



Control Number: 53335



Item Number: 1

53335



# Application to Obtain or Amend a Water or Sewer Certificate of Convenience and Necessity (CCN)

Pursuant to 16 Texas Administrative Code (TAC) Chapter 24, Substantive Rules Applicable to Water and Sewer Service Providers, Subchapter G: Certificates of Convenience and Necessity

## CCN Application Instructions

- I. **COMPLETE:** In order for the Commission to find the application sufficient for filing, you should be adhere to the following:
  - i. Answer every question and submit all required attachments.
  - ii. Use attachments or additional pages if needed to answer any question. If you use attachments or additional pages, reference their inclusion in the form.
  - iii. Provide all mapping information as detailed in Part F: Mapping & Affidavits.
  - iv. Provide any other necessary approvals from the Texas Commission on Environmental Quality (TCEQ), or evidence that a request for approval is being sought at the time of filing with the Commission.
- II. **FILE:** Seven (7) copies of the completed application with numbered attachments. One copy should be filed with no permanent binding, staples, tabs, or separators; and 7 copies of the portable electronic storage medium containing the digital mapping data.
 

**SEND TO:** Public Utility Commission of Texas, Attention: Filing Clerk, 1701 N. Congress Avenue, P.O. Box 13326, Austin, Texas 78711-3326 (NOTE: Electronic documents may be sent in advance of the paper copy; however, they will not be processed and added to the Commission's on-line Interchange until the paper copy is received and file-stamped in Central Records.)
- III. The application will be assigned a docket number, and an administrative law judge (ALJ) will issue an order requiring Commission Staff to file a recommendation on whether the application is sufficient. The ALJ will issue an order after Staff's recommendation has been filed:
  - i. **DEFICIENT (Administratively Incomplete):** Applicant will be ordered to provide information to cure the deficiencies by a certain date (usually 30 days from ALJ's order). **Application is not accepted for filing.**
  - ii. **SUFFICIENT (Administratively Complete):** Applicant will be ordered by the ALJ to give appropriate notice of the application using the notice prepared by Commission Staff. **Application is accepted for filing.**
- IV. Once the Applicant issues notice, a copy of the actual notice sent (including any map) and an affidavit attesting to notice should be filed in the docket assigned to the application. Recipients of notice may choose to take one of the following actions:
  - i. **HEARING ON THE MERITS:** an affected party may request a hearing on the application. The request must be made within 30 days of notice. If this occurs, the application may be referred to the State Office of Administrative Hearings (SOAH) to complete this request.
  - ii. **LANDOWNER OPT-OUT:** A landowner owning a qualifying tract of land (25+ acres) may request to have their land removed from the requested area. The Applicant will be requested to amend its application and file new mapping information to remove the landowner's tract of land, in conformity with this request.
- V. **PROCEDURAL SCHEDULE:** Following the issuance of notice and the filing of proof of notice in step 4, the application will be granted a procedural schedule for final processing. During this time the Applicant must respond to hearing requests, landowner opt-out requests, and requests for information (RFI). The Applicant will be requested to provide written consent to the proposed maps, certificates, and tariff (if applicable) once all other requests have been resolved.
- VI. **FINAL RECOMMENDATION:** After receiving all required documents from the Applicant, Staff will file a recommendation on the CCN request. The ALJ will issue a final order after Staff's recommendation is filed.

### FAQ:

#### Who can use this form?

Any retail public utility that provides or intends to provide retail water or wastewater utility service in Texas.

#### Who is required to use this form?

A retail public utility that is an investor owned utility (IOU) or a water supply corporation (WSC) must use this form to obtain or amend a CCN prior to providing retail water or sewer utility service in the requested area.

#### What is the purpose of the application?

A CCN Applicant is required to demonstrate financial, managerial, and technical (FMT) capability to provide continuous and adequate service to any requested area. The questions in the application are structured to support an Applicant's FMT capabilities, consistent with the regulatory requirements.

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## Application Summary

**Applicant:** City of Bangs

**CCN No. to be amended:** 11093

or ☐ Obtain NEW CCN ☒ Water ☐ Sewer

**County(ies) affected by this application:** Brown

**Dual CCN requested with:** Brookesmith SUD

CCN No.: 10435 (name of retail public utility) ☒ Portion or ☐ All of requested area

**Decertification of CCN for:** City of Bangs

CCN No.: 11093 (name of retail public utility) ☒ Portion or ☐ All of requested area

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### Please mark the items included in this filing

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

**Part A: Applicant Information**

1. A. Name: City of Bangs  
(individual, corporation, or other legal entity)  
☐ Individual ☐ Corporation ☐ WSC ☒ Other: Municipality
- B. Mailing Address: 109 s First st PO Box 188 Bangs Texas, 76823
- Phone No.: (325) 752-6223 Email: pubworks@cityofbangs.org
- C. Contact Person. Please provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney, accountant, or other title.
- Name: Billy Jordan Title: Director of Public Works
- Mailing Address: 109 s First st PO Box 188 Bangs Texas, 76823
- Phone No.: (325) 998-9132 Email: pubworks@cityofbangs.org
2. If the Applicant is someone other than a municipality, is the Applicant currently paid in full on the Regulatory Assessment Fees (RAF) remitted to the TCEQ?  
☐ Yes ☐ No ☒ N/A
3. If the Applicant is an Investor Owned Utility (IOU), is the Applicant current on Annual Report filings with the Commission?  
☐ Yes ☒ No If no, please state the last date an Annual Report was filed: \_\_\_\_\_
4. The legal status of the Applicant is:
- ☐ Individual or sole proprietorship
- ☐ Partnership or limited partnership (*attach* Partnership agreement)
- ☐ Corporation: Charter number (recorded with the Texas Secretary of State): \_\_\_\_\_
- ☐ Non-profit, member-owned, member controlled Cooperative Corporation [Article 1434(a) Water Supply or Sewer Service Corporation, incorporated under TWC Chapter 67]  
Charter number (as recorded with the Texas Secretary of State): \_\_\_\_\_
- ☐ Articles of Incorporation and By-Laws established (*attach*)
- ☒ Municipally-owned utility
- ☐ District (MUD, SUD, WCID, FWSD, PUD, etc.)
- ☐ County
- ☐ Affected County (a county to which Subchapter B, Chapter 232, Local Government Code, applies)
- ☐ Other (please explain): \_\_\_\_\_
5. If the Applicant operates under an assumed name (i.e., any d/b/a), provide the name below:  
Name: City of Bangs



**Part B: Requested Area Information**

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

The City of Bangs has a two inch pvc waterline that cannot service any additional customers at an adequate amount of water pressure. The City Of Bangs has discussed this with Brookesmith SUD that overlaps our ccn. Brookesmith SUD services customers in this immediate aera with an eight inch pvc waterline with plenty of capacity for future customers.

7. The requested area (check all applicable):

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

Municipality: City Of Bangs District: \_\_\_\_\_

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

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

The City Of Bangs has noticed a customer clearing a pasture within our ccn and wanted to have the documents approved from the proper authority and in order so to be able to quickly provide the potential customer with available water if the customer decides that he would like ~~to~~ potable water available at this location.

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

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

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

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

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

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

B. Date Plans & Specifications or Discharge Permit App. submitted to TCEQ: No

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

NA

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

NA

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

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

The City of Bangs waterline is on the West side of FM 1849 and Brookesmith SUD services the East side 1849 within a eighth mile from the outer boundary.

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

☐

Yes\*

☒

No

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

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

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

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

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

This will not effect any retail public utility and will not alter compliance or economic effects

**Part C: CCN Obtain or Amend Criteria Considerations**

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

This will impact land owners in a positive way by increasing water pressure.

