



Control Number: 50969



Item Number: 1

Addendum StartPage: 0

Applicant: James Nelson dba "Waterco" TX 1690028

CCN No. to be amended:

or

☒

Obtain NEW CCM

☒

Water

☒

Sewer

County(ies) affected by this application:

Dual CCN requested with:

CCN No.:

(name of retail public utility)

1

Portion of

□

All of requested area

Decertification of CCN for:

CCN No.:

(name of retail public utility)



Portion of

1

All of requested area

Table of Contents

CCN Application Instructions	1
Part A: Applicant Information	3
Part B: Requested Area Information	4
Part C: CCN Obtain or Amend Criteria Considerations	6
Part D: TCEQ Public Water System or Sewer (Wastewater) Information	7
Part E: Financial Information	9
Part F: Mapping & Affidavits	10
Part G: Notice Information	11
Appendix A: Historical Financial Information (Balance Sheet and Income Schedule)	13
Appendix B: Projected Information	16

Please mark the items included in this filing

- | | | |
|-------------------------------------|--|-----------------------|
| <input type="checkbox"/> | Partnership Agreement | Part A: Question 4 |
| <input type="checkbox"/> | Articles of Incorporation and By-Laws (WSC) | Part A: Question 4 |
| <input type="checkbox"/> | Certificate of Account Status | Part A: Question 4 |
| <input type="checkbox"/> | Franchise, Permit, or Consent letter | Part B: Question 7 |
| <input type="checkbox"/> | Existing Infrastructure Map | Part B: Question 8 |
| <input type="checkbox"/> | Customer Requests For Service in requested area | Part B: Question 9 |
| <input type="checkbox"/> | Population Growth Report or Market Study | Part B: Question 10 |
| <input type="checkbox"/> | TCEQ Engineering Approvals | Part B: Question 11 |
| <input type="checkbox"/> | Requests & Responses For Service to ½ mile utility providers | Part B: Question 12.B |
| <input type="checkbox"/> | Economic Feasibility (alternative provider) Statement | Part B: Question 12.C |
| <input type="checkbox"/> | Alternative Provider Analysis | Part B: Question 12.D |
| <input type="checkbox"/> | Enforcement Action Correspondence | Part C: Question 16 |
| <input type="checkbox"/> | TCEQ Compliance Correspondence | Part D: Question 20 |
| <input type="checkbox"/> | Purchased Water Supply or Treatment Agreement | Part D: Question 23 |
| <input type="checkbox"/> | Rate Study (new market entrant) | Part E: Question 28 |
| <input checked="" type="checkbox"/> | Tariff/Rate Schedule | Part E: Question 29 |
| <input type="checkbox"/> | Financial Audit | Part E: Question 30 |
| <input type="checkbox"/> | Application Attachment A & B | Part E: Question 30 |
| <input type="checkbox"/> | Capital Improvement Plan | Part E: Question 30 |
| <input type="checkbox"/> | Disclosure of Affiliated Interests | Part E: Question 31 |
| <input checked="" type="checkbox"/> | Detailed (large scale) Map | Part F: Question 32 |
| <input checked="" type="checkbox"/> | General Location (small scale) Map | Part F: Question 32 |
| <input checked="" type="checkbox"/> | Digital Mapping Data | Part F: Question 32 |
| <input checked="" type="checkbox"/> | Signed & Notarized Affidavit | Page 12 |

