



Control Number: 52132



Item Number: 1

Addendum StartPage: 0



PURSUANT TO PUC SUBSTANTIVE RULE § 25.101

# Application for an Amendment to Certificate of Convenience and Necessity for Service Area Boundary Changes

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PUBLIC UTILITY COMMISSION  
FILING CLERK

## Docket Number:

7 copies of the application, including the original, along with one copy of the portable electronic storage medium (such as CD or DVD) containing the GIS data shall be filed with

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

No later than seven days after filing the application for the boundary change, provide a copy of each paper map and a portable electronic storage medium (such as CD or DVD) containing complete and identical data to the portable electronic storage medium submitted above to

Texas Natural Resources Information System  
1700 N. Congress Ave, Room B40  
Austin, Texas 78701

## Part A – Applicant Information

### 1. Applicant

Utility name: Lumberton Municipal Utility District

Certificate number: 10929

Street address: 625 FM 421 Lumberton Texas 77657

Mailing address: PO Box 8065 Lumberton Texas 77657

### 2. Contact information

Name: Robb Starr

Title: District Manager

Mailing address: PO Box 8065 Lumberton Texas 77657

Email: robbs@lumbertonmud.com

Phone: (409) 755-1559

Alternate: Benny Lewis

Title: Operations Manager

Mailing address: PO Box 8065 Lumberton Texas 77657

Email: bennyl@lumbertonmud.com	Phone: (409) 755-1559
Legal counsel: Kate Leverett	Bar number: 24083292
Mailing address: 550 Fannin Suite 400 Beaumont Texas 77701	
Email: kleverett@germer.com	Phone: (409) 813-8004
<b>3. Other affected utility (if more than one, submit information for 3 and 4 on separate sheet labeled "Attachment A3")</b>	
Utility name:	
Certificate number:	
Street address:	
Mailing address:	
<b>4. Other affected utility contact information</b>	
Name:	Title:
Mailing address:	
Email:	Phone:
Alternate:	
Title:	
Mailing address:	
Email:	Phone:
Legal counsel:	
Bar number:	
Mailing address:	
Email:	Phone:

## Part B – Effects

<b>1. Counties</b>
List all counties involved in the proposed boundary change: Hardin County
<b>2. Municipalities</b>
List all municipalities involved in the proposed boundary change. Attach a copy of the franchise, permit, or other evidence (labeled "Attachment B2") of the city's consent held by the utility. If franchise, permit, or other evidence of the city's consent has been previously filed, provide only the docket number of the application in which the consent was filed: There are no other CCN's in this area and it is in an unincorporated area not within any cities boundaries



### 3. Affected utilities

Identify any other utility providing electric service whose existing certificated service area boundary would be affected by the proposed change. State whether the applicant(s) has obtained the agreement of the other affected utilities. Attach a copy of any written agreements with the applicant(s) and other affected utilities (labeled "Attachment B3"):

Identify any other utility serving the proximate area and the effect on that utility of granting the certificate to the recipient of the certificate:

### 4. §37.056 Criteria

Describe the effect of the proposed boundary change on the community values, recreational and park areas, historical and aesthetic values, and environmental integrity. Describe the effect of the proposed boundary change as it relates to the improvement of service or the lowering of cost to consumers in the affected area:

We are applying to increase our CCN to cover customers that we already service and intend to serve in the future. The benefit is that the services that have already been paid to extend to their property will not be lost in the event that someone else files for the same area at a later date. There is no CCN where this property is located.

## Part C – Need and Costs

### 1. Justifications

State the reasons why the proposed boundary change is being requested, including a description of new loads to be served and new facilities to be constructed if the application is granted:

There is a customer that wants our service and is willing to pay for improvements to get our service to the property, which is not currently covered by an existing CCN. We do not want him to pay for the improvements then someone else file an application to cover the area after he has paid for it at a later date. That would cause a change in service provider and the money that he spent extending services would not do him any good.

### 2. Reasons

Describe the existing service in the area affected by the application and explain the need for additional service:

There are existing customers that are border our CCN boundary that have already spent monies to extend services and several just outside our boundary that want our service. We don't want them to lose the investment to their property if someone else were to file to service that area.

### 3. Estimated costs

State the amount of money expected to be expended on new facilities if the application is granted:

50,000.00

### 1. Paper maps

Base maps (labeled “Attachment D1”) shall be a full scale (one inch = one mile) highway map of the county or counties involved, a USGS 7-minute topographical map, subdivision plat map, or other map of comparable scale with sufficient cultural and natural features to permit location of the proposed service area amendment in the field. Show all existing boundaries and the proposed boundaries affected by this application. Show any existing or proposed distribution or transmission lines affected by this application.