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

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

☐ Yes\* ☒ No

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

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

The enviromental integrity of the land will not be interrupted or have any negative impact. the only activity that would occur is that if a land owner may want to purchase a water meter. If a water meter is purchased this will require escavating and placing service pipe to the land owners property.

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

The City of Bangs water meter is located on the south side of hwy 67/84. The customers line comes from the City of Bangs meter and runs under the highway and travels North.



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

Brookesmith SUD is the only utility distric in the aera.

#### Part D: TCEQ Public Water System or Sewer (Wastewater) Information

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

| TCEQ PWS ID:  | Name of PWS: | Date of TCEQ inspection*: | Subdivisions served: |
|---------------|--------------|---------------------------|----------------------|
| <del>NA</del> | NA           |                           | NA                   |
|               |              |                           |                      |
|               |              |                           |                      |
|               |              |                           |                      |

\*Attach evidence of compliance with TCEQ for each PWS

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

| TCEQ Discharge Permit No: | Date Permit expires: | Date of TCEQ inspection*: | Subdivisions served: |
|---------------------------|----------------------|---------------------------|----------------------|
| WQ-NA                     |                      |                           |                      |
| WQ-                       |                      |                           |                      |
| WQ-                       |                      |                           |                      |
| WQ-                       |                      |                           |                      |

\*Attach evidence of compliance with TCEQ for each Discharge Permit

- C. The requested CCN service area will be served via: PWS ID: 10435 Brookesmith SUD  
WQ -

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

| Water                    |              |  |       | Sewer                    |             |
|--------------------------|--------------|--|-------|--------------------------|-------------|
|                          | Non-metered  |  | 2"    |                          | Residential |
|                          | 5/8" or 3/4" |  | 3"    |                          | Commercial  |
|                          | 1"           |  | 4"    |                          | Industrial  |
|                          | 1 1/2"       |  | Other |                          | Other       |
| Total Water Connections: |              |  |       | Total Sewer Connections: |             |

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

| Water                    |              |  |       | Sewer                    |             |
|--------------------------|--------------|--|-------|--------------------------|-------------|
|                          | Non-metered  |  | 2"    |                          | Residential |
|                          | 5/8" or 3/4" |  | 3"    |                          | Commercial  |
|                          | 1"           |  | 4"    |                          | Industrial  |
|                          | 1 1/2"       |  | Other |                          | Other       |
| Total Water Connections: |              |  |       | Total Sewer Connections: | £ 0         |



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

☒ Yes\* ☐ No

\*Attach a copy of purchase agreement or contract.

Capacity is purchased from:

Water: BCWID

Sewer: NA

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

☐ Yes ☒ No

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

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

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

☒ Yes ☐ No

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

| Name (as it appears on license) | Class | License No. | Water/Sewer |
|---------------------------------|-------|-------------|-------------|
|                                 |       |             |             |
|                                 |       |             |             |
|                                 |       |             |             |
|                                 |       |             |             |

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

☐ Yes ☒ No

- B. Provide details on each required major capital improvement necessary to correct deficiencies to meet the TCEQ or Commission standards (attach any engineering reports or TCEQ approval letters):

| Description of the Capital Improvement: | Estimated Completion Date: | Estimated Cost: |
|---|----------------------------|-----------------|
|   |                            |                 |
|   |                            |                 |
|   |                            |                 |
|   |                            |                 |

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

## Part E: Financial Information

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

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

A. Effective date for most recent rates: \_\_\_\_\_

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

☒ No ☐ Yes

Application or Docket Number: \_\_\_\_\_

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

NA

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

30. **Financial Information**

Applicants must provide accounting information typically included within a balance sheet, income statement, and statement of cash flows. If the Applicant is an existing retail public utility, this must include historical financial information and projected financial information. However, projected financial information is only required if the Applicant proposes new service connections and new investment in plant, or if requested by Commission Staff. If the Applicant is a new market entrant and does not have its own historical balance sheet, income statement, and statement of cash flows information, then the Applicant should establish a five-year projection.

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

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

**Projected Financial Information** may be shown by providing any of the following:

1. Completed Appendix B;
2. Documentation that includes all of the information required in Appendix B in a concise format;
3. A detailed budget or capital improvement plan, which indicates sources and uses of funds required, including improvements to the system being transferred; or
4. A recent budget and capital improvements plan that includes information needed for analysis of the operations test for the system being transferred and any operations combined with the system. This may be provided electronically by providing a uniform resource locator (URL) or a link to a website portal.

31. Attach a disclosure of any affiliated interest or affiliate. Include a description of the business relationship between all affiliated interests and the Applicant.

**DO NOT INCLUDE ATTACHMENTS A OR B IF LEFT BLANK**

#### **Part F: Mapping & Affidavits**

32. Provide the following mapping information with each of the seven (7) copies of the application:

1. A general location (small scale) map identifying the requested area in reference to the nearest county boundary, city, or town. The Applicant should adhere to the following guidance:
  - i. If the application includes an amendment for both water and sewer certificated service areas, separate maps must be provided for each.
  - ii. A hand drawn map, graphic, or diagram of the requested area is not considered an acceptable mapping document.
  - iii. To maintain the integrity of the scale and quality of the map, copies must be exact duplicates of the original map. Therefore, copies of maps cannot be reduced or enlarged from the original map, or in black and white if the original map is in color.
2. A detailed (large scale) map identifying the requested area in reference to verifiable man-made or natural landmarks such as roads, rivers, and railroads. The Applicant should adhere to the following guidance:
  - i. The map should be clearly labeled and the outer boundary of the requested area should be marked in reference to the verifiable man-made or natural landmarks. These verifiable man-made and/or natural landmarks must be labeled and marked on the map as well.
  - ii. If the application includes an amendment for both water and sewer certificated service area, separate maps need to be provided for each.
  - iii. To maintain the integrity of the scale and quality of the map, copies must be exact duplicates of the original map. Therefore, copies of maps cannot be reduced or enlarged from the original map, or in black and white if the original map is in color.
3. One of the following identifying the requested area:
  - i. A metes and bounds survey sealed or embossed by either a licensed state land surveyor or a registered professional land surveyor. Please refer to the mapping guidance in part 2 (above);

