Da					rite in the per	rmits/regis	tration r	umbers th	at will b	e affected b	y the up	odates sub	omitted on this	
Dam Safety		Districts			Edwards Aq.	lfer		Emissions	Invento	ory Air	☐ Inc	dustrial Ha	zardous Waste	
<u></u>														
Municipal Solid	Waste	☐ New Sou	rce Review Air		DSSF			Petroleum Storage Tank				☐ PWS		
☐ Sludge		Storm W	ater	<u> 🗆 T</u>	itle V Alr		Tires					ed Oil		
F-111		57		 			\perp	141 A DI					****	
☐ Voluntary Clear	nụp	Waste W Waste W		<u> </u>	Vastewater A	Agriculture	ᆛᆜ	Water Rig	nts		□ Ot	ner.		
		WQ00027		l			ـــــ							
ECTION IV	: Prep	oarer Inf	<u>ormation</u>								,			
40. Name: Tin	n Willi	ford					41. Tit	e: S	enio	EHS M	lanag	er		
42. Telephone Nun	nber	43. Ext./	Code 4	4. Fax	Number		45. E	-Mail Ado	iress					
(512)219-229	4	N/A	(512)	252-878	32	twil	liford@)sww	c.com	,			
ECTION V:	Auth	orized S	<u>ignature</u>											
6. By my signature gnature authority to lentified in field 39.	submit 1	certify, to th	e best of my ke behalf of the en	nowled ntity spo	ge, that the ecified in So	informat ection II,	ion pro Field 6	vided in the and/or as	his for requir	m is true ar ed for the	nd com update:	plete, and s to the II	d that I have O numbers	
Company:	SWWC	Utilities, Inc.				Job Ti	tle:	Senior I	nviror	mental He	alth &	Safety M	anager	
Name(In Print):	Tim Willi	ford							Pho	one:	(512)	219-229	4	
Signature:					·				Dat	e:				



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: Ge	<u>neral Inforn</u>	<u>nation</u>								
1		ssion (If other is	•		,	•	•				
☐ New Pe	rmit, Reg	stration or Author	ization (Core Da	ta For	m should t	e subm	itted w	ith the	program application	on.)	
		Data Form should		ith the	renewal fo	rm)		ther	Permit Tran		
2. Custome	r Referen	ce Number <i>(if iss</i>	sued)		this link to		3. R	egulat	ed Entity Referer	ice Number	(if issued)
CN 6006	63579				or RN num ntral Regist		RI	N 101	265213		
ECTION	II: Cı	stomer Info	<u>ormation</u>								
4. General C	ustomer	Information	5. Effective D	ate fo	r Custom	er Infor	matior	Upda	tes (mm/dd/yyyy)	05/01	/2020
□ New Customer □ Update to Customer Information ☑ Change in Regulated Entity Ownership											
									of Public Accounts		
			-	•			-			ırrent and	l active with the
Texas Sec	retary o	of State (SOS)	or Texas Co	mptr	oller of F	Public	Acco	unts	(CPA).		
6. Customer	Legal Na	ame (If an individua	ıl, print last name f	first: eg	: Doe, John)	<u> </u>	new C	ustomer, enter prev	ious Custom	er below:
Midway Water Utilities, Inc. Double Diamond Utilities Co.											
7. TX SOS/C	8. TX State Ta	ax ID (1	i1 digits)		9.	Feder	al Tax ID (9 digits)	10. DUN	S Number (# applicable)		
11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited											
Government:	City [County 🔲 Federal 🗆] State [] Other		Sole	Propriet	orship		Other:		
12. Number			N 054 500		04 4 61-				pendently Owned	and Opera	ited?
0-20	21-100	101-250	251-500		01 and hig			Yes	□ No		
	r Role (P			e Regu				m, Plea 	ase check one of the	following:	
Owner	nal Licen		tor onsible Party	L	Owner	& Opera Iry Clea		nligan	☐ Other:		
Occupatio		•		L		uy Olea		piicani			
45 Mailing		Grand Avenue	e Parkway								
15. Mailing Address:	Ste 14	0						, , , , , , , , , , , , , , , , , , , 			
	City	.Pflugerville		Sta	te TX		ZIP '	786	60	ZIP + 4	
16. Country I	Mailing Ir	formation (If outsi	de USA)			17. E	-Mail A	ddres	S (If applicable)		
N/A						twil	liford	@sv	wc.com		
18. Telephon	e Numbe	r	15	9. Exte	ension or	Code			20. Fax Numbe	r (if applicat	ole)
(512)21	9-2294				•				() -		
ECTION	III: R	egulated En	tity Inforn	atio	n				I		
						elected	below	this for	m should be acco	mpanied by	a permit application)
New Regu	_	-	to Regulated Ent						Entity Information		
The Regula	ted Ent	ity Name subi	mitted may b	е ирс	dated in	order	to m	eet T	CEQ Agency D	ata Stand	dards (removal
_		ndings such a	-	•							
22. Regulated	Entity N	ame (Enter name o	of the site where th	ne regu	lated action	is taking	place.)				
The Cliffs	Wastev	vater Treatme	nt Facility								

													
23. Street Addres													
the Regulated En (No PO Boxes)	ıtity:			······································								т	
INO FO DUXES!	·	City		State			ZIP			Z	ZIP + 4		
24. County							 .						
		· En	ter Physical L	ocation Descr	iption if n	street	address	s prov	ided.				
25. Description to Physical Location													
26. Nearest City							· · · · · · · · · · · · · · · · · · ·	State	<u> </u>		Nea	rest ZIP C	
27. Latitude (N)	in Deci	mal:				28. Lo	ngitude (W) Ir	Decimal	: [
Degrees		Minutes	<u> </u>	Seconds		Degrees			Minutes			Seconds	
29. Primary SIC C	ode (4 d	ligits) 30.	Secondary Si	C Code (4 digits)		Primary 6 digits)	NAICS C	Code 32. Secondary NAICS (5 or 6 digits)			CS Code		
4941					221	131							
33. What is the Pr	rimary E	Business of 1	this entity?	Do not repeat the S	SIC or NAICS	description	n.)						
domestic wast	teater t	treatment	plant										
0.4 84-111					1620 G	rand Av	enue Par	kway					
34. Mailing Address:					•	Suite	140						
Address,		City	Pflugervil	le State TX ZIP					78660 ZIP + 4				
35. E-Mail A	ddress:		1	······································	1	williford	i@swwc.	com					
36.	Telepho	ne Number		37. Exte	ension or	Code		3	B. Fax Nu	mber <i>(i</i>	f applica	able)	
	(512)2	19-2294			N/A				(() -			
, TCEQ Programs					permits/regi	stration n	umbers the	at will be	affected b	y the up	dates sub	mitted on th	
m. See the Core Data	a Form in	Structions for a	aditional guidan	ce. L Edwards A	oulfor '	ПП	Emissions	Invento	rv Air	☐ Indi	ustrial Ha	zardous Wa	
□ Daili Galety		L Districts		, Edwards A	rdone.	14	Lilippiolip	aivento	17.74		ustrial 1 id	2010000 770	
☐ Municipal Solid V	Vaste	☐ New Sou	rce Review Air	OSSF		\dashv_{\Box}	Petroleum	Storage	Tank	☐ PW	/S		
												, <u>-</u>	
Sludge		Storm W	ater	☐ Title V Air			☐ Tires			☐ Use	Used Oil		
			· ·										
☐ Voluntary Cleanup ☐ Waste Water			ater	☐ Wastewate	er Agriculture		Water Righ	nts		Oth	er:		
	.	WQ00027	89000										
ECTION IV:	Prep	arer Inf	ormation										
0. Name: Tim	Willi	ford		······		41. Titl	e: S	enior	EHS M	lanage	er		
2. Telephone Num													
512) 219-2294	ļ	N/A	(512)252-87	782	twill	liford@	sww	c.com		•		
ECTION V:	Auth	orized S	ignature			•							
b. By my signature in the phature authority to entified in field 39.	below, I	certify, to the	e best of my kn										
ompany:	SWWC I	Jtilities, Inc.			Job T	itle:	Senior E	nvironi	mental He	alth & S	Safety Ma	anager	
	Tim Willi		. , ,				.,	Pho			219-2294		
ignature:	Tur	m /1/	11:11					Date		` ;	7/10		
-	IN	771 1/1./4	ハハンノン					1		11//	x II	1	