18 pages -

Part A: Applicant Information

1. A. Name: James Nelson
(individual, corporation, or other legal entity)
☒ Individual ☐ Corporation ☐ WSC ☐ Other: _____
- B. Mailing Address: 206 Oak St.
Nocona, Texas 76255
Phone No.: 214-336-5604 Email: _____
- 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: James Nelson Title: Owner
Mailing Address: (Same As Above)
Phone No.: _____ Email: _____
2. If the Applicant is someone other than a municipality, is the Applicant currently paid in full on the Regulatory Assessment Fees (RAF) remitted to the TCEQ?
☐ Yes ☐ No ☒ N/A
3. If the Applicant is an Investor Owned Utility (IOU), is the Applicant current on Annual Report filings with the Commission?
☐ Yes ☒ No If no, please state the last date an Annual Report was filed: NONE
4. The legal status of the Applicant is:
☒ Individual or sole proprietorship
☐ Partnership or limited partnership (*attach* Partnership agreement)
☐ Corporation: Charter number (recorded with the Texas Secretary of State): _____
☐ Non-profit, member-owned, member controlled Cooperative Corporation [Article 1434(a) Water Supply or Sewer Service Corporation, incorporated under TWC Chapter 67]
Charter number (as recorded with the Texas Secretary of State): _____
☐ Articles of Incorporation and By-Laws established (*attach*)
☐ Municipally-owned utility
☐ District (MUD, SUD, WCID, FWSD, PUD, etc.)
☐ County
☐ Affected County (a county to which Subchapter B, Chapter 232, Local Government Code, applies)
☐ Other (please explain): _____
5. If the Applicant operates under an assumed name (i.e., any d/b/a), provide the name below:
Name: Waterco

Part B: Requested Area Information

6. Provide details on the existing or expected land use in the requested area, including details on requested actions such as dual certification or decertification of service area.

Well #1 (Walnut St) : Purchased & Operated for 20yrs.
Well #2 (KECK ST) : Currently serving 13 people TOTAL

7. The requested area (check all applicable):

- ☒ Currently receives service from the Applicant ☐ Is being developed with no current customers
☐ Overlaps or is within municipal boundaries ☐ Overlaps or is within district boundaries

Municipality: _____ District: _____

Provide a copy of any franchise, permit, or consent granted by the city or district. If not available please explain:

No permit or franchise -- Land is owned by James Nelson (Owner) dba "Waterco"

8. Describe the circumstances (economic, environmental, etc.) driving the need for service in the requested area:

Docket # 49532 Signed by: Creighton R. McMuray
Requesting discovery
"Waterco" currently serving 13 People TOTAL

9. Has the Applicant received any requests for service within the requested area?

☐ Yes* ☒ No *Attach copies of all applicable requests for service and show locations on a map

10. Is there existing or anticipated growth in the requested area?

☐ Yes* ☒ No *Attach copies of any reports and market studies supporting growth

11. A. Will construction of any facilities be necessary to provide service to the requested area?

☐ Yes* ☒ No *Attach copies of TCEQ approval letters

B. Date Plans & Specifications or Discharge Permit App. submitted to TCEQ: _____

C. Summarize an estimated timeline for construction for any required facilities to serve the requested area:

N/A

D. Describe the source and availability of funds for any required facilities to serve the requested area:

N/A

Note: Failure to provide applicable TCEQ construction or permit approvals, or evidence showing that the construction or permit approval has been filed with the TCEQ may result in the delay or possible dismissal of the application.

12. A. If construction of a physically separate water ~~or sewer system~~ is necessary, provide a list of all retail public water and/or sewer utilities within one half mile from the outer boundary of the requested area below:

N/A

B. Did the Applicant request service from each of the above water or sewer utilities?

☐ Yes*

☒ No

*Attach copies of written requests and copies of the written response

C. Attach a statement or provide documentation explaining why it is not economically feasible to obtain retail service from the water or sewer retail public utilities listed above.

D. If a neighboring retail public utility agreed to provide service to the requested area, attach documentation addressing the following information:

- (A) A description of the type of service that the neighboring retail public utility is willing to provide and comparison with service the applicant is proposing;
- (B) An analysis of all necessary costs for constructing, operating, and maintaining the new facilities for at least the first five years of operations, including such items as taxes and insurance; and
- (C) An analysis of all necessary costs for acquiring and continuing to receive service from the neighboring retail public utility for at least the first five years of operations.

13. Explain the effect of granting the CCN request on the Applicant, any retail public utility of the same kind serving in the proximate area, and any landowners in the requested area. The statement should address, but is not limited to, regionalization, compliance, and economic effects.