### 2. GIS maps

Two portable electronic storage media (such as CDs or DVDs) containing complete and identical data shall be submitted with this application.

All shapefiles shall contain at least four files including, at a minimum:

- .shp – shape format; the feature geometry itself;
- .shx – shape index format; a positional index of the feature geometry to allow seeking forwards and backwards quickly;
- .dbf – attribute format; columnar attributes for each shape in dBase IV format; and
- .prj – projection format; the coordinate system and projection information as a plain text file describing the projection using well-known text format.

Service area boundaries shall be submitted as a **polygon**. Polygons shall be closed without breaks. Intersecting polygons shall be snapped at the intersection without gaps or overshoots. Polygons with common borders shall share a border line to avoid slivers and gaps between polygons.

All files shall have **projection information** embedded in the file. This information is stored in the .prj file. The projection file provides a mathematical process that transforms feature locations from the earth’s curved surface to a map’s flat surface. The projected coordinates system employs a projection to transform locations expressed as latitude and longitude values to X,Y coordinates. Without the projection information, the files may not overlay accurately.

All data shall be provided in a **scale** of 1:24,000 and shall conform to the accuracy standards described in USGS Fact Sheet FS-171-99 or successor Map Accuracy Standards.

Shapefiles shall contain the appropriate attribution to allow the layer to be symbolized according to what the layer is and what it represents. A service area boundary shapefile that is supposed to represent a utility’s service territory shall have the appropriate attributes in the file to see the utility’s name, for example. The other attributes shall also be included in the file. ***The following attributes for service territory boundaries are required and shall follow these naming conventions exactly, minus the information in the parentheses.***

- Utility name
- Type of utility (investor-owned utility/municipally-owned utility/electric cooperative [whichever term applies])
- RTO/ISO (whichever RTO or ISO applies)
- Customers (the total number of customers the utility serves)
- Counties (list all the counties the utility serves, wholly or in part)



## Part E – Affidavit

### **Affidavit**

Attach a sworn affidavit (labeled "Attachment E") from a qualified individual authorized by the applicant to verify and affirm that, to the best of his/her knowledge, all information provided, statements made, and matters set forth in this application and attachments are true and correct. The affidavit shall also confirm that the paper map and portable electronic storage medium containing the GIS data were sent to TNRIIS.




## LMUD CCN AMENDMENT

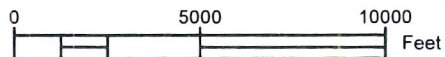
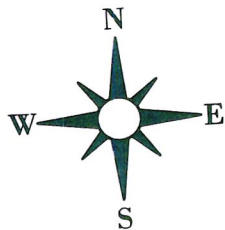
LUMBERTON MUD  
CCN NO. 10929