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 Pen	nit Number	·? WOoo1	4373001
AAMar 12	uic i ci i	mr munnon		4.1/.1001

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

What is the Current Name on the Permit?

Double Diamond Utilities Co.

11:18:19 Law Thomas TCEQ X6815 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
 - Yes 🗆 No 🗆 POTW?
- 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	\boldsymbol{r}	No	$\overline{}$
YAC	46	NO	
700		110	$\boldsymbol{-}$

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
- 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:

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:

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

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

Phone Number: <u>512-219-2294</u> Fax Number: <u>512-252-8782</u>

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:

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: <u>512-219-2294</u> Fax Number: <u>512-252-8782</u>

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: <u>281-207-5930</u> Fax Number:

E-mail Address: etaussig@swwc.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes I 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: <u>Double Diamond Utiliti</u>	es Co.
Title: Tresident	
Signature: Carlo na	Date: 1/- 14-19
SUBSCRIBED AND SWORN to before me l	by the said Randy Or WY on
this 14M day of NOVIM	ber , 20 19
My commission expires on the 649	day of July , 20 23
	Christy Mr.
CHRISTIE ROTRAMEL Notary (Contact Acts of Texas	Notary Public
Notary II) 12343225	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 TCEO 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 Profus	Date: 11.15.19
SUBSCRIBED AND SWORN to before me b	y the said Charles W. Profilet Jr. on
this 15th day of November	, 2019
My commission expires on the 5th	day of November, 2023
	Undeoson
(Seal)	Notary Public
MARIA G. ACOSTA Notary Public, State of Texas Comm. Expires 11-05-2023 Notary ID 132239683	Fort Bend County, Texas



TCEQ Core Data Form

TC	EQ Use On	ly	*-

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

SECTION	II: Ge	neral Infort	<u>nation</u>									
1		ssion (If other is	•			•	•	•				
☐ New Pe	ermit, Reg	stration or Author	ization (Core Da	ata Fo	rm sho	uld be	subm	itted w	ith the	e program application	on.)	
Renewal (Core Data Form should be submitted with the renewal form) Other Permit Tranfer												
2. Custome	r Referen	ce Number <i>(if is</i> s	sued)		w this lir			3. R	egula	ted Entity Referen	ice Number	(if issued)
CN 6000	CN 600663579 for CN or RN numbers in Central Registry** RN 103913919											
SECTION	II: Cı	istomer Info	<u>ormation</u>									
4. General (Customer	Information	5. Effective I	Date f	or Cust	tomer	r Infor	natior	ı Upd	ates (mm/dd/yyyy)	05/01	/2020
☐ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership							Entity Ownership					
										of Public Accounts	·	1 4 44 0
			-	•				-			irrent and	active with the
		of State (SOS)					UDIIC ,			 		
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) If new Customer, enter previous Customer below:												
Midway V	Water U	tilities, Inc.						D	ouble	Diamond Utilitie	es Co.	
7. TX SOS/C	OS/CPA Filing Number 8. TX State Tax ID (11 digits) 9. Federal Tax ID (9 digits) 10. DUNS Number (# applicable)								S Number (if applicable)			
44 Tymo of												
11. Type of Customer: □ Corporation □ Individual Partnership: □ General □ Limited Government: □ City □ County □ Federal □ State □ Other □ Sole Proprietorship □ Other:												
12. Number			State Other			Ole Pi	roprieto			_ Other: ependently Owned	l and Opera	ted?
	21-100	101-250	☑ 251-500		501 and	d high	er		Yes		i dila Opolo	
14. Custome	er Role (Pr	oposed or Actual) -	as it relates to th	e Reg	ulated E	ntity li	isted on	this fo	m. Ple	ease check one of the	following:	,
⊠ Owner			tor		Ow	ner &	Opera	itor				
Occupation	nal Licens	see 🗌 Respo	onsible Party		☐ Vol	luntary	y Clear	лир Ар	plicar	nt		
	1620 (Grand Avenu	e Parkway									
15. Mailing Address:	Ste 14	0										
Address.	City	Pflugerville		St	ate	TX		ZIP	780	560	ZIP+4	,
16. Country	Mailing In	formation (if outsi	de USA)				17. E-	Mail A	Addre	SS (if applicable)		
N/A										wwc.com		
18. Telephor	ne Numbe	r	1	9. Ex	tensior	n or C	ode		<u> </u>	20. Fax Numbe	r (if applicat	ile) .
(512)21	9-2294									() -		
FCTION	m. D.	egulated En	tity Inform	nati								
						ic cel	lected i	helow	this fo	orm should be accor	mnanied hy	a permit application)
New Regu	-		to Regulated En			_				d Entity Information		- Farm approaching
										CEQ Agency D		lards (removal
		ndings such a										
22. Regulated	Entity N	ame (Enter name o	of the site where t	he regi	ulated a	ction is	s taking	place.))			
The Retrea	ıt Waste	water Treatm	ent Facility									