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

#### Part G: Notice Information

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

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

The total acreage of the requested area is approximately: 5

Number of customer connections in the requested area: 2

The closest city or town: Bangs

Approximate mileage to closest city or town center: 3

Direction to closest city or town: West

The requested area is generally bounded on the North by: \_\_\_\_\_

on the East by: The Fence

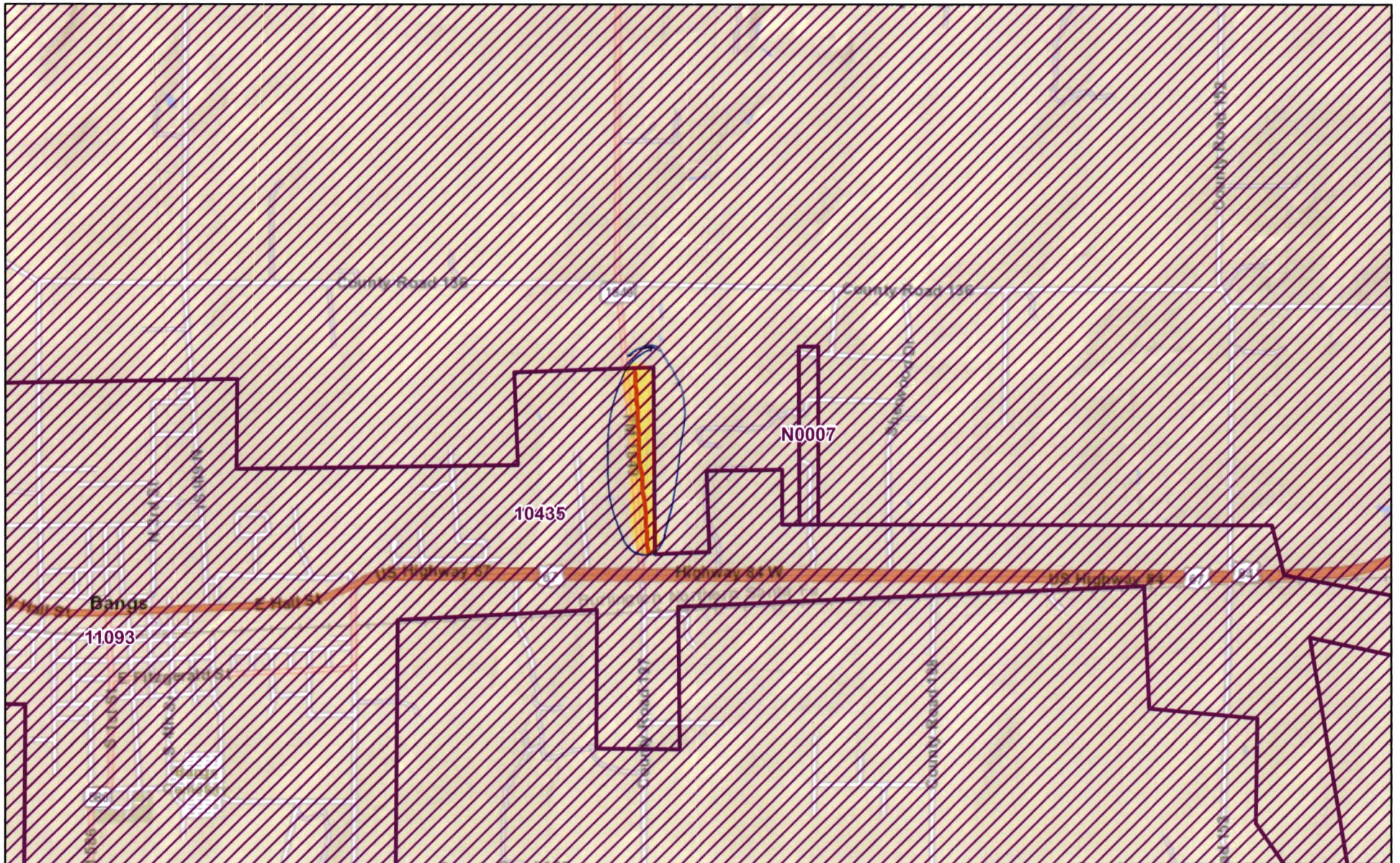
on the South by: The Fence

on the West by: \_\_\_\_\_

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

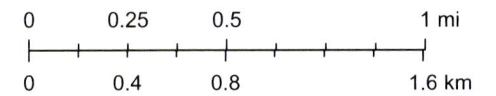


# Public Utility Commission



January 10, 2022

1:36,112



Esri, HERE, Garmin, INCREMENT P, NGA, USGS



## Applicant's Oath

STATE OF Texas

COUNTY OF Brown

I, Billy Jordan being duly sworn, file this application to  
obtain or amend a water or sewer CCN, as 11093

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

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

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

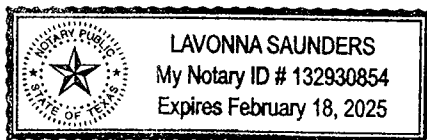
I further represent that the Applicant will provide continuous and adequate service to all customers and qualified applicants within its certificated service area should its request to obtain or amend its CCN be granted.

Public Works Director / Billy Jordan  
AFFIANT  
(Utility's Authorized Representative)

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

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for the State of Texas  
this day the 1 of March, 2020.

SEAL



Lavonna Saunders  
NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS  
Lavonna Saunders  
PRINT OR TYPE NAME OF NOTARY

My commission expires: 2/18/25