



PURSUANT TO PUC CHAPTER 24, SUBSTANTIVE RULES APPLICABLE TO WATER AND SEWER SERVICE PROVIDERS, SUBCHAPTER G: CERTIFICATES OF CONVENIENCE AND NECESSITY

# Petition to Discontinue Service (and Cancel) a Certificate of Convenience and Necessity

**Docket Number:** \_\_\_\_\_

(this number will be assigned by the Public Utility Commission after your application is filed)

7 copies of the application, including the original shall be filed with

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

If submitting digital map data, two copies of the portable electronic storage medium (such as CD or DVD) are required.

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## General Information and Instructions

### General Information

Any water or sewer utility that wishes to discontinue operations must first receive approval from the Public Utility Commission of Texas (PUC or commission). If the applicant has a Certificate of Convenience and Necessity (CCN) which it has been operating under, cancellation of that CCN is also necessary.

The filing of this application does not constitute approval to discontinue operations. The applicant must continue providing service at its current rates until the date of cessation approved by the commission. If the utility does not have a CCN and this application is withdrawn or denied, the utility must immediately submit an application for a CCN.

During the pendency of this application, the applicant is advised to attempt to find a willing buyer for the utility or another service provider in the area willing to operate the system and/or provide service to the area involved.

You must answer each question on the application completely. If you need additional space you may attach additional sheets clearly labeled with the applicant's name. If a question is not applicable, please mark it N/A and briefly explain why the question does not apply.

**NOT LEAVE ANY QUESTIONS BLANK.**

### Application Package

A complete application package must include 7 copies, including the original of each of the following (per §22.71. of the Commission's Procedural Rules):

1. The completed application form, including the oath and any attachments;
2. The following maps:  
 Texas State Department of Highways and Public Transportation County Map (1 inch = miles) showing the location of the applicant's service area.  
*If this application is to cancel a CCN and discontinue service, attach a copy of the existing CCN map identifying the CCN area to be cancelled. A copy of the existing CCN map may be obtained from the CCN holder's official file. The commission's Central Records Office maybe contacted by phone at 512-936-7180.*
3. The proposed notice for publication, the individual notice to cities and neighboring systems, and notice to current customers. (Do not publish or send these proposed notices to neighboring utilities or customers until you are notified to do so in writing by the TCEQ staff after the proposed notices have been reviewed for completeness). It is the applicant's responsibility to provide complete and accurate notice of the application as prescribed by the commission.
4. No required filing fee.
5. The following applicable information:

- a. For water and sewer systems, the most recent TCEQ inspection report letter(s); and
  - b. Applicant's response to the TCEQ regarding any deficiencies noted in the inspection report letter(s).
6. The State Comptroller's "Certification of Account Status" for all for-profit corporations. Certification can be obtained from:

*Comptroller of Public Accounts, Office Management*

P.O. Box 13528  
Austin, Texas 78711-3528  
1-800-252-5555

7. Any other attachments necessary or required to complete this application.

The completed application package should be sent to:

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

## Processing of Petition to Discontinue Service

Your petition to discontinue service will be reviewed for completeness by the commission staff within ten (10) working days after it is received in our offices. An application is not accepted for filing until it is determined to be complete. If the application is complete, you will be notified by mail to provide a copy of the individual notice to current customers, neighboring cities and systems within two (2) miles of your service area and you may also be told to publish notice once each week for two (2) consecutive weeks in a newspaper of general circulation in your local area and county.

If the application is incomplete, you will be sent a letter describing what is needed to correct the deficiencies. After receiving that letter, you will have thirty (30) days to make the necessary corrections. If you fail to make the corrections, the application will be returned if you are operating a system without a CCN, you may be referred to the Enforcement Division for further action.

## Notice Requirements

The commission cannot consider a petition to discontinue service until proper notice of the application has been given. **It is the applicant's responsibility to ensure that proper notice is given.** Both attached forms must be completed and submitted with the application. The commission staff will review your proposed notices for completeness before directing you to provide the appropriate notice to current customers, neighboring cities and systems and publication, if required. The commission may require the applicant to publish notice once each week for two consecutive weeks in a newspaper of general circulation in the county of operation which shall include the sale price of the facilities; the name and mailing address of the owner of the retail public utility; and the business telephone of the retail public utility.