TCEQ-10400 (04/15) Page 1 of 2 29

										
23. Street Addres			·	· . · . · . · . · . · . · . · . · . · .						
the Regulated En (No PO Boxes)	itity:	City		State		ZIP			ZIP + 4	
24. County		Oity		Otate		1 2"			<u> </u>	<u> </u>
L4. County		E	nter Physical L	ocation Descript	ion if no s	treet address	is provided.		<u> </u>	······································
25. Description to Physical Location		_								
26. Nearest City							State		Nea	rest ZIP Cod
27 Letitude (N)	In Decin				20	3. Longitude ((W) In Decir	mal,		
27. Latitude (N) Degrees	in Decin	Minutes		Seconds		grees	Minute			Seconds
						<i></i>				
29. Primary SIC C	29. Primary SIC Code (4 digits) 30. Secondary S				31. Pri (5 or 6 d	mary NAICS (gits)	ICS Code 32. Secondary (5 or 6 digits)			CS Code
4941					2213	1				
33. What is the Pr	imary B	usiness of	this entity?	Do not repeat the SIC	or NAICS de	scription.)				
domestic wast	eater to	reatment	t plant					-		
34. Mailing					1620 Gran	d Avenue Pa	rkway			
34. Maning Address:	,		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	. ,	Suite 140				,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City	Pflugervil	gerville State TX ZIP 78660 Z					ZIP + 4	
35. E-Mail Ad	ddress:					liford@swwc				
36.		ne Numbe	<u>r</u>	1	sion or Co	ie	38. Fax	Number	(if applica	ble)
	(512)21			1	WA	<u> </u>				
. TCEQ Programs and . See the Core Data					rmits/registra	tion numbers th	nat will be affecte	d by the	updates sub	mitted on this
Dam Safety		Districts		☐ Edwards Aqu	ifer	☐ Emissions	s Inventory Air		ndustrial Ha	zardous Waste
								,		
Municipal Solid V	Vaste	☐ New So	ource Review Air	OSSF		☐ Petroleum	Petroleum Storage Tank		PWS	
Sludge		Storm V	Vater	☐ Title V Air		Tires			Jsed Oil	
Voluntary Cleanup		Waste V	Nator	Mactowator A	ariculture	☐ Water Pin	ts Dot		ither:	
LI Voluntary Cleanu	+	WQ0014		☐ Wastewater Agriculture ☐ Water Rights			Other:			
POTION IV.				L				!		
ECTION IV:			TOLIERTION			l c				· · · · · · · · · · · · · · · · · · ·
). Name: Tim		10 1 4	4 F No. 1			Senior EHS	Mana	ger		
2. Telephone Numb		43, Ext.		4. Fax Number	T	15. E-Mail Add		······		
512) 219-2294		N/A	`	512) 252-878	2 [1	willitord(a	swwc.com	<u> </u>		
ECTION V:	Auth	orized S	<u>Signature</u>							
. By my signature to sature authority to sometified in field 39.										
ompany: S	SWWC U	tilities, inc.			Job Title	: Senior	Environmental	Health &	Safety Ma	nager
	im Willife						Phone:) 219-2294	
gnature:	-7	Jain 11	;/ ./.				Date:	11	118/10	 а

TCEQ-10400 (04/15)

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

For Publicly Owned Treatment Works (POTWs) Only:

- a) Does this permit require implementation of an approved pretreatment program by the POTW? Yes
 No
 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
- 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:

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Parkway, Suite 140

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

Phone Number: <u>512-219-2294</u> Fax Number: <u>512-252-8782</u>

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:

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:

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: <u>281-207-5930</u> Fax Number:

E-mail Address: etaussig@swwc.com

可用的原理。 1987年1月1日 - 1987年 - 19

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: Tresident
Signature:
SUBSCRIBED AND SWORN to before me by the said Landy G (ACV_on
this 14th day of NOVIMBER, 2019
My commission expires on the day of July , 20 23
CHRISTIE ROTRAMEL Notary Public, State of Texas Notary Public Notary Public Notary Public Notary Public County, Texas
County, Toxas

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:	3
Title: Resident	
Signature: Chaules W Profug	Date: 11 15 . 19
SUBSCRIBED AND SWORN to before me by the	ne said Charles W. Profilet Jr. on
this 154 day of November	, 2019
My commission expires on the 5 th da	ay of November, 2023
	Word
(Seal)	Notary Public
MARIA G. ACOSTA Notary Public, State of Texas Comm. Expires 11-05-2023 Notary ID 132239683	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.

		neral Infort										
1. Reason for Submission (If other is checked please describe in space provided.)												
New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)												
Renewal (Core Data Form should be submitted with the renewal form)												
2. Customer Reference Number (if issued) Follow this link to search 3. Regulated Entity Reference Number (if issued)												
CN 600	663579					N numbers Registry**	<u>in</u>	RI	110	02329802		
ECTION II: Customer Information												
4. General Customer Information 5. Effective Date for Customer Information Updates (mm/dd/yyyy) 05/01/2020												
☐ New Customer ☐ Update to Customer Information ☒ Change in Regulated Entity Ownership												
Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)												
			-	•				•			urrent and	d active with the
Texas Sec	cretary o	of State (SOS)	or Texas C	ompti	rollei	r of Pub	lic /	4000	unt	s (CPA).		
6. Customer	r Legal Na	ame (If an Individua	l, print last name	e first: Θ	g: Doe	, John)		<u>[f</u>	new (Customer, enter prev	ious Custom	er below:
Midway V	Water U	Itilities, Inc.						D C	oubl	e Diamond Utiliti	es Co.	
7. TX SOS/C			8. TX State	Tax ID	(11 digit	ts)				eral Tax ID (9 digits)		S Number (If applicable)
		·										
11. Type of	Customer	: 🛛 Corporati	on			Individual			F	Partnership: ☐ Gene	eral 🔲 Limited	
Government:	☐ City ☐	County 🔲 Federal 🖸] State 🔲 Other			Sole Prop	rieto	rship	[Other:		
12. Number			EZ 054 000		F04					ependently Owner	d and Opera	ited?
= =====================================	21-100	101-250	251-500			nd higher			Yes			
	Pr Role (Pr								m. Pl	ease check one of the	following:	
Owner	nal Licon	⊠ Operat see				wner & O			nlioo	nt COthor		
Occupatio			nsible Party			oluntary C	Jean	up Ap	piica	nt Other:	··	
15. Mailing	1620 (Grand Avenue	Parkway									
Address:	Ste 14	0									· ·	
	City	Pflugerville		Sta	ate	TX		ZIP	78	660	ZIP + 4	
16. Country	Mailing In	formation (if outsid	ie USA)			17	7. E-1	Mail A	ddre	SS (Fapplicable)		
N/A						tv	villi	ford	@s	wwc.com		
18. Telephon	e Numbe	r		19. Ext	ensio	n or Cod	e			20. Fax Numbe	т (if applicat	ole)
(512)21	9-2294									() -		
₽ CYTTY C XT	m. p			4.9		·						
		egulated En				# la e = l = :	4- el 1		la la P		man must - al 1	
21. General R New Regu	_		on (<i>ir ivew Reg</i> o Regulated Er	•	_					o <i>rm snould be acco</i> d Entity Information		a permit application)
			_	<u>-</u> -						TCEQ Agency D		darde (removal
_		•	-	-		u iii Uil	ici i	LU 1116	7 5 (OLW Myelloy L	त्वाव अर्था।(ıaı uə (i GiliUYdi
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.)												
		water Treatm										