Applicant Qualifies for "Exempt" Status under 30TAC 190.38 Rules & Regulations. Currently, even with Ms. ^{YULIYA} DUNAWAY's Assertion of the word "Adjacent", "Waterco" consist of two wells, these blocks ~~have~~ serving thirteen people TOTAL, request a hearing for reconsidering Applicant's Status.

Part C: CCN Obtain or Amend Criteria Considerations

14. Describe the anticipated impact and changes in the quality of retail utility service for the requested area:

NONE/Utility Service has existed 20yrs without a problem!

15. Describe the experience and qualifications of the Applicant in providing continuous and adequate retail service:

Applicant has applied for a CCN on 1-26-18 to ATTORNEY ALEXANDER PENTAX. The intent was to abate DOCKET #47411 dated July 2017. All Paperwork including this Application was forwarded to someone other than ALEXANDER PENTAX?

16. Has the Applicant been under an enforcement action by the Commission, TCEQ, Texas Department of Health (TDH), the Office of the Attorney General (OAG), or the Environmental Protection Agency (EPA) in the past five (5) years for non-compliance with rules, orders, or state statutes?

☒ Yes* ☐ No

*Attach copies of any correspondence with the applicable regulatory agency concerning any enforcement actions, and attach a description of any actions or efforts the Applicant has taken to comply with these requirements.

17. Explain how the environmental integrity of the land will or will not be impacted or disrupted as a result of granting the CCN as requested:

Well #1 was started in 1970 -- Applicant purchased 2000. Well #2 was March 2000 after calling TCEQ concerning the location, number of customers etc. -- In 2012 (July) JENNELLE CRANE (TCEQ, Abilene) visited "Waterco" -- NOT Enough Customers -- NOT A PWS

18. Has the Applicant made efforts to extend retail water or ~~sewer utility~~ service to any economically distressed area located within the requested area?

NO!

19. List all neighboring water or sewer retail public utilities, cities, districts (including ground water conservation districts), counties, or other political subdivisions (including river authorities) providing the same service located within two (2) miles from the outer boundary of the requested area:

To my knowledge the nearest source of water is six miles @ NECONA, TEXAS 76255

Part D: TCEQ Public Water System of ~~Water~~ Sewer (Wastewater) Information

20. A. Complete the following for all Public Water Systems (PWS) associated with the Applicant's CCN:

TCEQ PWS ID:	Name of PWS:	Date of TCEQ inspection*:	Subdivisions served:
TX 1690028	"WATERLOO"	NONE	ADCONA LAKE Estate
Assigned by TCEQ			

*Attach evidence of compliance with TCEQ for each PWS

- B. Complete the following for all TCEQ Water Quality (WQ) discharge permits associated with the Applicant's CCN:

TCEQ Discharge Permit No:	Date Permit expires:	Date of TCEQ inspection*:	Subdivisions served:
WQ-			
WQ-	- NO Permits -		See Attached Info!
WQ-			
WQ-			

*Attach evidence of compliance with TCEQ for each Discharge Permit

- C. The requested CCN service area will be served via: PWS ID: TX-1690028
WQ -

21. List the number of existing connections for the PWS & Discharge Permit indicated above (Question 20. C.):

Water			Sewer		
<input checked="" type="checkbox"/> Non-metered	13	2"	<input checked="" type="checkbox"/> Residential		
<input checked="" type="checkbox"/> 5/8" or 3/4"		3"	<input checked="" type="checkbox"/> Commercial		
<input checked="" type="checkbox"/> 1"		4"	<input checked="" type="checkbox"/> Industrial		
<input type="checkbox"/> 1 1/2"		Other	<input checked="" type="checkbox"/> Other		
Total Water Connections: 13 Total			Total Sewer Connections: NONE!		

22. List the number of additional connections projected for the requested CCN area:

Water			Sewer		
<input type="checkbox"/> Non-metered		2"	<input checked="" type="checkbox"/> Residential		
<input type="checkbox"/> 5/8" or 3/4"		3"	<input checked="" type="checkbox"/> Commercial		
<input type="checkbox"/> 1"		4"	<input checked="" type="checkbox"/> Industrial		
<input type="checkbox"/> 1 1/2"		Other	<input checked="" type="checkbox"/> Other		
Total Water Connections: N/A			Total Sewer Connections:		

6-10-20

Part D TCEQ Public Water System 20B.