# NOTICE FOR PUBLICATION

*NOTICE OF CESSATION OF OPERATIONS AND DISCONTINUANCE OF WATER/SEWER UTILITY SERVICE AND CANCELLATION OF CERTIFICATE OF CONVENIENCE AND NECESSITY NO.* [REDACTED]

IN [REDACTED] COUNTY(IES), TEXAS.

(Name of Utility) [REDACTED] has filed a petition with the Public Utility Commission of Texas to cease operations; discontinue providing water/sewer utility service and cancel Certificate of Convenience and Necessity No.: [REDACTED] in

[REDACTED] County(ies) Texas. The proposed effective date of this action is [REDACTED]. The anticipated effect of the cessation of operations on the rates and services provided to the customers is that service provided will cease and rates charged for that service area will no longer be collected by this utility. The water/sewer utility service area is located approximately [REDACTED] miles of

[REDACTED], Texas and is generally bounded by [REDACTED]

(Direction)

(General Location)

in [REDACTED], and as specified in detail maps filed with the

(County Seat)

Public Utility Commission of Texas and available for review at the utility's office at:

[REDACTED]  
(Utility's Business Address)

The utility will sell the facilities to a qualified buyer willing to continue utility operations for \$ [REDACTED]

The Owner [REDACTED]

(Owner's Name)

may be contacted at: [REDACTED]

(Owner's Address)

or by telephoning: [REDACTED]

(Owner's Telephone Number)

If you wish to protest or comment on this petition, you should notify the utility and must file your protest in writing with the Filing Clerk, Public Utility Commission of Texas, 1701 North Congress Avenue, P.O. Box 13326, Austin, Texas 78711-3326 within (30) days of the date of this notice. Only those individuals who submit a written protest will receive notice if a hearing is scheduled.

**Si desea informacion en Espanol, puede llamar al 1-888-782-8477**

**NOTICE FOR CUSTOMERS AND NEIGHBORING UTILITIES**

*NOTICE OF CESSATION OF OPERATIONS AND DISCONTINUANCE OF WATER/SEWER UTILITY SERVICE AND CANCELLATION OF CERTIFICATE OF CONVENIENCE AND NECESSITY NO.*

\_\_\_\_\_ IN \_\_\_\_\_ COUNTY(IES), TEXAS.

TO: \_\_\_\_\_ Date Notice Mailed \_\_\_\_\_  
(Neighboring Utility of Affected Party)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

(Name of Utility) \_\_\_\_\_

has filed a petition with the Public Utility Commission of Texas to cease operations; discontinue providing water/sewer utility service and cancel Certificate of Convenience and Necessity

No. \_\_\_\_\_ in \_\_\_\_\_

County (ies) Texas. The proposed effective date of this action is \_\_\_\_\_. The anticipated effect of the cessation of operations on the rates and services provided to the customers is that service provided will cease and rates charged for that service area will no longer be collected by this utility. The water/sewer utility service area is located approximately \_\_\_\_\_ miles \_\_\_\_\_ of \_\_\_\_\_

(Direction) (County Seat)

Texas, and is generally bounded by \_\_\_\_\_, and as specified in detail maps filed  
(General Location)

with the Public Utility Commission of Texas and available for review at the utility's office at the utility's office at: \_\_\_\_\_

(Petitioning Utility's Business Address)

\_\_\_\_\_

The utility will sell the facilities to a qualified buyer willing to continue utility operations for \$ \_\_\_\_\_. The Owner \_\_\_\_\_ may be contacted at:

(Owner's Name)

\_\_\_\_\_ or by telephoning: \_\_\_\_\_

(Owner's Address)

(Owner's Telephone Number's)

If you wish to protest or comment on this petition, you should notify the utility and must file your protest in writing with the Filing Clerk, Public Utility Commission of Texas, 1701 North Congress Avenue, P.O. Box 13326, Austin, Texas 78711-3326, within (30) days of the date of this notice. Only those individuals who submit a written protest will receive notice if a hearing is scheduled.