		1												
23. Street Addre					·									
the Regulated Entity: (No PO Boxes)			Т			· 1			Т				T	
	 	City			State			ZIP			ZIP	+ 4	<u> </u>	
24. County	 	<u> </u>												
		En	ter Physical L	_ocatio	n Descript	tion if no	street	t address is	s prov	ided.				
25. Description to Physical Location														
26. Nearest City							-		State	;		Nea	rest ZIP Code	
27. Latitude (N)	in Decir	mal·				- T	28 1 6	ongitude (V	V) Ir) Decimal	.			
Degrees		Minutes		Secon	ds		Degree:		''	Minutes	'	T	Seconds	
<u> </u>														
29. Primary SIC	Code (4 di	igits) 30.	Secondary S	IC Cod	e (4 digits)		Primary 6 digits)	y NAICS Co	ode		Secondary 6 digits)	/ NAI	CS Code	
4941						221	31							
33. What is the P				(Do not i	epeat the SIC	or NAICS	descripti	on.)						
domestic was	teater t	reatment	plant				_	· · · · · · · · · · · · · · · · · · ·						
34. Mallin	~					1620 G	and A	venue Park	way					
Address	-						Suit	e 140		·	· · · · · · · · · · · · · · · · · · ·			
		City	Pflugervi	lle	le State			ZIP		78660	ZIP	+ 4		
35. E-Mail A						t	willifor	d@swwc.c						
36.		ne Number	***	1	37. Extens		ode	· ·	3	B. Fax Nu	mber <i>(if ap</i>	plica	ible)	
	(512)2	· · · · · · · · · · · · · · · · · · ·		J		N/A				() -			
TCEQ Programsform. See the Core Dat					rite in the per	rmits/regi:	stration	numbers that	i will be	affected b	y the update	s subi	mitted on this	
Dam Safety		☐ Districts			dwards Aqu	ifer	To	Emissions I	nvento	ry Air	☐ Industri	al Haz	zardous Waste	
											1 11-1-1-1			
☐ Municipal Solid	Waste	☐ New Soul	☐ OSSF				Petroleum S	Storage	Tank	☐ PWS	☐ PWS			
			<u> </u>											
Sludge		Storm Wa	Storm Water				$\dashv \Box$	Tires			Used O	Used Oil ·		
7 \(\(\) \		D was w		F-7.4	A		1	Mata Dist			F1 01			
☐ Voluntary Clean		Waste Wa		<u> </u>	Vastewater A	griculture		Water Right	<u> </u>		Other:			
	· · · · · · · · · · · · · · · · · · ·	WQ001378		<u> </u>						1	 .			
SECTION IV			ormation	 -										
	ı Willif	ord					41. Tit	le: Se	nior	EHS M	lanager			
42. Telephone Num	nber	43. Ext./0	Code 4	4. Fax	Number		45. E	-Mail Addr	ess					
(512)219-229 *	4 ·	N/A	(512)	252-878	2	twil	liford@s	wwo	c.com				
SECTION V:	Auth	orized Si	gnature											
 By my signature ignature authority to dentified in field 39. 														
Company:	SWWC U	tilities, Inc.			,	Job Ti	tle:	le: Senior Environmental Health & Safety Manag					nager	
	Tim Willife		10						Pho		512) 219-	<u> </u>		
Signature:	Tum	With							Date	:	11/18	-//	9	

Attachment B Errata Pages to the Application

			Part A: General Information								
1.	la p	and rop	cribe the proposed transaction, including the effect on all CCNs involved, and provide details on the existing or expected use in the area affected by the proposed transaction. Attach all supporting documentation, such as a contract, a lease, or posed 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.	Т	he	proposed transaction will require (check all applicable):								
			Transferee (Purchaser) CCN: For Transferor (Seller) CCN:								
	X	T:	Debtaining a NEW CCN for Purchaser ransfer all CCN into Purchaser's CCN (Merger) ransfer Portion of CCN into Purchaser's CCN ransfer all CCN to Purchaser and retain Seller CCN ransfer all CCN to Purchaser and retain Seller CCN ransfer all CCN to Purchaser and retain Seller CCN ransfer all CCN to Purchaser and retain Seller CCN ransfer of Customers, No CCN or Facilities Only Transfer of Customers, No Customers or Facilities								
			Part B: Transferor Information								
			Questions 3 through 5 apply only to the transferor (current service provider or seller)								
3.		A. B.	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: Mailing Address: 5495 Belt Line Rd., Ste 200, Dallas, TX 75254								
		110000	Phone: (214) 706-9801 Email: rgracy@ddresorts.com								
		C.	<u>Contact Person</u> . 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								
		Ma	ailing Address: 5495 Belt Line Rd., Ste 200, Dallas, TX 75254								
			Phone: (214) 706-9801 Email: rgracy@ddresorts.com								
4.			he utility to be transferred is an Investor Owned Utility (IOU), for the most recent rate change, attach a copy of the rent 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)								
		В.	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.								

	i	Part F: TCEQ P	ublic V	Vater System or Sev	ver (\	Waste	water) Information		
		te Part F for <u>EACH</u> Public h a separate sheet with thi							
22.	A.	For Public Water System	(PWS):						
		TO	CEQ PW	S Identification Num	ber:	1090073	3	(7 digit ID)	
				Name of P	WS:	White I	Bluff		
		Date of l	ast TCE	Q compliance inspect	ion:	Dec 23	, 2018	(attach TCEQ letter)	
				Subdivisions serv	ved:	White	Bluff		
	В.	For Sewer service:							
		TCEQ Water Quality	(WQ) E	Discharge Permit Num	ber:	WQ 1	3786-002	(8 digit ID)	
			Nam	ne of Wastewater Faci	lity:	White	Bluff		
				Name of Permi	itee:	Double	Diamond		
		Date of l	ast TCE	Q compliance inspect	ion:	Feb 12,	2015	(attach TCEQ letter)	
				Subdivisions serv	ved:	White I	Bluff		
		Date of application to tra	ınsfer pe	ermit <u>submitted</u> to TC	EQ:	Nov 18	, 2019		
23.	List t	he number of <i>existing</i> conne	ctions,	by meter/connection ty	ype, t	o be af	fected by the proposed	d transaction:	
	Wate	er				Sewer			
		Non-metered	5	2"		565	Residential		
	630	5/8" or 3/4"		3" 4"		18	Commercial Industrial		
	5	1 1/2"		Other		Other			
		Total Water Conne	ctions:	653		Total Sewer Connections: 583			
24.	A. B.	Are any improvements required any improvements required and any improvements required and area and are	quired m	najor capital improven	nent n	necessar	ry to correct deficienc	ies to meet the TCEQ or	
		Description of the Cap	ital Im _]	provement:	Est	imated	Completion Date:	Estimated Cost:	
					·				
		C. Is there a moratoriu	m on ne	ew connections?					
		X No Ye	es:						
25.	Does	the system being transferred	operate	within the corporate	bound	daries c	of a municipality?		
		No Ye	es:					(name of municipality)	
		<u></u>		f yes, indicate the num					
				•					

SECOND ERRATA

	I	Part F: TCEQ F	Public W	later System or Sev	wer (Waste	water) Information	***************************************	
C		te Part F for <u>EACH</u> Public h a separate sheet with thi							
22.	A.	For Public Water System	(PWS):						
		Te	CEQ PW	S Identification Num	nber:	182006	l	(7 dıgıt ID)	
				Name of P	WS:	The Cli	_		
		Date of I	last TCE	Q compliance inspec	tion:	Jun 13,	2019	(attach TCEQ letter)	
				Subdivisions ser	ved:	The Cli	ffs		
	В.	For Sewer service:							
		TCEQ Water Quality	(WQ) D	oischarge Permit Num	ıber:	WQ02	790-000	(8 digit ID)	
			Nam	e of Wastewater Fac	ility:	The Cl	iffs		
				Name of Perm	itee:	Double	Diamond		
		Date of I	ast TCE	Q compliance inspec	tion:	Jun 13,	2019	(attach TCEQ letter)	
				Subdivisions ser		· · · · · · · · · · · · · · · · · · ·			
		Date of application to tr	ansfer pe	ermit <u>submitted</u> to TC	EQ:N	lov 18, :	2019		
22	T : a4 4			· · · · · · · · · · · · · · · · · · ·		,		14	
23.		the number of <u>existing</u> conne	ections,	by meter/connection	type, i			transaction:	
	Wate	Non-metered	15	2"		Sewer 242 Residential			
	263	5/8" or 3/4"		3"		19 Commercial			
	13	1"		4"		Industrial			
	1	1 1/2"		Other		Other			
	L	Total Water Conne	ections:	292		Total Sewer Connections: 261			
24.	A. B.	Are any improvements rec X No Yes Provide details on each rec Commission standards (at	quired m	ajor capital improve	ment 1	necessar	ry to correct deficienc	ies to meet the TCEQ or	
		Description of the Car	oital Imi	provement:	Est	imated	Completion Date:	Estimated Cost:	
				· · · · · · · · · · · · · · · · · · ·		•••			
	<u> </u>						· · · · · · · · · · · · · · · · · · ·		
		C. Is there a moratoriu		ew connections?					
		X No Y	es:						
25.	Does	the system being transferred	l operate	within the corporate	boun	daries c	of a municipality?		
		No Y	es:					(name of municipality)	
							mers within the muni	cipal boundary.	
				Water:					
				<u> </u>					

