



Texas Commission on Environmental Quality

PO Box 13087, MC-160, Austin, Texas 78711-3087
Telephone (512) 239-4691, FAX (512) 239-4770

APPLICATION FOR AMENDMENT TO A WATER RIGHT

Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol.

Customer Reference Number (if issued): CN 601359623

Note: If you do not have a Customer Reference Number, complete Section II of the Core Data Form (TCEQ-10400) and submit it with this application.

1. Name: Lake Proctor Irrigation Authority
Address: 3020 Northwest Loop
Stephenville, TX 76401
Phone Number: 254-965-7321 Fax Number: 254-965-4246
Ext: 2137

2. Applicant owes fees or penalties?

Yes No

If yes, provide the amount and the nature of the fee or penalty as well as any identifying number:

3. Permit No. _____ Certificate of Adjudication No. 12-3557

Stream: _____ Watershed: _____

Reservoir (present condition, if one exists): _____

County: _____

4. Proposed Changes To Water Right Authorizations:

need to use reservoir to store Brazos River Authority
purchased contract water to be pumped from Lake Proctor

(Attach additional page as necessary, attach map/plot depicting project location, diversion point, place of use, and other pertinent data).

5. I understand the Agency may require additional information in regard to the requested amendment before considering this application.

Will Cutlers
Name (sign)

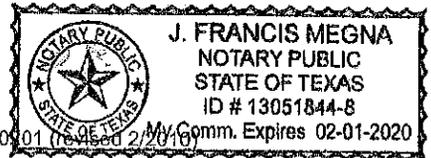
Name (sign)

Will Cutlers
Name (print)

Name (print)

Subscribed and sworn to me as being true and correct before me this _____ day of _____

May, 2016.



J. Francis Megna
Notary Public, State of Texas

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WATER AVAILABILITY DIV.

Supplemental Diversion Point Information Sheet

Diversion Point No. _____

1) Watercourse: _____

Location of point of diversion at Latitude 32.0387°N, Longitude -98.55877°W, also, bearing _____, _____ feet (distance) from the _____ corner of the _____

AJ Stephens Original Survey No. _____, Abstract No. 923, in Comanche County, Texas. (Provide the latitude and longitude coordinates in decimal degrees, to at least six decimal places. Indicate the method used to calculate the diversion point location).

3) Location from County Seat: 8 miles in a N direction from Comanche County, Texas.

Location from nearby town (if other than County Seat): _____ miles in a _____ direction from _____, a nearby town shown on county highway map.

4) Zip Code: 76442

5) The diversion will be (check (✓) all appropriate boxes and if applicable, indicate whether existing or proposed):

| | Existing | Proposed |
|--|----------|----------|
| Directly from stream | | |
| From an on-channel reservoir | X | |
| From a stream to an off-channel reservoir | | |
| From a stream to an on-channel reservoir | | |
| From an off-channel reservoir | | |
| Other method (explain fully, use additional sheets if necessary) | | |

6) Rate of Diversion (Check (✓) applicable provision):

1. Diversion Facility:

A. 800 Maximum gpm (gallons per minute)

- 1) 2 Number of pumps
- 2) electric turbine Type of pump
- 3) 1000 gpm, Pump capacity of each pump
- 4) Portable pump _____ Yes or No

____ 2. If by gravity:

A. _____ Headgate _____ Diversion Dam _____ Maximum gpm

B. _____ Other method (explain fully - use additional sheets if necessary)

7) The drainage area above the diversion point is _____ acres or _____ square miles.

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Supplemental Dam/Reservoir Information Sheet

Dam (structure), Reservoir and Watercourse Data

A. Type of Storage Reservoir (indicate by checking (✓) all applicable)

on-channel off-channel existing structure proposed structure* exempt structure**

* Applicant shall provide a copy of the notice that was mailed to each member of the governing body of each county and municipality in which the reservoir, or any part of the reservoir, will be located as well as copies of the certified mailing cards.

** TWC Section 11.143 for uses of water for other than domestic, livestock, or fish and wildlife from an existing, exempt reservoir with a capacity of 200 acre-feet or less. Please complete Paragraph 6 below if proceeding under TWC 11.143.