\_\_\_\_\_  
(Utility's Representative) (Utility Name)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

**Si desea informacion en Espanol, puede llamar al 1-888-782-8477**

**PETITION TO DISCONTINUE WATER/SEWER SERVICE  
AND/OR CANCEL CERTIFICATE OF CONVENIENCE  
AND NECESSITY (CCN)**

1. Applicant

(Individual, Corporation or Other Legal Entity)

Utility Name: If different from above:

(Address)

(City, State, Zip-Code)

(Area Code/Number)

2. Applicant is a(n): (Please check one)

Investor owned utility

Partnership

Individual

Municipality

Home or Property Owners Association

District

For-profit corporation

Non-profit, member-owned, member-controlled cooperative corporation

(Water Code Chapter 67, Water Supply or Sewer Service Corporation)

Other Please Explain:

3. The purpose of this application is to  cancel a Certificate of Convenience and Necessity (CCN) No.(s)  and to discontinue  Water or  Sewer Service to the

(Name of Subdivisions or Area)

with a proposed discontinuance date of  (Date)

4. Applicant is providing utility service in the following county(ies):

5. Is any portion of service area inside any incorporated city or district?  Yes  No

6. How far is this service are from the corporate city limits of the nearest incorporated city or district?

Miles

( Name of City or District)

From:  (Direction)

7. If the applicant is operating other retail public water or sewer systems not included in this petition, please provide the following information:

Name of Water or Sewer System	CCN Number	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Please complete the applicable section of this question. Only one section will apply to your utility.

A. INDIVIDUAL

Name

Address (City/ST/ZIP/Code)

Phone Number and Fax

Tax Identification Number (Social Security Number for Individuals):

B. PARTNERSHIP, CORPORATION, ARTICLE 1434A WATER SUPPLY OR SEWER SERVICE CORPORATION, HOMEOWNERS OR PROPERTY OWNERS ASSOCIATION, DISTRICT OR MUNICIPALITY

List the name, positions held, and address of each partner or officer.

Name	Address	City	State	Zip Code
------	---------	------	-------	----------

(Position and/or % of Ownership)	(Area Code-Telephone No.)			
----------------------------------	---------------------------	--	--	--

Name	Address	City	State	Zip Code
------	---------	------	-------	----------

(Position and/or % of Ownership)	(Area Code-Telephone No.)			
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Name	Address	City	State	Zip Code
------	---------	------	-------	----------

(Position and/or % of Ownership)	(Area Code-Telephone No.)			
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Name	Address	City	State	Zip Code
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(Position and/or % of Ownership)	(Area Code-Telephone No.)			
----------------------------------	---------------------------	--	--	--

If the applicant is a for-profit corporation, please provide a copy of the corporation's "Certification of Account Status" from the State Comptroller's Office.

9. List the name, address, and telephone number of the person to be contacted regarding this application and indicate if this person is the Owner, Operator, Engineer, Attorney, or other title.

Name	(Title)
------	---------

Address	City	State	Zip Code	(Area Code-Telephone no.)
---------	------	-------	----------	---------------------------

10. If applicant has retained an attorney, engineer or other consultant for purposes of preparing this application, please provide: (If none has been retained, please mark "N/A.")

(Name)	(Title)
--------	---------

Address

City

State Zip Code

Area Code-Telephone No.

11. Please explain in detail why the applicant is requesting to discontinue service. Please attach any documents required to support this explanation.

[Redacted area for question 11]

12. Please explain in writing the efforts that have been made to ensure that the current customers will continue to receive continuous and adequate service if the utility is approved to cease operations.

[Redacted area for question 12]

13. When did service begin? [Redacted]

A. Is the applicant the original owner of this system? [Redacted] Yes [Redacted] No

If the answer is "No," please answer the following questions to the best of your ability.

- 1. When was the system acquired? [Redacted]
- 2. What was the purchase price? [Redacted]
- 3. Who was the immediate preceding owner?

(Name)

(Address)

(City, State, Zip Code)

(Area Code-Telephone No.)

B. If the system is for sale, the applicant's current asking price for the system is \$ [Redacted]  
Please explain how this price was determined: [Redacted]

[Redacted area for question B]

C. If the applicant is **not** the owner of the system, please provide the following information. If the applicant is the owner, go to question D. below.