PUCT Sale, Transfer, Merger Page 9 of 20 (March 2018)

	i	Part F: TCEQ P	ublic Water System or Sev	wer (V	Vaste	water) Information		
C			Water or Sewer system to s information if you need m					
22.	A.	For Public Water System	(PWS):					
		TO	CEQ PWS Identification Num	ıber: _	1260127	7	(7 digit ID)	
İ			Name of P	WS: _	The Ret	reat		
5		Date of l	ast TCEQ compliance inspect	tion:	Apr 26,	2018	(attach TCEQ letter)	
			Subdivisions ser	ved: _	The Re	treat		
	В.	For Sewer service:						
		TCEQ Water Quality	(WQ) Discharge Permit Num	nber: _	WQ14	373-001	(8 digit ID)	
			Name of Wastewater Faci	ility:	The Re	treat		
			Name of Perm	itee:	Double	Diamond		
		Date of 1	ast TCEQ compliance inspect	tion: 1	Nov 7, 2	2018	(attach TCEQ letter)	
			Subdivisions ser	ved: _	The Re	treat		
		Date of application to tra	ansfer permit <u>submitted</u> to TC	EQ: 1	Nov 18	, 2019		
23.	List	the number of <i>existing</i> conne	ections, by meter/connection t	type, to	be aff	ected by the propose	d transaction:	
	Wat				Sewer			
		Non-metered	1 2"		135 Residential			
	142	5/8" or 3/4"	3"		5 Commercial			
	2	1"	4"		Industrial			
	2	Total Water Conne	Other ctions: 147		Other Total Sewer Connections: 140			
		Total Water Conne	ctions. 147		Total Sewer Connections. 140			
24.	A.	Are any improvements req	uired to meet TCEQ or Com	missio	n stand	ards?		
	В.		quired major capital improven each any engineering reports o				ies to meet the TCEQ or	
		Description of the Cap	ital Improvement:	Esti	imated	Completion Date:	Estimated Cost:	
	-					<u> </u>		
		C. Is there a moratoriu	m on new connections?					
		X No Ye	es:					
25.	Does	the system being transferred	operate within the corporate	bound	laries o	f a municipality?		
		No Ye	•			•	(name of municipality)	
			If yes, indicate the num				· · · · · · · · · · · · · · · · · · ·	
			•				•	
			Water:			Sewer:		

PUCT Sale, Transfer, Merger Page 9 of 20 (March 2018)

SECOND ERRATA

	i I	Part F: TCEQ F	Public W	later System or Sev	ver (Waste	water) Information		
C		te Part F for <u>EACH</u> Public h a separate sheet with thi							
22.	A.	For Public Water System	(PWS):						
		TO	CEQ PW	S Identification Num	ber:	0910147	7	(7 digit ID)	
				Name of P	WS:	Rock C	reek		
		Date of 1	last TCE	Q compliance inspec	tion:	Oct 25.	, 2017	(attach TCEQ letter)	
				Subdivisions ser	ved:	Rock C	Creek		
	В.	For Sewer service:							
		TCEQ Water Quality	(WQ) D	ischarge Permit Num	ber:	WQ 1	14783 -001	(8 digit ID)	
			Nam	e of Wastewater Faci	ility:	Rock (Creek		
				Name of Perm	itee:	Double	e Diamond		
		Date of l	ast TCE	Q compliance inspec	tion:	Dec 21	, 2015	(attach TCEQ letter)	
				Subdivisions ser	ved:	Rock C	reek		
		Date of application to tra	ansfer pe	ermit <u>submitted</u> to TC	EQ:	Nov 18	3, 2019		
23.	List 1	the number of <i>existing</i> conne	ections. 1	by meter/connection t	vne. 1	to be af	fected by the proposed	I transaction:	
	Wate				J.F,	Sewer			
		Non-metered	4	2"		84 Residential			
	93	5/8" or 3/4"		3"		3 Commercial			
	<u> </u>	1"		4"		Industrial			
		1 ½"	<u> </u>	Other		Other			
	L	Total Water Conne	ections:	97		Total Sewer Connections: 87			
24.	A. B.	Are any improvements rec X No Yes Provide details on each rec Commission standards (at	quired m	ajor capital improver	nent i	necessai	ry to correct deficienc	ies to meet the TCEQ or	
		Description of the Cap	oital Imp	provement:	Est	timated	Completion Date:	Estimated Cost:	
		C. Is there a moratoriu	ım on ne	w connections?					
		X No Y	es:						
25.	Does	the system being transferred	d operate	within the corporate	boun	daries o	of a municipality?		
		No Y	es:					(name of municipality)	
					nber (of custo	mers within the muni	cipal boundary.	

PUCT Sale, Transfer, Merger Page 9 of 20 (March 2018)

Attachment C Maps

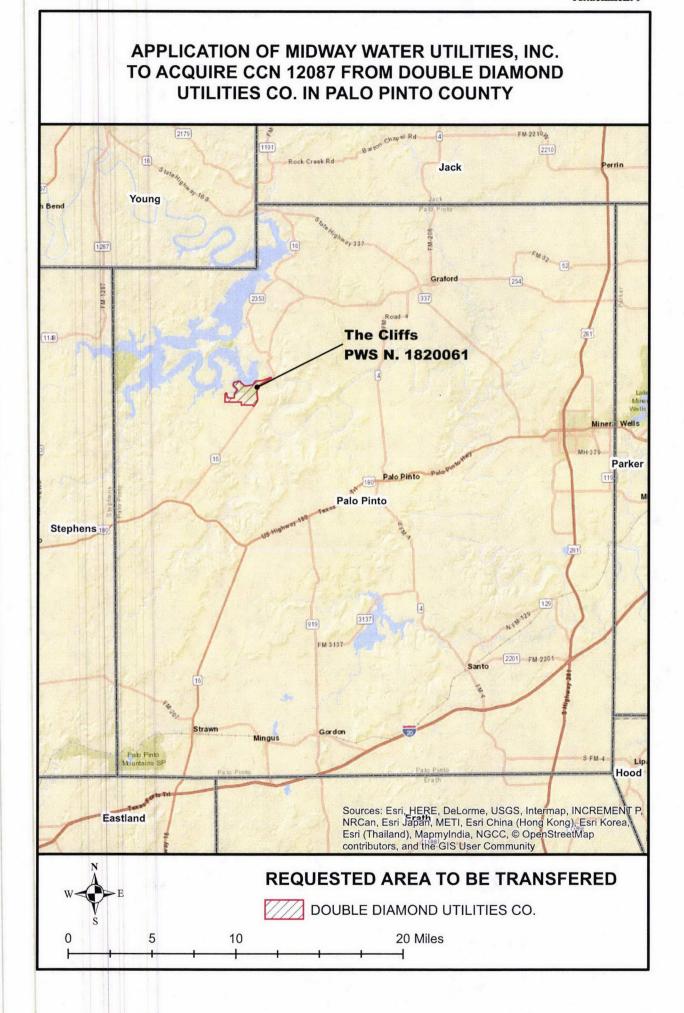
APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 12087 FROM DOUBLE DIAMOND UTILITIES CO. IN HILL AND JOHNSON COUNTY Godley 2280 CC Cooke Pkwy Decordova 171 Keene Hood 4 W FM 4 3136 Plantation 2425 Cleburne Coyote Fla 2415 Johnson 4 P21 Rainbow Rio Vista Somervell Covin 144 The Retreat Blum PWS N. 1260127 934 Kopp Walnut Hill Springs BosqueWhite Bluff PW5°N: 1090073 174 Sources: Esri, HERE, DeLorme, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), Mapmylindia, NGCC, © OpenStreetMap contributors, and the GIS User Community Meridian **REQUESTED AREA TO BE TRANSFERED** DOUBLE DIAMOND UTILITIES CO.

20 Miles

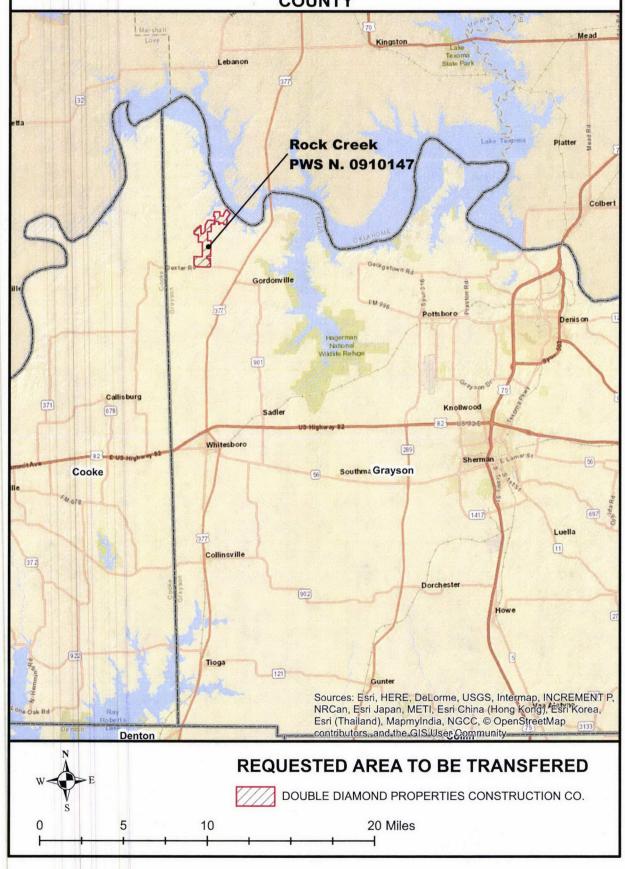
Glen Rose

5

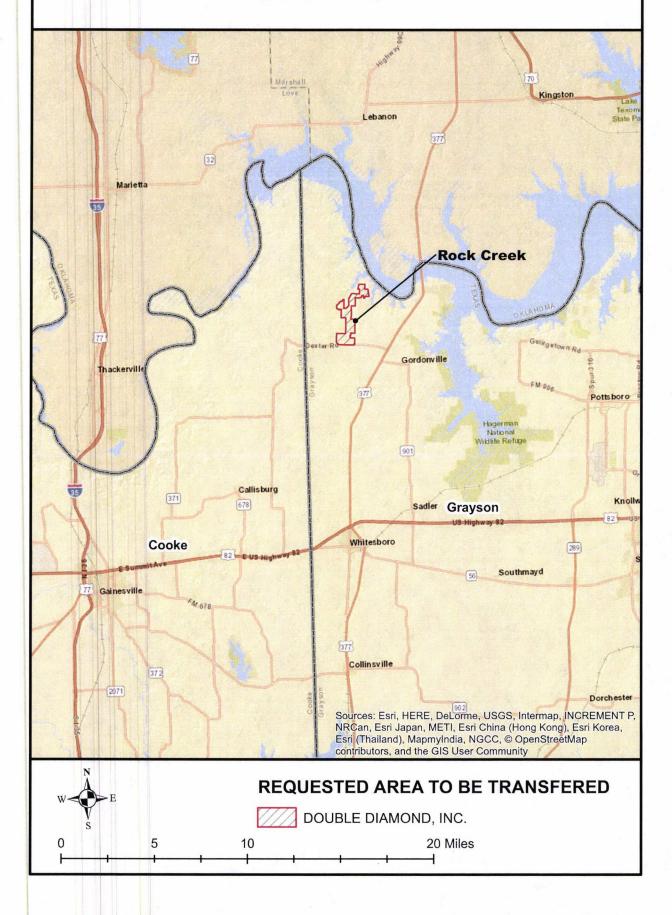
10

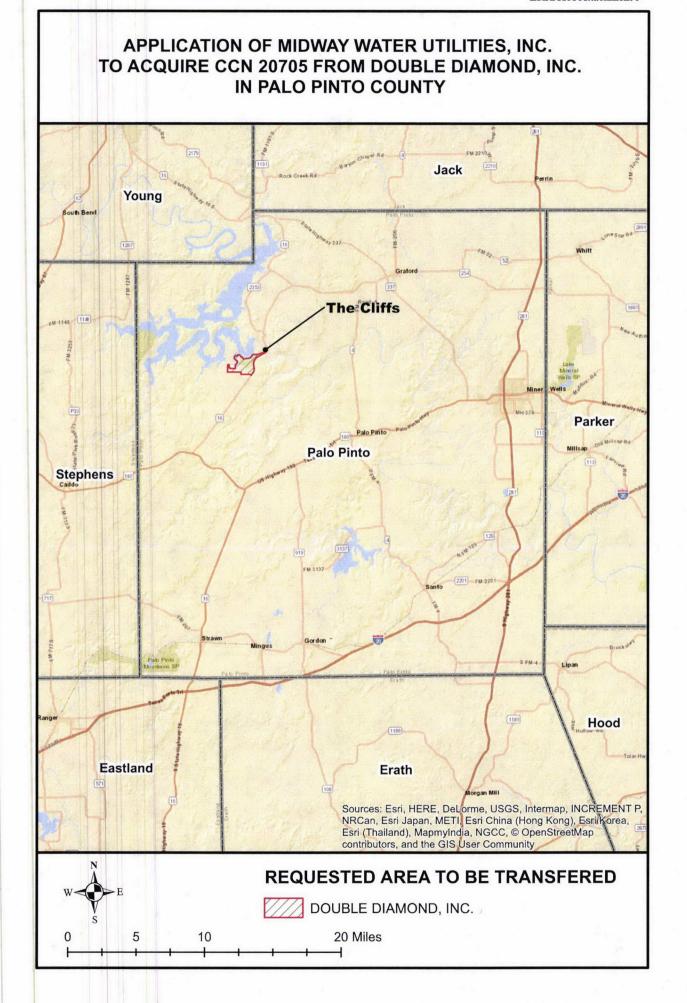


APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 13235 FROM DOUBLE DIAMOND PROPERTIES CONSTRUCTION CO. IN GRAYSON COUNTY

