



Control Number: 52201



Item Number: 8

Addendum StartPage: 0

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APPLICATION OF UTILITIES
INVESTMENT COMPANY, INC. AND
UIC 113 LLC AND MONARCH
UTILITIES I L.P. FOR SALE,
TRANSFER, OR MERGER OF
FACILITIES AND CERTIFICATE
RIGHTS IN HARRIS, LIBERTY, AND
CHAMBERS COUNTIES

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BEFORE THE
PUBLIC UTILITY COMMISSION
OF TEXAS

**THIRD SUPPLEMENT TO THE APPLICATION OF UTILITIES INVESTMENT
COMPANY INC. AND UIC 13 LLC AND MONARCH UTILITIES I L.P. FOR SALE,
TRANSFER, OR MERGER OF FACILITIES AND CERTIFICATE RIGHTS IN
HARRIS, LIBERTY, AND CHAMBERS COUNTIES**

Utilities Investment Company, Inc. (UIC) and UIC 13 LLC (UIC 13) and Monarch Utilities I L.P. (Monarch) (collectively, Applicants) file with the Public Utility Commission of Texas (Commission) this Third Supplement (Third Supplement) to the Application of UIC and UIC 13 and Monarch for Sale, Transfer, or Merger of Facilities and Certificate Rights in Harris, Liberty, and Chambers Counties (STM Application).

I. PROCEDURAL HISTORY

On June 1, 2021, Applicants filed the STM Application of UIC and UIC 13 and Monarch.¹ On June 2, 2021, the Commission issued Order No. 1, requiring Commission Staff to file comments on the administrative completeness of the application and proposed notice, and requiring Applicants and Commission Staff to file a proposed procedural schedule by July 1, 2021.² On June 17, 2021, Applicants filed the First Supplement to the Application, which included a portion of the revised mapping material requested by Commission Staff. On June 23, 2021,

¹ Application (Jun. 1, 2021).

² Order No. 1 Requiring Comments on Administrative Completeness, Proposed Notice, Proposed Procedural Schedule, Addressing Other Procedural Matters, and Entering Protective Order (Jun. 2, 2021).

Applicants filed the Second Supplement to the Application, in which a complete package of correct mapping materials were filed together in a single filing.

II. THIRD SUPPLEMENT TO THE APPLICATION

Applicants now file this Third Supplement to the Application, which includes Wastewater Permit Transfer Applications submitted by Applicants to the Texas Commission on Environmental Quality (TCEQ) on June 24, 2021. These TCEQ applications only amend and supplement Applicants' response to Question 22B in the original STM Application. Therefore, Applicants file this Third Supplement, including the attached Wastewater Permit Transfer Applications in response to Question 22B, solely for the purposes of Commission Staff's full review of the STM Application.

Respectfully submitted,

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

/s/ Taylor P. Denison

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ATTORNEYS FOR
MONARCH UTILITIES I L.P.

CERTIFICATE OF SERVICE

I certify that, unless otherwise ordered by the presiding officer, notice of the filing of this document was provided to all parties of record via electronic mail on June 25, 2021, in accordance with the Order Suspending Rules, issued in Project No. 50664.

/s/ Taylor P. Denison

TAYLOR P. DENISON



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? WQ0014172001

What is the EPA I.D. Number? TX 0121126

What is the Current Name on the Permit?

Utilities Investment

What is the Customer Number (CN) for the current permittee? CN 600633093

What is the Regulated Entity Reference Number (RN): RN 102806593

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?

Monarch Utilities I L.P.

B. What is the Customer Number (CN) issued to this entity? CN 602740706

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?

N/A

B. What is the Customer Number (CN) issued to this entity? CN N/A

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: Chuck Barry

Title: Environmental Health & Safety Manager Credentials: None

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Pkwy STE 140

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

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@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: Chuck Barry

Title: Environmental Health & Safety Manager Credentials: None

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Pkwy STE 140

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

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@swwc.com

SECTION 6. SITE INFORMATION

Site Name: Spring Cypress WWTP

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

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

Landowner Name: Utilities Investment 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: Utilities Investment Inc

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: 200.00

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? December 1, 2021

SECTION 9. REPORTING AND BILLING INFORMATION

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

First and Last Name: Chuck Barry

Title: Environmental Health & Safety Manger Credentials: None

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Pkwy STE 140

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

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@swwc.com

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

First and Last Name: Ed Taussig

Title: Finance Director Credentials: None

Company Name: SouthWest Water Company

Mailing Address: 12535 Reed Road

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

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

E-mail Address: etaussig@swwc.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes ☐ No ☒

Do you owe any penalties to the TCEQ? Yes ☐ No ☒

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

None

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: VIC / SHAWN MANSU

Title: President

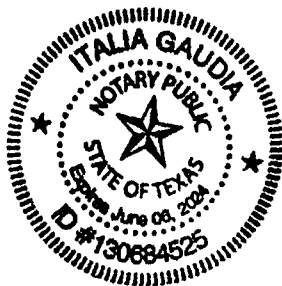
Signature: [Signature] Date: 6/13/21

SUBSCRIBED AND SWORN to before me by the said Shawn Mansu on

this 18th day of June, 20 21

My commission expires on the 6th day of June, 20 24

(Seal)



[Signature]

Notary Public

Morgan County
County, Texas

TRANSFeree SIGNATURE (New Facility Owner)

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 owner 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 Owner: Chuck Barry

Title: Environmental Health & Safety Manager

Signature: Chuck Barry

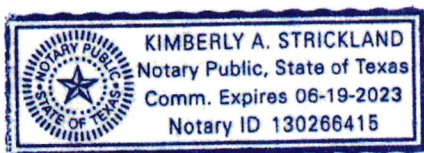
Date: June 24, 2021

SUBSCRIBED AND SWORN to before me by the said Chuck Barry on

this 24TH day of JUNE, 20 21

My commission expires on the 19TH day of JUNE, 20 21

(Seal)



Kim Strickland

Notary Public KIM STRICKLAND

WILLIAMSON COUNTY

County, Texas



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.) <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) <input type="checkbox"/> Other		
2. Customer Reference Number (if issued) CN 602740706	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued) RN 102806593

SECTION II: Customer Information

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

SECTION III: Regulated Entity Information

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

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City					State	Nearest ZIP Code	
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
34. Mailing Address:							
	City		State		ZIP		ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
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39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

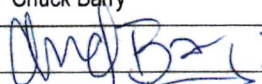
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
0014172001				

SECTION IV: Preparer Information

40. Name:			41. Title:		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
() -		() -			

SECTION V: Authorized Signature

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

Company:	Monarch Utilities I LP	Job Title:	Environmental Health & Safety Manager	
Name (In Print):	Chuck Barry	Phone:	(512) 531- 6271	
Signature:		Date:	June 24, 2021	



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? WQ0012863001

What is the EPA I.D. Number? TX 0094650

What is the Current Name on the Permit?

Orchard Crossing WWTP

What is the Customer Number (CN) for the current permittee? CN 600633093

What is the Regulated Entity Reference Number (RN): RN 102800240

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?

Monarch Utilities I L.P.

B. What is the Customer Number (CN) issued to this entity? CN 602740706

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?

N/A

B. What is the Customer Number (CN) issued to this entity? CN N/A

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: Chuck Barry

Title: Environmental Health & Safety Manager Credentials: 72 10/20/2017

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Pkwy STE 140

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

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@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: Chuck Barry

Title: Environmental Health & Safety Manager Credentials: 72 10/20/2017

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Pkwy STE 140

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

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@swwc.com

SECTION 6. SITE INFORMATION

Site Name: 1620 Grand Avenue Pkwy STE 140

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

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

Landowner Name: Utilities Investment Co 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: Utilities Investment Co Inc.

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: 162

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? December 1, 2021

SECTION 9. REPORTING AND BILLING INFORMATION

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

First and Last Name: Chuck Barry

Title: Environmental Health & Safety Manager Credentials:

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Pkwy STE 140

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

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@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, Texas 77478

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

E-mail Address: etaussig@swwc.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes ☐ No ☒

Do you owe any penalties to the TCEQ? Yes ☐ No ☒

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

15

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: Vic (Shannon) Marsh

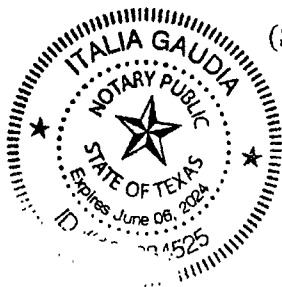
Title: President

Signature: [Signature] Date: 6/18/21

SUBSCRIBED AND SWORN to before me by the said Shannon Marsh on

this 18th day of June, 20 21

My commission expires on the 6th day of June, 20 24



(Seal)

[Signature]
Notary Public

Montgomery County
County, Texas

TRANSFeree SIGNATURE (New Facility Owner)

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 owner 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 Owner: Chuck Barry

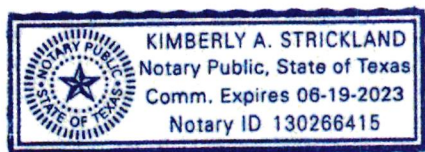
Title: Environmental Health & Safety Manager

Signature: Chuck Barry Date: June 24, 2021

SUBSCRIBED AND SWORN to before me by the said Chuck Barry on
this 24th day of JUNE, 20 21

My commission expires on the 19th day of JUNE, 20 21

(Seal)



Kim Strickland
Notary Public KIM STRICKLAND
WILLIAMSON COUNTY
County, Texas



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.) <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) <input type="checkbox"/> Other	
2. Customer Reference Number (if issued) CN 602740706	3. Regulated Entity Reference Number (if issued) RN 102800240

Follow this link to search
for CN or RN numbers in
Central Registry**

SECTION II: Customer Information

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

SECTION III: Regulated Entity Information

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

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City					State	Nearest ZIP Code	
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
34. Mailing Address:							
	City		State		ZIP		ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code		38. Fax Number <i>(if applicable)</i>			
() -				() -			

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

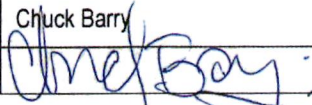
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
0012863001				

SECTION IV: Preparer Information

40. Name:			41. Title:		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
() -		() -			

SECTION V: Authorized Signature

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

Company:	Monarch Utilities I LP	Job Title:	Environmental Health & Safety Manager
Name (In Print):	Chuck Barry	Phone:	(512) 531- 6271
Signature:		Date:	June 24, 2021



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? WQ0013882001

What is the EPA I.D. Number? TX 0070769

What is the Current Name on the Permit?

Aldine Village

What is the Customer Number (CN) for the current permittee? CN 604676981

What is the Regulated Entity Reference Number (RN): RN 102807070

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?

Monarch Utilities I L.P.

B. What is the Customer Number (CN) issued to this entity? CN 602740706

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?

N/A

B. What is the Customer Number (CN) issued to this entity? CN N/A

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: Chuck Barry

Title: Environmental Health & Safety Manager Credentials: 6 yrs

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Pkwy STE 140

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

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@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: Chuck BarryTitle: Environmental Health & Safety Manager Credentials: 1. Environmental Health & Safety Manager

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Pkwy STE 140

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

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@swwc.com

SECTION 6. SITE INFORMATION

Site Name: _____

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

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

Landowner Name: UIC 13 LLC

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: UIC 13 LLC / Shannon Marsh

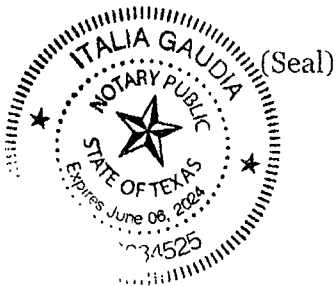
Title: President

Signature: S Date: 6/13/21

SUBSCRIBED AND SWORN to before me by the said Shannon Marsh on

this 18th day of JUNE, 20 21

My commission expires on the 6th day of JUNE, 20 24



[Signature]
Notary Public

Montgomery County
County, Texas

TRANSFeree SIGNATURE (New Facility Owner)

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 owner 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 Owner: Chuck Barry

Title: Environmental Health & Safety Manager

Signature: _____

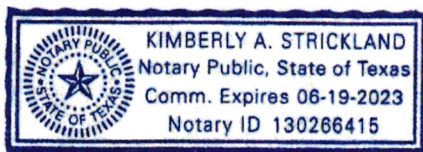
Date: _____

SUBSCRIBED AND SWORN to before me by the said Chuck Barry on

this 24TH day of JUNE, 2021

My commission expires on the 19TH day of JUNE, 2021

(Seal)



Kim Strickland

Notary Public KIM STRICKLAND

WILLIAMSON COUNTY

County, Texas



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.) <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) <input type="checkbox"/> Other	
2. Customer Reference Number (if issued) CN 602740706	3. Regulated Entity Reference Number (if issued) RN 102807070

Follow this link to search
for CN or RN numbers in
Central Registry**

SECTION II: Customer Information

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

SECTION III: Regulated Entity Information

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

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City	State				Nearest ZIP Code		
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
34. Mailing Address:							
	City		State		ZIP		ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
() -				() -			

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

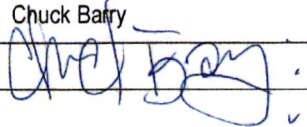
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
0013882001				

SECTION IV: Preparer Information

40. Name:			41. Title:		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
() -		() -			

SECTION V: Authorized Signature

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

Company:	Monarch Utilities I LP	Job Title:	Environmental Health & Safety Manager
Name (In Print):	Chuck Barry	Phone:	(512) 531- 6271
Signature:		Date:	JUNE 24, 2021