1. Name, mailing address and phone number of owner.

[Redacted area for question C.1]

2. Attach a copy of the agreement with the owner allowing applicant to operate the system.

D. List the dates that Applicant's rates have changed since September 1, 1976.  
(Not applicable to Cities and Political Subdivisions)

[Redacted area for question D]

14. List the number of existing metered (by size) and unmetered connections, as of



(date application was prepared)

TCEQ Water System		TCEQ Sewer System	
Connection	Existing	Connection	Existing
5/8" or 3/4" meter	<input type="text"/>	Residential	<input type="text"/>
1" meter or larger	<input type="text"/>	Commercial	<input type="text"/>
Non-Metered	<input type="text"/>	Industrial	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	Other: <input type="text"/>	<input type="text"/>
<b>Total Water</b>		<b>Total Sewer</b>	

15. Do you currently purchase water or sewer treatment capacity from another source?

- A.  No (skip the rest of this question and go to #16)
- B. Water  Yes  
 Purchased on a  seasonal  regular  emergency basis?

Water Source	% of total supply
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- C. Sewer treatment capacity  Yes:  
 Purchased on a  seasonal  regular  emergency basis?

Sewer Source	% of total supply
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

D. Provide a signed and dated copy of the most current water and/or sewer treatment capacity purchase agreement or contract.

16. Please provide the following information for **each** water and/or sewer system:

A. Water system's TCEQ Public Water System identification number(s):

; 
  ; 
   
 ; 
  ;

B. Sewer system's TCEQ Discharge Permit number(s) (for each system)

WQ -  ; 
 WQ -

1. Date of last TCEQ inspection()
2. Attach a copy of the most recent inspection report letter(s).
3. For each water and/or sewer system deficiency listed in the inspection report letter(s), attach a

copy of the response to the TCEQ regarding any deficiencies noted in the letters and a brief explanation listing the actions taken or being taken by the utility to correct any outstanding deficiencies listed in the letter(s), including the proposed completion dates.

17. Please provide the name, class and license number of the applicant's certified operator.

Name	Classes	License Number

18. List all neighboring utility service providers providing the same type of service and any cities within two miles of Applicant's proposed certificate area.

AFTER THE APPLICANT'S PROPOSED NOTICES ARE APPROVED, THE APPLICANT MUST NOTIFY EACH OF THE ENTITIES LISTED ABOVE AND CUSTOMERS USING THE NOTICE FORM INCLUDED IN THIS APPLICATION. THE APPLICANT MUST THEN PROVIDE A SWORN STATEMENT THAT NOTICE WAS GIVEN TO THE PUBLIC UTILITY COMMISSION OF TEXAS. PUBLISHED NOTICE MAY ALSO BE REQUIRED. IT IS THE APPLICANT'S BURDEN TO PROVIDE COMPLETE AND ACCURATE NOTICE OF THE APPLICATION.

19. Attach the following maps with each copy of the application: (All maps should include Applicant's name, address, telephone number and date of drawing or revision).

Map delineating the current service area(s). If there is no current CCN, a map showing where the Applicant is providing water and/or sewer service. If this application is to cancel a CCN and discontinue service, attach a copy of the CCN map identifying the CCN area(s) to be canceled with the area highlighted so that it can be easily identified.

20. Please attach a tariff or other documentation which outlines all of the utility's current rates and service rules.

**ALL APPLICABLE QUESTIONS MUST BE ANSWERED FULLY.**

**THE APPLICATION WILL NOT BE ACCEPTED FOR FILING WITHOUT MAPS, ALL REQUIRED ATTACHMENTS AND COMPLETED NOTICES.**

**PLEASE NOTE THAT THE FILING OF THIS APPLICATION DOES NOT CONSTITUTE AUTHORITY TO CEASE OR TERMINATE THE OPERATION OF THE WATER/SEWER SYSTEM.**

OATH

STATE OF [redacted]  
COUNTY OF [redacted]

I, [redacted], being duly sworn, file this application as [redacted] (indicate relationship to Applicant, that is, owner, member of partnership, title as officer of corporation, or other authorized representative of Applicant); that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the maps filed with this application, and have complied with all the requirements contained in this application; and, that all such statements made and matters set forth therein are true and correct. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Public Utility Commission of Texas.

**I further represent that the applicant will not cease operations and will continue to provide water/sewer utility service to all customers until such time as the Public Utility Commission of Texas approves cessation of operations.**

[redacted]

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 TO BEFORE ME, a Notary Public in and for the State of Texas, this d  
day [redacted] of [redacted] 20 [redacted]

SEAL

[redacted]

NOTARY PUBLIC IN AND FOR  
THE STATE OF TEXAS

[redacted]

PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES