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Control Number - 52172

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DOCKET NO. 52172

APPLICATION OF AQUA TEXAS, INC.	§	
TO AMEND A CERTIFICATE OF	§	PUBLIC UTILITY
CONVENIENCE AND NECESSITY	§	COMMISSION OF TEXAS
IN COLLIN COUNTY	§	

**APPLICANT'S CONFIRMATION OF PUBLICATION
OF NOTICE PURSUANT TO ORDER NO. 2**

TO THE HONORABLE ADMINISTRATIVE LAW JUDGE:

COMES NOW AQUA TEXAS, INC. ("Applicant"), and files this Confirmation of Publication of Notice pursuant to Order No. 2 in this Docket No. 52172, and in support thereof would show the following:

Pursuant to the ALJ's Order No. 2, the Applicant caused "Notice of the Application," as described in the June 28, 2021 Memorandum of Patricia Garcia, filed by Commission Staff in this Docket No. 52171, to be published on two consecutive weeks in the *McKinney Courier Gazette* (the "Gazette"). The *Gazette* is a newspaper of general circulation within Collin County, Texas, the sole county in which the entirety of the situs of the area proposed to be included with the Certificated Service Area contemplated by the Application pending in this Docket No. 52172.

As evidenced by the Publisher's Affidavit, dated July 13, 2021, a true and correct copy of which is appended hereto as Exhibit No. 1, and incorporated by reference for all purposes, the Notice was published on July 4, 2021, and again on July 11, 2021. The Publisher's Affidavit includes copies of the tear sheets from each of the two separate publication dates depicting the "Notice" as published.

Applicant previously mailed notice to those persons and entities described in Ms. Garcia's June 28th Memorandum as directed by ALJ's Order No. 2. Attached hereto as Exhibit No. 2, and

incorporated herein by reference, are true and correct copies of the “green cards” evidencing receipt of that mailed notice.

WHEREFORE, PREMISES CONSIDERED, Petitioner Aqua Texas, Inc., respectfully requests that the Commission accept the enclosed Publisher’s Affidavit, together with the Affidavit of Mailed Notice previously filed on July 1, 2021, in support of the pending Application pursuant to Order No. 2, declare the deadline for intervention to be the 30th day following the publication of Notice on July 11, 2021, and that the Application continue to be processed for final approval.

Respectfully submitted,

MCCARTHY & MCCARTHY, LLP
1122 Colorado St., Suite 2399
Austin, Texas 78701

By: /s/ Edmond R. McCarthy, Jr.
Edmond R. McCarthy, Jr.
State Bar No. 13367200
(512) 904-2313 (Tel)
(512) 692-2826 (Fax)
ed@ermlawfirm.com
ATTORNEYS FOR PETITIONER,
AIRW 2017-7, L.P., a Texas limited partnership

CERTIFICATE OF SERVICE

I hereby certify by my signature below, that on this the 27th day of July, 2021, a true and correct copy of the foregoing was:

- (i) electronically e-filed with the Commission pursuant to Rule 22.74 and the Commission’s Order in Docket No. 50664 addressing Covid-19 Pandemic conditions, and
- (ii) forwarded via postage prepaid regular first-class mail and/or e-mail, where available, to the Parties to Docket No. 52172 or their legal counsel at the locations shown on the service list below.

/s/ Edmond R. McCarthy, Jr.
Edmond R. McCarthy, Jr.

SERVICE LIST

Mr. Merritt Lander
Legal Division
Public Utility Commission of Texas
P.O. Box 13326
Austin, Texas 78711
Tel.: (512) 936-7265
Fax: (512) 936-7268
E-mail: merritt.lander@puc.texas.gov

Representing Public Utility Commission of Texas – Legal Division

Wet Rock Groundwater Resources LLC
Attn: Kaveh Khorzad
317 Ranch Road 620 South, Suite 203
Austin, TX 78734
Tel: (512) 773-3226
E-mail: k.khorzad@wetrocks.com

Representing Aqua Texas, Inc., Applicant

Exhibit “1”

Affidavit of Publication of Notice

PUBLIC UTILITY COMMISSION OF TEXAS



PUBLISHER'S AFFIDAVIT
DOCKET NO. 52172

STATE OF TEXAS
COUNTY OF Collin

Before me, the undersigned authority, on this day personally appeared Joni Craghead,

who being by me duly sworn, deposes and that (s)he is the

Advertising Representative of the McKinney Courier Gazette
(TITLE) (NAME OF NEWSPAPER)

that said newspaper is regularly published in Collin
(COUNTY/COUNTIES)

and generally circulated in Collin, Texas;
(COUNTY/COUNTIES)

and that the attached notice was published in said newspaper on the following dates, to wit:

July 04 2021, July 11, 2021
(DATES)

Joni Craghead
(SIGNATURE OF NEWSPAPER REPRESENTATIVE)

Subscribed and sworn to before me this 13 day of July, 2021,
to certify which witness my hand and seal of office.

Nicholas A. Souders
Notary Public in and for the State of Texas

Nicholas A. Souders
Print or Type Name of Notary Public

Commission Expires 03-06-23

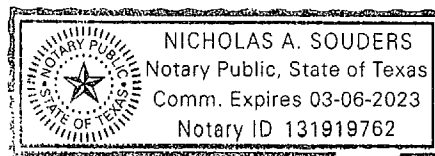
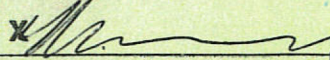






Exhibit “2”


Copies of signed Green Cards

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Manuel Caldera 7-6-21</p>
<p>1. Article Addressed to:</p> <p>City of McKinney P.O. Box 517 McKinney, TX 75070</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 6173 0220 8364 22	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>
<p>2. Article Number (Transfer from service label) 7020 1290 0001 9361 6713</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Josie Jone 7/6/21</p>
<p>1. Article Addressed to:</p> <p>Town of Prosper P.O. Box 307 Prosper, TX 75078</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
 9590 9402 6173 0220 8364 60	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>
<p>2. Article Number (Transfer from service label) 7020 1290 0001 9361 7178</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Conrad 19</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>WRIA 2018-5, LP 2505 N. State Hwy. 360, Ste. 800 Grand Prairie, TX 75050</p>  <p>9590 9402 6173 0220 8364 84</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 7/2</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 1290 0001 9361 6751</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		


Domestic Return Receipt


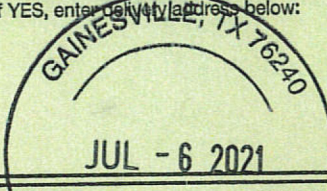
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Conrad 19</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>WRIA 2018-4, LP 2505 N. State Hwy. 360, Ste. 800 Grand Prairie, TX 75050</p>  <p>9590 9402 6173 0220 8364 77</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 7/2</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 1290 0001 9361 7161</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		

Domestic Return Receipt

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Coyle 19</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 7/2</p>
<p>1. Article Addressed to:</p> <p>AIRW 2017-7, LP 2505 N. State Hwy 360, Ste 800 Grand Prairie, TX 75050</p>  <p>9590 9402 6173 0220 8363 92</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (300)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 1290 0001 9361 6744</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Chris Hill</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Hon. Chris Hill Collin County Judge 2300 Bloomdale Rd., Suite 4192 McKinney, TX 75071</p>  <p>9590 9402 6173 0220 8364 39</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.2em;">JUL 02 2021</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (300)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 1290 0001 9361 6706</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Jamie Phileff</i></p> <p>B. Received by (Printed Name) <i>Jamie Phileff</i> C. Date of Delivery <i>7-2-21</i></p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">North Texas Municipal Water District P.O. Box 2408 Wylie, TX 75098</p>  <p style="text-align: center;">9590 9402 6173 0220 8364 53</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">PO BOX 2408 WYLIE, TX 75098</p>														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 1290 0001 9361 6683</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
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<p>1. Article Addressed to:</p> <p style="text-align: center;">North Texas GCD P.O. Box 508 Gainesville, TX 76241</p>  <p style="text-align: center;">9590 9402 6173 0220 8364 46</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center;">  </div>														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 1290 0001 9361 6690</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Insured Mail	
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