

Filing Receipt

Received - 2021-08-25 11:53:54 AM Control Number - 52410 ItemNumber - 12

#### **DOCKET NO. 52410**

APPLICATION OF CSWR-TEXAS	§	
UTILITY OPERATING COMPANY LLC	§	
AND LEON SPRINGS UTILITY	§	PUBLIC UTILITY COMMISSION
COMPANY, INC. FOR SALE,	§	FUBLIC UTILITY COMMISSION
TRANSFER, OR MERGER OF	§	OF TEXAS
FACILITIES AND CERTIFICATE	§	OF TEAAS
RIGHTS IN BEXAR COUNTY	§	
	§	

# CSWR-TEXAS UTILITY OPERATING COMPANY, LLC'S FIRST SUPPLEMENT TO APPLICATION

CSWR-Texas Utility Operating Company, LLC ("CSWR Texas" or the "Company") submits this First Supplement to its Application. The Company is providing the following supplemental information to its application:

- An updated Highly Sensitive Attachment G to the Application to include consolidated financial information and a supporting memorandum. The supplemental attachment is highly sensitive for the same reasons stated in Attachment O, Statement of Confidentiality, of the Application filed on August 10, 2020, and is being provided accordingly.
- An updated response to Question 22.B on page 9 of the application to reflect the submittal date of the wastewater permit transfer application. The updated page 9 of the application and a copy of the permit transfer application is attached to this pleading.

Respectfully submitted,

L. Russell Mitten General Counsel Central States Water Resources, Inc. 1650 Des Peres Rd., Suite 303 St. Louis, MO 63131 (314) 380-8595 (314) 763-4743 (Fax)

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ATTORNEYS FOR CSWR TEXAS UTILITY OPERATING COMPANY, LLC

# **CERTIFICATE OF SERVICE**

I hereby certify that on this 25<sup>th</sup> day of August 2021, a true and correct copy of the foregoing document was served on all parties of record via electronic mail in accordance with the Order Suspending Rules issued in Project No. 50664.

Evan D. Johnson

		Part F: TCEQ Public Water System or Sew	er (V	Vastev	vater) Information	
(		ete Part F for <u>EACH</u> Public Water or Sewer system to be the a separate sheet with this information if you need mo				
22.	Α.	For Public Water System (PWS):				
		TCEQ PWS Identification Numb	er: _			(7 digit ID)
		Name of PW	VS:			
		Date of last TCEQ compliance inspection				
	В.	For Sewer service:	_			
	TCEQ Water Quality (WQ) Discharge Permit Number:			WQ 14	4376 <b>-</b> 001	(8 digit ID)
		Name of Wastewater Facili	_			
				Bridgewood Wastewater Treatment Facility		
			-			(attach TCEQ letter)
		Date of last TCEQ compliance inspection	_		.,	(anaen Telle foliof)
		Subdivisions serve	_			
		Date of application to transfer permit <u>submitted</u> to TCE	£Q: <u>/</u>	August	24, 2021	
23.	List	the number of <u>existing</u> connections, by meter/connection ty	pe, to	be aff	ected by the proposed	l transaction:
	Wat	er		Sewer		
		Non-metered 2"		1,209	Residential	
		5/8" or 3/4" 3"			Commercial	
		1" 4"			Industrial	
		1 ½" Other			Other	
		Total Water Connections:		Т	otal Sewer Connection	1,209
24.	<ul> <li>A. Are any improvements required to meet TCEQ or Commission standards?</li> <li>No Yes</li> <li>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):</li> </ul>					ies to meet the TCEQ or
						Father L.C. at
	See	Description of the Capital Improvement:  Attachments H and J	Esti	matea	Completion Date:	Estimated Cost:
		C. Is there a moratorium on new connections?				
		No Yes:				
25.	Does	the system being transferred operate within the corporate b	ound	laries o	f a municipality?	
		No Yes: City of San Antonio, Texas	s			(name of municipality)
		If yes, indicate the num	ber o	f custo	mers within the munic	cipal boundary.
		Water:			Sewer: _1,209	

# Coffin Renner

August 24, 2021

Texas Commission on Environmental Quality Application for Review and Processing Team MC 148 P. O. Box 13087 Austin, TX 78711-3087

Re: Application to Transfer a Wastewater Permit, TPDES Permit No. WQ0014376001 filed by CSWR –Texas Utility Operating Company, LLC

Review and Processing Team:

Enclosed is the Application to Transfer a Wastewater Permit filed by CSWR-Texas Utility Operating Company, LLC ("CSWR Texas") to transfer TPDES Permit No. WQ0014376001 from Leon Springs Utility Company ("Leon Springs") to CSWR Texas ("Permit Transfer Application"). TPDES Permit No. WQ0014376001 was most recently renewed on April 27, 2020. Unless renewed, the permit expires April 27, 2025.

CSWR Texas intends to file an Application for Sale, Transfer, or Merger ("STM") of a Retail Public Utility with the Public Utility Commission of Texas ("PUCT") concurrently with this application. CSWR Texas, through that application, seeks the transfer of the assets and certificate of convenience and necessity ("CCN") of Leon Springs to CSWR Texas. The attached Permit Transfer Application is necessary to comply with the requirements of Section 22 of the PUCT's STM application.

CSWR Texas does not seek to affect the transfer until the PUCT approves the Company's STM application and the acquisition is consummated. In the event the Company does not consummate the transaction, the enclosed Permit Transfer Application will be withdrawn.

Please let me know if you require any additional information.