Date of Construction 1969

B. Location of Structure No. _____

1) Watercourse: unfamed tributary to Leon Live

2) Location from County Seat: 8 miles in a N direction from Comanche County, Texas.

Location from nearby town (if other than County Seat): _____ miles in a _____ direction from _____, a nearby town shown on county highway map.

3) Zip Code: 76442

4) The dam will be/is located in the A.S. Stephens Original Survey No. _____, Abstract No. 923 in Comanche County, Texas.

5) Station _____ on the centerline of the dam is _____° _____ (bearing), _____ feet (distance) from the _____ corner of _____ Original Survey No. _____, Abstract No. _____, in _____ County, Texas, also being at Latitude _____°N, Longitude _____°W. (Provide the latitude and longitude coordinates in decimal degrees, to at least six decimal places. Indicate the method used to calculate the diversion point location).

C. Reservoir:

1) Acre-feet of water impounded by structure at normal maximum operating level: _____

2) Surface area in acres of reservoir at normal maximum operating level: _____

D. The drainage area above the dam is _____ acres or _____ square miles.

E. Other:

1) If this is a U.S. Natural Resources Conservation Service (NRCS) (formerly Soil Conservation Service (SCS)) floodwater-retarding structure, provide the Site No. _____ and watershed project name _____

2) Do you request authorization to close the "ports" or "windows" in the service spillway

Yes No

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Supplemental Discharge Point Information Sheet

Discharge Point No. or Name: _____

1) Select the appropriate box for the source of water being discharged:

Treated effluent

Groundwater

Other _____

2) Location of discharge point will be/is at Latitude _____ ° N, Longitude _____ ° W,

also bearing _____ °, _____ feet from the _____ corner of the _____

Original Survey No. _____, Abstract No. _____, in _____ County, Texas.

Provide the latitude and longitude coordinates in decimal degrees, to at least six decimal places, and indicate the method used to calculate the diversion point location. (i.e., GPS Unit, USGS 7.5 Topographic Map, etc.)

3) Location from County Seat: _____ miles in a _____ direction from _____,
_____ County, Texas.

Location from nearby town (if other than County Seat): _____ miles in a _____
direction from _____, a nearby town shown on county highway map.

4) Zip Code: _____

5) Water will be discharged into _____ stream/reservoir,
(tributaries) _____
_____ Basin.

6) Water will be discharged at a maximum rate of _____ cfs (_____ gpm).

7) The amount of water that will be discharged is _____ acre-feet per year.

8) The purpose of use for the water being discharged will be _____.

9) Additional information required:

For groundwater

1. Provide water quality analysis and 24 hour pump test for the well if one has been conducted.
2. Locate and label the groundwater well(s) on a USGS 7.5 Minute Topographic Map
3. Provide a copy of the groundwater well permit if it is located in a Groundwater Conservation District.
4. What aquifer the water is being pumped from?

For treated effluent

1. What is the TPDES Permit Number? Provide a copy of the permit.
2. Provide the monthly discharge data for the past 5 years.
3. What % of treated water was groundwater, surface water?
4. If any original water is surface water, provide the base water right number.



TCEQ Core Data Form RECEIVED

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 817-239-5176.

SECTION I: General Information

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| | |
|---|--|
| 1. Reason for Submission (If other is checked please describe in space provided) | |
| <input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application) | WATER AVAILABILITY DIV. |
| <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | <input type="checkbox"/> Other |
| 2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.) | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A copy of original permit with map. | |
| 3. Customer Reference Number (if issued) | 4. Regulated Entity Reference Number (if issued) |
| CN 601359623 | RN |