Waterco Samples each Wed monthly and
Submit Samples to: Wichita Falls County Health Dist #101
For/ow TCEQ Microbial Reporting Form.

Result are Returned to "Waterco" for
disposition by mail.

This process hasn't changed in 20yrs

James Nelson
"Waterco" #1

23. A. Will the system serving the requested area purchase water or sewer treatment capacity from another source?

☐ Yes*

☒ No

*Attach a copy of purchase agreement or contract.

Capacity is purchased from:

Water: _____

Sewer: _____

B. Are any of the Applicants PWS's required to purchase water to meet the TCEQ's minimum capacity requirements or TCEQ's drinking water standards?

☐ Yes

☒ No

C. What is the amount of supply or treatment purchased, per the agreement or contract? What is the percent of overall demand supplied by purchased water or sewer treatment (if any)?

	Amount in Gallons	Percent of demand
Water:		0%
Sewer:		0%

24. Does the PWS or ~~sewer treatment plant~~ have adequate capacity to meet the current and ~~projected demands~~ in the requested area?

☒ Yes

☐ No

25. List the name, class, and TCEQ license number of the operators that will be responsible for the operations of the water or sewer utility service provided to the requested area:

Name (as it appears on license)	Class	License No.	Water/Sewer
<i>NO Existing Lic. (6-10-20)</i>			
<i>James Nelson (applicant)</i>			

26. A. Are any improvements required for the existing PWS or ~~sewer treatment plant to meet~~ TCEQ or Commission standards?

☐ Yes

☒ No

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:

27. Provide a map (or maps) showing all facilities for production, transmission, and distribution, and the location of existing or proposed customer connections, in the requested area. Facilities should be identified on subdivision plats, engineering planning maps, or other large scale maps. Color coding can be used, and is encouraged, to distinguish types of facilities.

Nocona Lake Estates

QUESTIONS #27

TEMPORARY
NOT
COUNT



⑧
#1
Well
Walnut

NOT WATERED
X
WELL
#1
#2
#3
#4
#5
#6
#7
#8
#9
#10
#11
#12
#13
#14
#15
#16
#17
#18
#19
#20
#21
#22
#23
#24
#25
#26
#27
#28
#29
#30
#31
#32
#33
#34
#35
#36
#37
#38
#39
#40
#41
#42
#43
#44
#45
#46
#47
#48
#49
#50
#51
#52
#53
#54
#55
#56
#57
#58
#59
#60
#61
#62
#63
#64
#65
#66
#67
#68
#69
#70
#71
#72
#73
#74
#75
#76
#77
#78
#79
#80
#81
#82
#83
#84
#85
#86
#87
#88
#89
#90
#91
#92
#93
#94
#95
#96
#97
#98
#99
#100

WELL
#1
KECK
⑤

Ward #1 Walnut St.

Bradley/Jennifer Paige 188 Oak St.

Mike Moore

Kathy Dickerson

Juana/Toni Frost

Leon Britton

Lea Madore

Red/Glen Thomas

Mike Andrades

Thomay Dean (Temporary)

Ward #2 Keok St

Jennifer/Shane Ritchet

Tanya/Marvin Davin

David/Marie-Luna

Judy Babbie

Susie Baues

248 "

256 "

255 "

237 Walnut St

236 Lake St

221 Lake St

161 Lake St

179 Oak St. (has her own Ward)

122 Keok St.

132 Keok St.

148 Keok St.

150 Keok St.

154 Keok St.

(8)

(5)

will
DISCOUNT

Part E: Financial Information

28. If the Applicant seeking to obtain a CCN for the first time is an Investor Owned Utility (IOU) and under the original rate jurisdiction of the Commission, a proposed tariff must be attached to the application. The proposed rates must be supported by a rate study, which provides all calculations and assumptions made. Once a CCN is granted, the Applicant must submit a rate filing package with the Commission within 18 months from the date service begins. The purpose of this rate filing package is to revise a utility's tariff to adjust the rates to a historic test year and to true up the new tariff rates to the historic test year. It is the Applicant's responsibility in any future rate proceeding to provide written evidence and support for the original cost and installation date of all facilities used and useful for providing utility service. Any dollar amount collected under the rates charged during the test year in excess of the revenue requirement established by the Commission during the rate change proceeding shall be reflected as customer contributed capital going forward as an offset to rate base for ratemaking purposes.

29. If the Applicant is an existing IOU, please attach a copy of the current tariff and indicate:

A. Effective date for most recent rates:

January 1, 2018

B. Was notice of this increase provided to the Commission or a predecessor regulatory authority?

☐ No

☒ Yes

Jan 26, 2019
ICF QUESTION #15

Application or Docket Number: _____

C. If notice was not provided to the Commission, please explain why (ex: rates are under the jurisdiction of a municipality)

I have NO knowledge except a Phone Call from
ALEXANDER Pentax Apologizing for reinstating Docket #47411
w/o investigating my Application -- This stupidity was The
reason I obtained an Attorney in August 2018
James Nelson

If the Applicant is a Water Supply or Sewer Service Corporation (WSC/SSC) and seeking to obtain a CCN, attach a copy of the current tariff.

30. Financial Information

Applicants must provide accounting information typically included within a balance sheet, income statement, and statement of cash flows. If the Applicant is an existing retail public utility, this must include historical financial information and projected financial information. However, projected financial information is only required if the

Applicant proposes new service connections and new investment in plant, or if requested by Commission Staff. If the

Applicant is a new market entrant and does not have its own historical balance sheet, income statement, and statement of cash flows information, then the Applicant should establish a five-year projection.

Historical Financial Information may be shown by providing any combination of the following that includes necessary information found in a balance sheet, income statement, and statement of cash flows:

1. Completed Appendix A;
2. Documentation that includes all of the information required in Appendix A in a concise format; or
3. Audited financial statements issued within 18 months of the application filing date. This may be provided electronically by providing a uniform resource locator (URL) or a link to a website portal.

- "Waterco" -

BY - LAWS

**Effective
January 1,
2018**

Effective January 1, 2018, the rate for each water service customer will increase to a base rate of \$35.00 per month, per one (1) lot/household customers. If you own more than one (1) lot or have more than one (1) household on your lot/s, -"Waterco"- will adjust your rate accordingly. (FYI: The last rate increase was 6 years ago in January 2012.)

As requested by PUC of Texas, -"Waterco"- service may be paid in the following choices:

- a. Monthly / \$_____ per month, due on the 1st of each month and payable prior to the 6th of each month.
- b. Annually / \$_____ per month x 12 months, minus 7%, payable prior to the 6th of the 1st month.

Customers may choose to pay monthly or annually, starting on any month of the year.

All customers may use the Drop Box located @ 206 Oak Street for making payments.

All customers were personally informed of their new rate with this change in December 2017.

Payments received after the 5th of the month will automatically have a \$5.00 Late Payment Fee added to the amount due.

Your payment, plus the Late Fee will be due prior to the 1st of the following month.

If two (2) payments become overdue, your service will be cut off no later than the 10th of the 2nd month and a \$35.00 reconnection fee will be added to the balance of your bill. Partial payments will not be accepted, unless special arrangements are requested and approved during a Board Meeting.

If late payments are deemed by the Board to be enduring in nature, the customer will be required to put up a \$50.00 deposit with -"Waterco"-.

At this time, there will be no water meters connected to your service, but there will be no tolerance for water abuse. -"Waterco"- expects each water service customer to keep their water outlets in good working condition; i.e., replacement of bad gaskets/seals that are causing dripping or leakage around faucet base and/or around handles, etc. Also, please make certain that inside and outside outlets will be protected during freezing weather. Please report any standing water in your yards that could be a sign of a broken pipe.

We operate on the "Honor System" and there is no need to send out monthly billing statements, as you have all been made aware of what your monthly water service rate is.

There will be no TAP Fee.

What was tariff? was $30.00/\text{mo}$ (all customers) prior to working w/TECA. TECA recommended I raise rates to offset the cost of obtaining a cell. TECA explained the customer rates should be about $6.00/\text{mo}$ - They (TECA) were certainly correct!

At current date (6/10/20) the fee required by TECA will surpass the Annual Income $\$4,225/\text{yr}$ by August 2020. -- unless I raise the expense on to my customers

James Nelson

It is my intent to see both week to some, some Co. that wishes to be a PUS. Currently I am working with CSUR - the corona virus has slowed progress.

James Nelson

Current Customer Rate $35.00/\text{mo}$

Projected Customer Rate w/TECA added Expense: $45.10/\text{mo}$ as of 6/10/20

Problem: Too few customers @ 13

- ii. A recorded plat. If the plat does not provide sufficient detail, Staff may request additional mapping information. Please refer to the mapping guidance in part 2 (above); or
- iii. Digital mapping data in a shapefile (SHP) format georeferenced in either NAD 83 Texas State Plane Coordinate System (US Feet) or in NAD 83 Texas Statewide Mapping System (Meters). The digital mapping data shall include a single, continuous polygon record. The following guidance should be adhered to:
 - a. The digital mapping data must correspond to the same requested area as shown on the general location and detailed maps. The requested area must be clearly labeled as either the water or sewer requested area.
 - b. A shapefile should include six files (.dbf, .shp, .shx, .sbx, .sbn, and the projection (.prj) file).
 - c. The digital mapping data shall be filed on a data disk (CD or USB drives), clearly labeled, and filed with Central Records. Seven (7) copies of the digital mapping data is also required.

Part G: Notice Information

The following information will be used to generate the proposed notice for the application.
DO NOT provide notice until the application is deemed sufficient for filing and the Applicant is ordered to provide notice.

33. Complete the following using verifiable man-made and/or natural landmarks such as roads, rivers, or railroads to describe the requested area (to be stated in the notice documents). Measurements should be approximated from the outermost boundary of the requested area:

The total acreage of the requested area is approximately: ?

Number of customer connections in the requested area: 13

The closest city or town: NOCONA, TEXAS

Approximate mileage to closest city or town center: 6 miles

Direction to closest city or town: West 6mi

The requested area is generally bounded on the North by: Hwy 2634 + Lake NOCONA

NOCONA LAKE Estates is on the East by: FM 1106 Direct Route To NLE

NOT Located in the on the South by: Fm 1956

TOWN of NOCONA on the West by: Fm 3428
TEXAS

34. A copy of the proposed map will be available at _____

Applicant's Oath

STATE OF TEXAS

COUNTY OF MONTAGUE

I, James NELSON
obtain ~~or amend~~ a water ~~or sewer~~ CCN, as

being duly sworn, file this application to

James Nelson, Owner
(owner, member of partnership, title as officer of corporation, or authorized representative)

I attest that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the documents filed with this application, and have complied with all the requirements contained in the application; and, that all such statements made and matters set forth therein with respect to Applicant are true and correct. Statements about other parties are made on information and belief. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Commission.

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

I further represent that the Applicant will provide continuous and adequate service to all customers and qualified applicants within its certificated service area should its request to obtain or amend its CCN be granted.

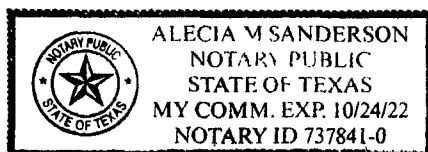
JAMES NELSON James Nelson
AFFIANT
(Utility's Authorized Representative)

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

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for the State of Texas

this day the 19th of June, 2022

SEAL



Alecia M Sanderson

NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

Alecia M. Sanderson

PRINT OR TYPE NAME OF NOTARY

My commission expires: 10/24/22

12/18