

Membership Application Form

submit completed application by email to Ricky Garrett r.garret@wcid#1.org

SECTION A: APPLICANT INFORMATION

| Legal Name of Util Mailing Address: | ity or GCD: City of Killeen | | |
|--|--|-------------------------|-------------------|
| · · | P.O. Box 1329 | | |
| City: | Killeen | | |
| Zip: | Killeen 76540 | | |
| State: | Texas | | |
| Physical Address of | Utility Office (if different): | | |
| Street: | 101 North College Street | | |
| City: | Killeen 76541 | | |
| Zip: | 76541 | | |
| State: | Texas | | |
| | ne: Kent Cagle | | |
| Phone: 254-501-77 | 700 | | |
| Email: | kcagle@killeentexas.gov | | |
| Public Utility E WCID, SUD, W Select Key Sta | d Utility bundwater Conservation District ntity / Political Subdivision inc SC, City or Municipality. tutory Governing Code from dr | opdown: Select One | |
| SECTION B: REC | GULATORY ACCOUNTABIL | LIITY | |
| TCEQ Public Water | Supply (PWS) Number: | 140,006.00 | |
| TCEQ Certificate o | f Convenience & Necessity (CC) | N) Number: <u>10041</u> | |
| | reated or Incorporated: | 01/1913 | [est. Month/Year] |
| Date GCD Was Cre Years in Operation: | ated by Legislature or TCEQ: | | |
| SECTION C: SYS | TEM OPERATIONS (None Go | CD applicants) | |
| Total Number of A | etive Meters in Your CCN: | 58,442 | |
| | nding Meters in Your CCN: | 0 | |

| Groundwater: _ | Lake Stillhouse Select Source Aqu | and permitted amount p | | |
|---|--|--|-------------------------|------------|
| Groundwater: _ | Lake Stillhouse Select Source Aqu | | | |
| | | | 70,000 | |
| Do your transpo | ' | uife and permitted amount p uife and permitted amount p | | |
| 41 4 4 6 | _ | er from one GCD jurisdicti | | o what are |
| those transport for | | | T | |
| S | ource County | Transport / Acre Ft. / Yr. | \$ Cost /1000 gallons/y | ear |
| | | | | |
| | | | | |
| | | | | |
| Utility Service 7 ✓ Reta | Type (check all mil Wholesa | 11 0/ | | |
| If yes, d | Yes No lescribe those corrors by replace/re | ncture challenges as a retailed hallenges in depth: ehab of water mains and replacer metering infrastructure | | |
| | | | | |
| | | | | |
| | | | | |
| • | • | uality challenges as a retaile | er and/or wholesaler? | |
| | Yes N | No hallenges in depth: | | |
| | | namenges in depth: flushing to maintain chlorine resident | duals | |
| | <u> </u> | Tradining to maintain dimension room | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Estimated Miles | s of Water Infra | astructure: 7 | 10 | |
| | | er Infrastructure (if applicable | le):625 | |
| Estimated Miles | | 7 | | |
| Estimated Miles Number of Pum | np Stations: | | | |
| | | | | |
| Number of Pum Number of Pres | ssure Zones: | 5 | and is that system | |
| Number of Pum Number of Pres In general, what | ssure Zones: | onveyance system you have | and is that system | |
| Number of Pur Number of Pres In general, what managed by a S | ssure Zones: at is the water co | onveyance system you have | · | |
| Number of Pur Number of Pres In general, what managed by a S Water distribution | ssure Zones: | 5 onveyance system you have ? f 710 miles of water main, 61.2 M storage, 9.25 MG of elevated sto | GD | |

| | Does your utility operate wastewater treatment facilities? Yes V No If yes, what is your TPDES Permit Number: |
|-----|--|
| | If yes, please provide brief details: |
| | |
| | |
| - | |
| | |
| 1 | Does your utility operate under a contractual arrangement with a private management firm? Yes No If yes, what is the name of your contract management company? |
| - | if yes, what is the name of your contract management company: |
| - | |
| CTI | ON D: GOVERNANCE & ADMINISTRATION |
| | |
| | Number of Directors on Board (or Owners if IOU):7 |
| | How are board members selected? |
| | Publicly Elected, |
| | Elected by Members |
| | Appointed |
| | Ownership-based |
| | Date or Month of Most Recent or Upcoming Board Election: 05/03/2025 |
|] | Fiscal Year for when Annual Budget Is Adopted:10/01/2024 |
| (| Compensation Provided to Board Members (if any): \$250 |
| | Are board meeting minutes available online? |
| | ✓ Yes |
| | No No |
| | If yes, website: killeentexas.gov |
| | Are financial statements publicly available online? |
| | <u> </u> |
| | Yes |
| | □ No |
| | If yes, website: killeentexas.gov |
| | |
| TI | ON E: FINANCIAL & COMPLIANCE HISTORY |
| | Date of Most Recent Financial Audit: 09/30/2024 |
| | Auditor Name or Firm (if known): Patillo, Brown and Hill, LLP |
| | Bond Rating (if applicable): AA |
| | Primary Lending Institution or Financing Source (if applicable):Bonds |
| _ | Timary Lending institution of I maneing Source (if applicable). |
|] | Do you have any current enforcement actions from TCEQ or PUC? |
| | Yes |
| | No No |
| | If yes, please explain: |
| | |

| Billing Rate Str | ucture (for Non-GC) | Ds): | |
|------------------|---------------------|-------------------------|------------------|
| Minimu | m Monthly Rate \$ | 15.04 | |
| | Base Rate No W | Vater 1000 gals/month | 2,000 gals/month |
| Volume | tric Pricing: | | |
| | Range | \$ Cost / 1000 gals / m | onth |

| Range | \$ Cost / 1000 gals / month |
|---------------------|-----------------------------|
| 0 - 2,000 gals | \$ 0.00 |
| 2,001 - 5,000 gals | \$ 3.38 |
| 5,001 - 10,000 gals | \$ 4.23 |

| Year | Annual Per Capita Consumption | Water Loss (Gallons/Year and % Loss |) |
|------|-------------------------------|-------------------------------------|---|
| 2024 | 104 | 1,207,919,820 20 | |
| 2023 | 105 | 1,236,258,030 20 | |
| 2022 | 108 | 912,124,353 15 | |
| 2021 | 100 | 945,278,646 17 | |
| 2020 | 109 | 1,046,499,677 18 | |

SECTION F: ADDITIONAL INFORMATION & DISCLOSURES

Please describe your Utility's or GCDs primary goals or areas of concern for the next 3–5 years.

| years. | |
|---|---|
| The City of Killeen's primary goals or concerns a | are reducing water loss, reducing maximum daily |
| demand, and efficiently getting treated water to | where it is most needed. |
| | |
| | |
| What do you hope to gain from participa | ation in the Central Texas Utility Alliance? |
| The City of Killeen hopes to collaborate with sur | rrounding water providers to implement a much more regional |
| approach to providing water to the people of cer | ntral Texas. |
| | |
| | |
| Authorized Signature: | |
| Printed Name: | Date: |
| Title: | - |

After completing the application save the document by 1)selecting print 2) select Adobe PDF as your printer then print. submit completed application by email to: Ricky Garrett r.garret@wcid#1.org