SECTION II: Customer Information

| | | | |
|--|---|---|---|
| 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | | 5/1/2016 | |
| 6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following: | | | |
| <input type="checkbox"/> Owner | <input checked="" 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: _____ |
| 7. General Customer Information | | | |
| <input checked="" type="checkbox"/> New Customer | <input type="checkbox"/> Update to Customer Information | <input type="checkbox"/> Change in Regulated Entity Ownership | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State) | | <input type="checkbox"/> No Change** | |
| **If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information. | | | |
| 8. Type of Customer: | | | |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship- D.B.A | |
| <input type="checkbox"/> City Government | <input type="checkbox"/> County Government | <input type="checkbox"/> Federal Government | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Other Government | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other: _____ |
| 9. Customer Legal Name (If an individual, print last name first; ex: Doe, John) | | If new Customer, enter previous Customer below | |
| Lake Proctor Irrigation Authority | | End Date: | |
| 10. Mailing Address: | | | |
| 3020 Northwest Loop | | | |
| Attn: Allison Nitsche | | | |
| City | State | ZIP | ZIP + 4 |
| Stephenville | TX | 76401 | |
| 11. Country Mailing Information (if outside USA) | | 12. E-Mail Address (if applicable) | |
| | | | |
| 13. Telephone Number | 14. Extension or Code | 15. Fax Number (if applicable) | |
| 254 965 7321 | 2137 | () - | |
| 16. Federal Tax ID (9 digits) | 17. TX State Franchise Tax ID (11 digits) | 18. DUNS Number (if applicable) | 19. TX SOS Filing Number (if applicable) |
| 7517998531 | — | | |
| 20. Number of Employees | | 21. Independently Owned and Operated? | |
| <input checked="" 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 | <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> No |

SECTION III: Regulated Entity Information

| | | | |
|--|--|---|---|
| 22. 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 | <input checked="" type="checkbox"/> No Change** (See below) |
| **If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information. | | | |
| 23. Regulated Entity Name (name of the site where the regulated action is taking place) | | | |
| Lake Proctor Irrigation Authority | | | |

| | | | | | | | |
|---|-----------------------------------|--|-------|--|-----|-------|---------|
| 24. Street Address of the Regulated Entity: (No P.O. Boxes) | 3020 Northwest Loop | | | | | | |
| | City | Stephenville | State | TX | ZIP | 76401 | ZIP + 4 |
| 25. Mailing Address: | | | | | | | |
| | City | | State | | ZIP | | ZIP + 4 |
| 26. E-Mail Address: | | | | | | | |
| 27. Telephone Number | 28. Extension or Code | | | 29. Fax Number (if applicable) | | | |
| () - | | | | () - | | | |
| 30. Primary SIC Code (4 digits) | 31. Secondary SIC Code (4 digits) | 32. Primary NAICS Code (5 or 6 digits) | | 33. Secondary NAICS Code (5 or 6 digits) | | | |
| | | | | | | | |
| 34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.) | | | | | | | |
| Irrigation District | | | | | | | |

Questions 34 - 37 address geographic location. Please refer to the instructions for applicability.

| | | | | | | | |
|---------------------------------------|---|---------------|-------------------------------|---------|------------------|--|--|
| 35. Description to Physical Location: | Reservoir located on H&TC RR Survey # A-983, Wolfe Pecan land Dev. 33, Lot 32 | | | | | | |
| 36. Nearest City | County | | State | | Nearest ZIP Code | | |
| Deleon | Comanche | | TX | | 76444 | | |
| 37. Latitude (N) In Decimal: | | | 38. Longitude (W) In Decimal: | | | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | | |
| 37 | 37 | 37 | | | | | |

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 or the updates may not be made. If your Program is not listed, check other and write it in. 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"/> 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"/> Stormwater | <input type="checkbox"/> Title V - Air | <input type="checkbox"/> Tires | <input type="checkbox"/> Used Oil | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Voluntary Cleanup | <input type="checkbox"/> Waste Water | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights | <input checked="" type="checkbox"/> Other: |

SECTION IV: Preparer Information

Want to store water along with adjudicated water

| | | | |
|----------------------|---------------|----------------|-------------------------|
| 40. Name: | Will Cullers | 41. Title: | Operator |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address |
| (575) 644 9511 | | (-) | willcullers@hotmail.com |

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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

| | | | |
|------------------|---------------|------------|----------------|
| Company: | Cullers Farms | Job Title: | Manager |
| Name (In Print): | Will Cullers | Phone: | (575) 644 9511 |
| Signature: | | Date: | 5/11/2016 |