The authorized representatives for this application are:

Enrique Chavez Jr., Utility Project Manager Jay Favor, Director, Environmental Health & Safety CSWR—Texas Utility Company, LLC 1650 Des Peres Rd., Suite 303 St. Louis, MO 63131 314-380-8537 echavez@cswgroup.com jfavor@cswrgroup.com

# Coffin | Renner

and

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evan.johnson@crtxlaw.com

Thank you for your attention to this matter. Please do not hesitate to contact me if you have any questions.

Best regards,

Gene Montes

Attorney for CSWR-Texas Utility Operating

Company, LLC

# TCEQ

## 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	<b>Permit</b>	Number?	W	2001437600
What	is the	Permit	Number?	W	<u> 2001437600</u>

What is the EPA I.D. Number? TX <u>0090603</u>

What is the Current Name on the Permit?

**Leon Springs Utility Company** 

What is the Customer Number (CN) for the current permittee? CN600649396

What is the Regulated Entity Reference Number (RN): RN 103145603

For Publicly Owned Treatment Works (POTWs) Only:

a)	Does this perm	nit require i	mplementation of an approved pretreatment program by the
	POTW?	Yes □	No 🗆
b)	NOTE: The d permit will h instructions for	omestic re be cancelle	omestic reclaimed water authorization associated with it? claimed water authorization associated with this ed on the same date the transfer took place. See rmation.

## **SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION**

- A. What is the Legal Name of the facility owner?

  CSWR Texas Utility Operating Company, LLC
- B. What is the Customer Number (CN) issued to this entity? CN 605844786
- 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: Enrique Chavez Jr.

Title: Utility Project Manager Credentials: 1997 (1997)

Company Name: CSWR - Texas Utility Operating Company, LLC

Mailing Address: 1650 Des Peres Rd., Suite 303 City, State, and Zip Code: St. Louis, MO 63131

Phone Number: <u>314-380-8043</u> Fax Number: <u>314-763-4743</u>

E-mail Address: echavez@cswrgroup.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: Fred Kriess

Title: Regional Director of Utility Acquisitions Credentials:

Company Name: CSWR - Texas Utility Operating Company

Mailing Address: 1650 Des Peres Rd., Suite 303 City, State, and Zip Code: St. Louis, MO 63131

Phone Number: 314 380 8501 Fax Number: 314-736-4756

E-mail Address: fkriess@cswrgroup.com

#### **SECTION 6. SITE INFORMATION**

Site Name: Bridgewood Hills Wastewater Treatment Facility

#### **SECTION 7. LEASE AND EASEMENT REQUIREMENTS**

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

Landowner Name: The current landowner is Leon Springs Utility Company. This application is being filed in conjunction with a sale, transfer, merger (STM) application at the Texas Public Utility Commission (PUC). Once the STM is approved CSWR—Texas Utility Operating Company, LLC anticipates that it will ultimately become the landowner.

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: The current landowner is Leon Springs Utility Company. This application is being filed in conjunction with a sale, transfer, merger (STM) application at the Texas Public Utility Commission (PUC). Once the STM is approved CSWR — Texas Utility Operating Company, LLC anticipates that it will ultimately become the landowner If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

### **C.** For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres:

#### **SECTION 8. TRANSFER DATE**

What is the date that the transfer of operator or ownership will occur? To be transferred within 120 days from approval of the Sale Transfer or Merger (STM) by the Texas Public Utility Commission. If the STM is not approved this application is hereby withdrawn.

#### **SECTION 9. REPORTING AND BILLING INFORMATION**

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

First and Last Name: Ali Alexander

Title: Environmental Compliance Officer Credentials:

Company Name: CSWR - Texas Utility Operating Company, LLC

Mailing Address: <u>1650 Des Peres Rd., Suite 303</u> City, State, and Zip Code: <u>St. Louis, MO 63131</u>

Phone Number: 314 380-8533 Fax Number: 314 736-4744

E-mail Address: aalexander@cswrgroup.com

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

First and Last Name: Krista Obernuefemann

Title: Accounts Payable Clerk Credentials: Chellanet Dentity of

Company Name: CSWR - Texas Utility Operating Company, LLC

Mailing Address: 1650 Des Peres Rd, Suite 303 City, State, and Zip Code: St. Louis, MO 63131

Phone Number: 314-380-8515 Fax Number: 314-736-4743

E-mail Address: krista@cswrgroup.com

# SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes  $\square$  No  $\boxtimes$ 

Do you owe any penalties to the TCEQ? Yes  $\square$  No  $\boxtimes$ 

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

CHR have to some boot

# 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: Lean Springs U	tility lampany
Title: President	, ,
Signature: <u>An Burtos</u> Gene Bortosh	Date:
SUBSCRIBED AND SWORN to before me	by the said GENE BARTOSH on
this 17th day of August	
My commission expires on the 9th	_day of Stotanter_, 20,25
(Seal)	Notary Public
Lillian Felice Narvaez My Commission Expires 09/20/2025 ID No. 131287533	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: Josiah Cox	
Title: President Signature:	Date: 8/17/202
Ingliature.	Date. D/ 1/300
SUBSCRIBED AND SWORN to before m	e by the said Revoler on
this 174h day of Augus	,2021
My commission expires on the 134	day of NOVEM Der, 20,22
	merande Klauder
(Seal)	Notary Public
MERANDA K. KEUBLER My Commission Expires	St. Willis
November 13, 2022	County, Texas Missour

Commission #14631487