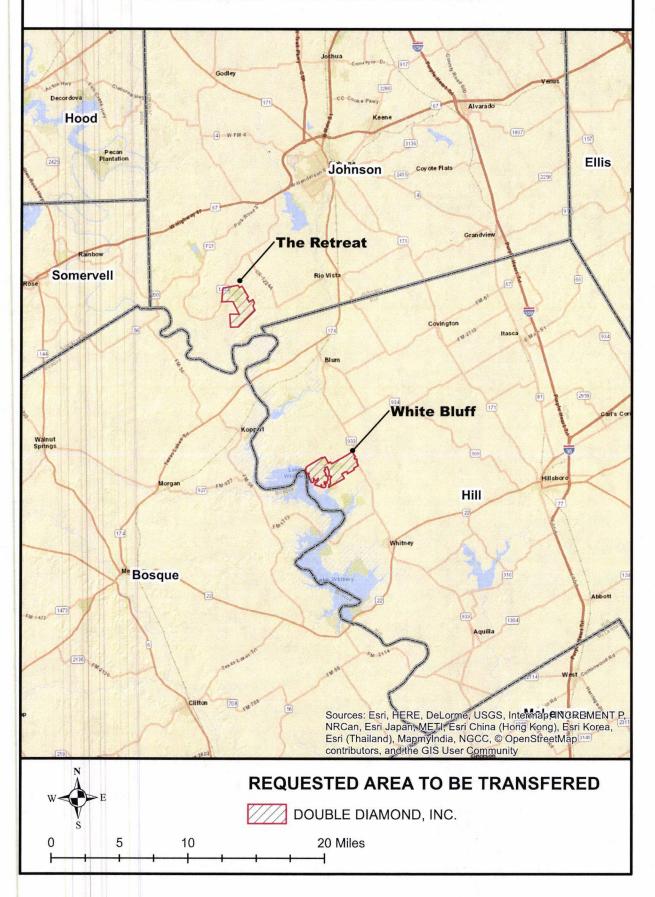


APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 20705 FROM DOUBLE DIAMOND, INC. IN GRAYSON COUNTY

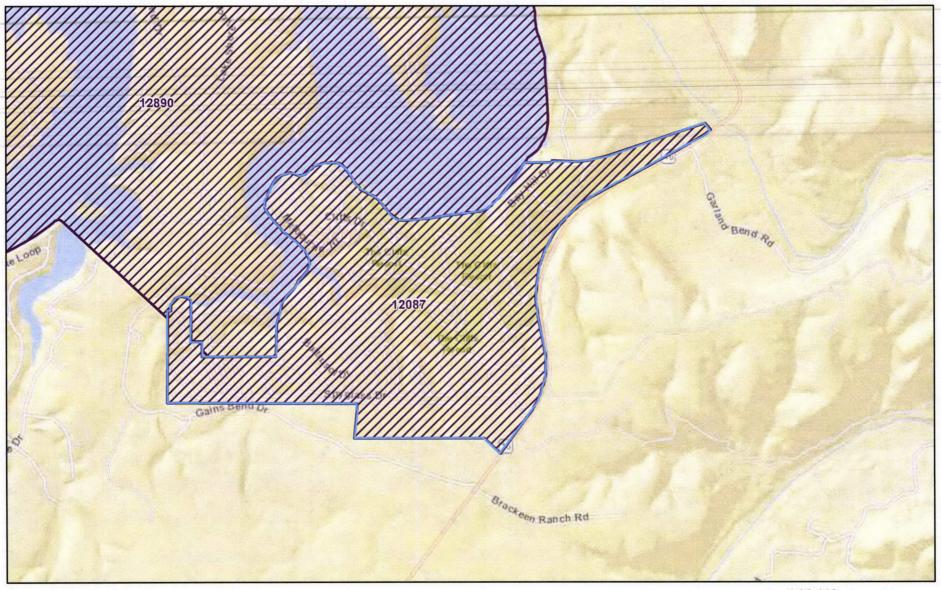




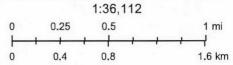
APPLICATION OF MIDWAY WATER UTILITIES, INC. TO ACQUIRE CCN 20705 FROM DOUBLE DIAMOND, INC. IN HILL COUNTY AND JOHNSON COUNTY