MAY 2021

### GENERAL LOCATION

#### Legend

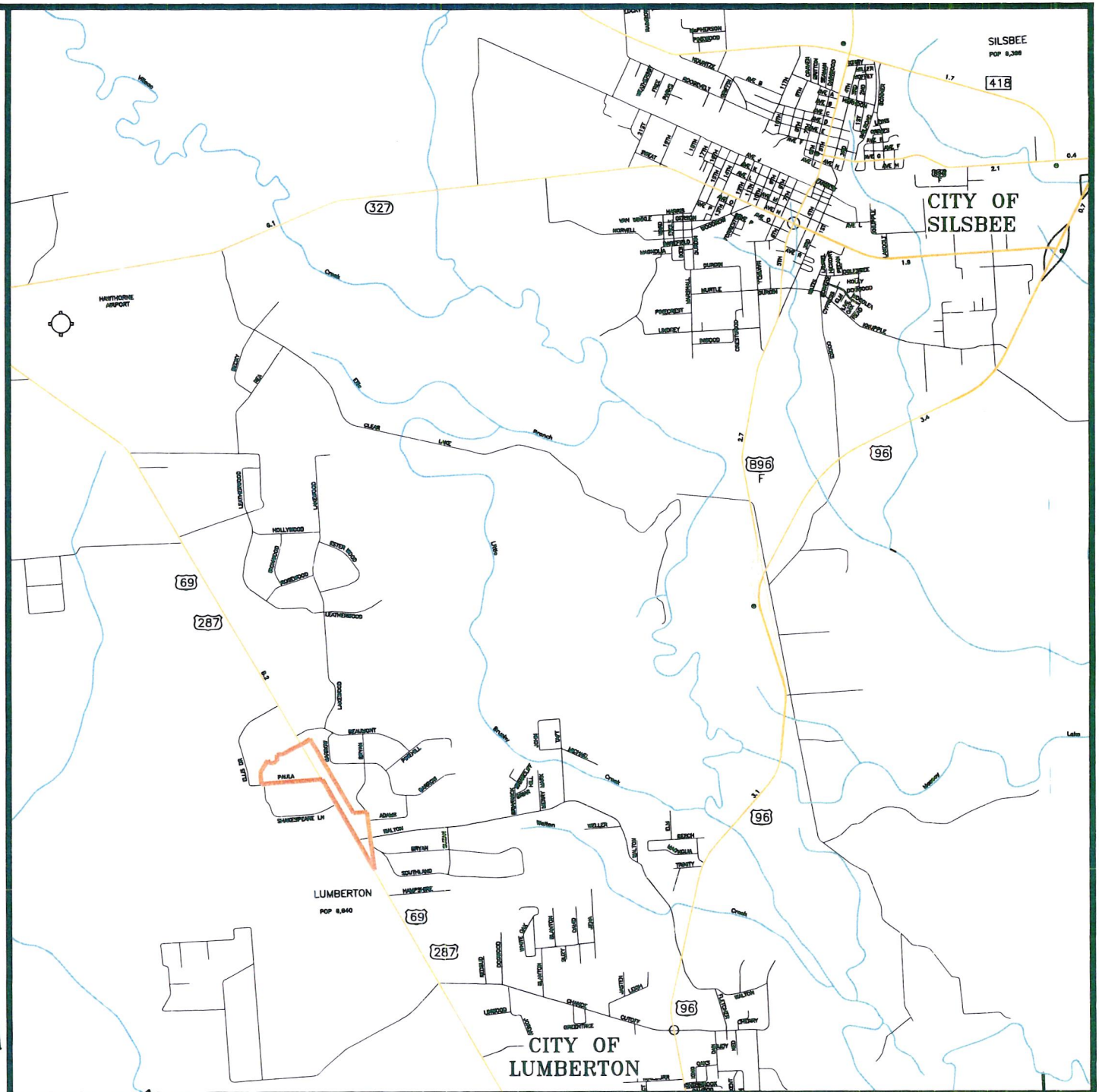
-  REQUESTED AREA TO BE  
ADDED TO LUMBERTON MUD  
CCN NO. 10929
-  ROADWAYS
-  RIVER



**LJA Engineering, Inc.**

2615 Calder Avenue, Suite 500  
Beaumont, Texas 77702

Phone 409.833.3363  
Fax 409.833.0317  
FRN - F-1386






## LMUD CCN AMENDMENT

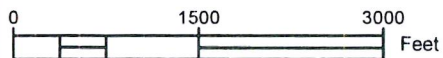
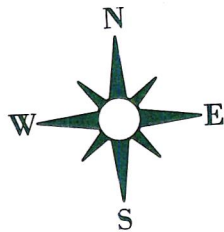
LUMBERTON MUD  
CCN NO. 10929

MAY 2021

### DETAILED MAP

#### Legend

-  REQUESTED AREA TO BE  
ADDED TO LUMBERTON MUD  
CCN NO. 10929
-  ROADWAYS
-  RIVER



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**AFFIDAVIT OF ROBERT STARR**

STATE OF TEXAS

§

COUNTY OF HARDIN

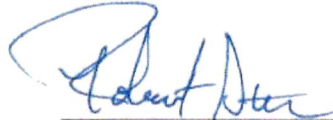
§

BEFORE ME, the undersigned notary, on this day personally appeared Robert Starr the affiant, whose identity is known to me. After I administered an oath, affiant testified as follows:

"My name is Robert Starr and I am over 18 years of age, of sound mind and capable of making this affidavit:

1. "My name is Robert Starr. I am District Manager of the Lumberton Municipal Utility District. I am of sound mind, over 18 years of age, and competent to make this affidavit.
2. "To the best of my knowledge, all information provided, statements made, and matters set forth in this application and attachments are true and correct.
3. "I confirm that a paper map and portable electronic storage medium containing the GIS data were sent to TNRIS.

Affiant further sayeth not."

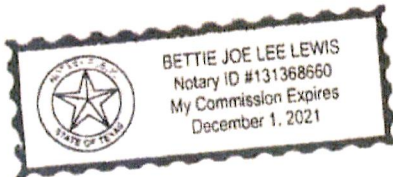


Robert Starr

SIGNED AND SWORN to before me on this 12<sup>th</sup> day of May,  
2021, by Robert Starr



Notary Public-State of Texas



**FLASH DRIVE**  
**ATTACHED**

**TO VIEW PLEASE CONTACT**  
**CENTRAL RECORDS**  
**512-936-7180**