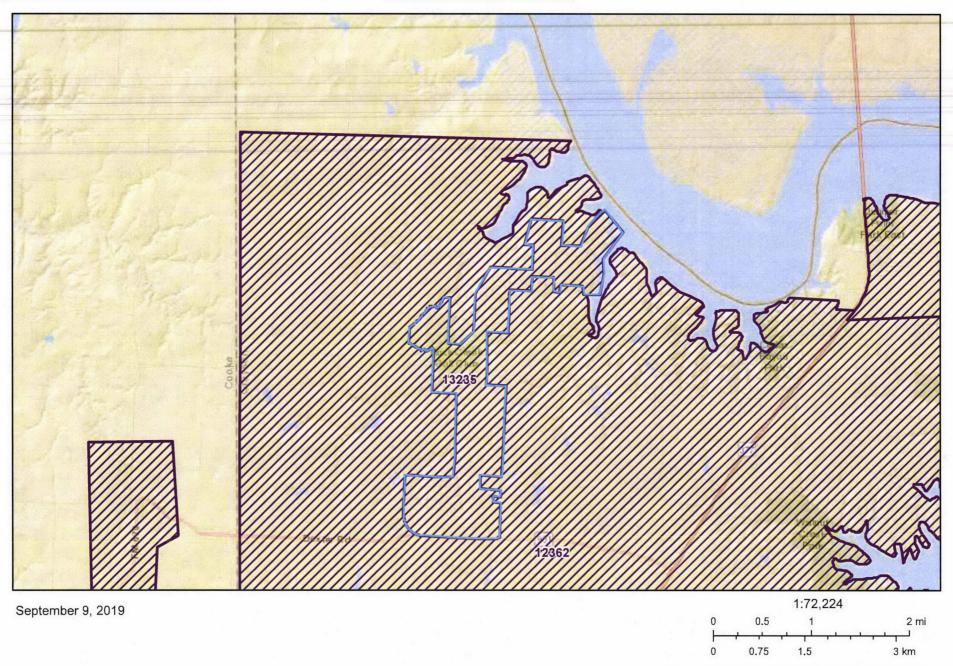


CCN 12087 The Cliffs

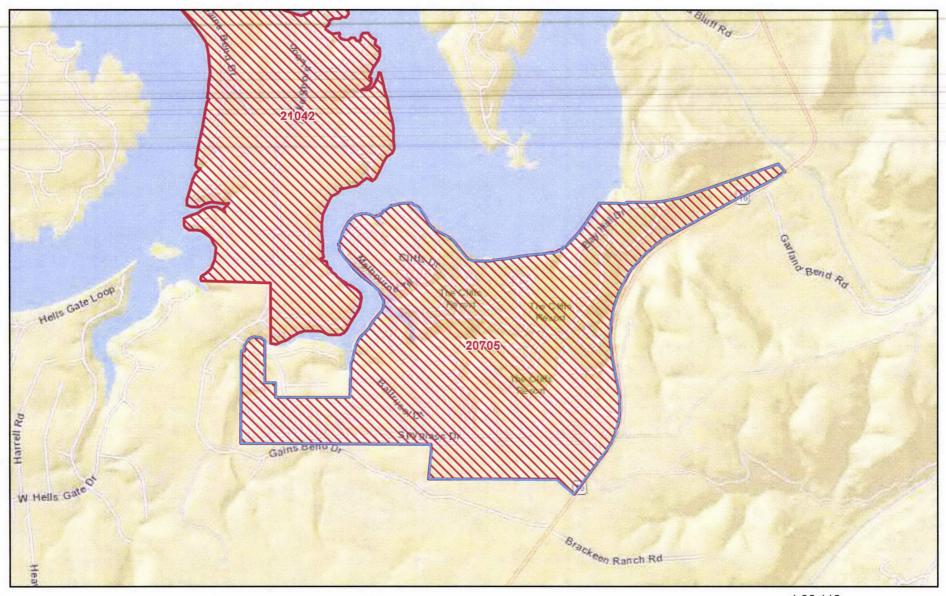


September 9, 2019

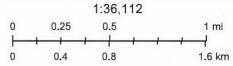




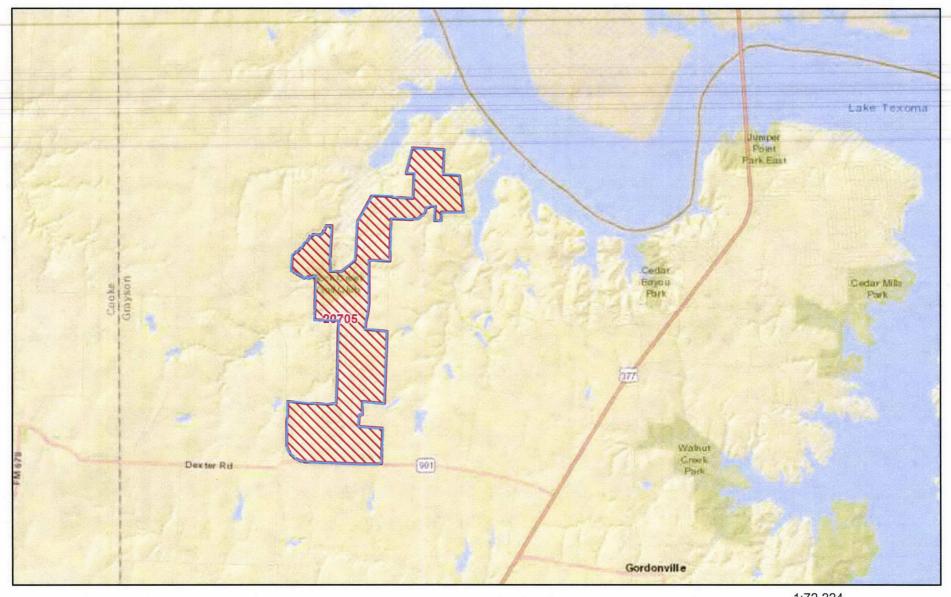
20705 The Cliffs



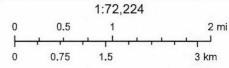
September 9, 2019



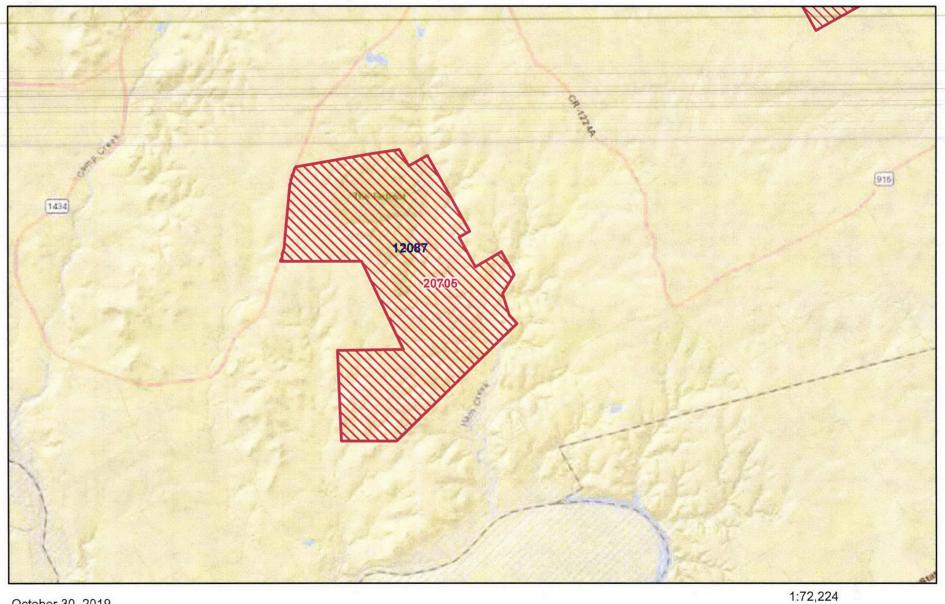
20705 Rock Creek



September 9, 2019



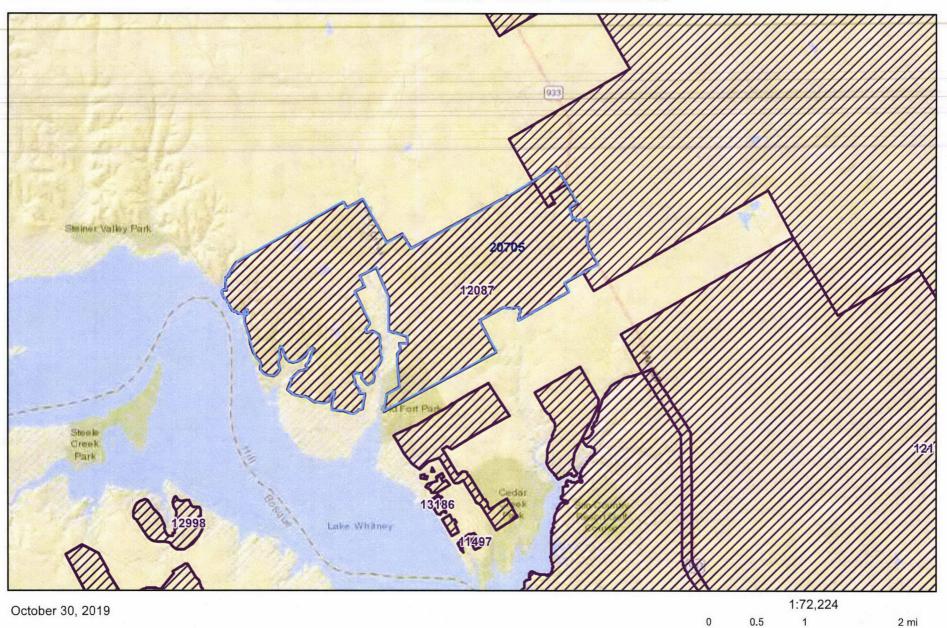
CCNs 12087 and 20705 The Retreat



October 30, 2019

2 mi 3 km 0.75 1.5

White Bluff CCNs 12087 and 20705



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

3 km

0.75