**CONFIDENTIAL**

**Not subject to disclosure under Chapter 552, Government Code**

  
Emergency Preparedness Plan Template

For Affected Utilities

Water Supply Division, Drinking Water Special Functions Section, MC-155

P.O. Box 13087

Austin, TX 78711-3087

512-239-3771

PDWEPP@tceq.texas.gov

TCEQ Water Homeland Security No. 888-777-3186

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Water System Name:** | | | | | **PWS ID No. (if applicable):** |
| **District # (if applicable):** | | | | | **County:** |
| **CCN # (if applicable):** | | **Phone Number:** | | **Email or Fax #:** | |
| **Preparer’s Mailing Address:** | **Street/P.O. Box/Route:** | | | | |
| **City:** | | **State:** | | **ZIP:** |
| **Prepared by:** | | | **Title:** | | |
| **Owner:** | | | **Preparer’s organization:** | | |
| **Circle all Option(s) that apply, Refer to Section III:** 1 2 3a 3b 4 5 6 7 8 | | | | | |
| **Plan Implementation Timeframe: Begin Date** **Expected Completion Date** | | | | | |
| **Short Explanation of Proposed Plan** (i.e. *Using portable generator to power 2 out of 3 wells*)**:** | | | | | |
| **Will this plan provide for 35 pounds per square inch (psi) of pressure to all your direct customers during a power outage lasting more than 24 hours caused by a natural disaster?** | | | | | |
| **I certify, under penalty of law, that all the information provided herein is true and accurate to the best of my knowledge.**  **Signature: Title** **Date** | | | | | |

### **UPDATES TO EMERGENCY PREPAREDNESS PLAN (EPP)**

The EPP is updated as changes occur such as dictated by personnel, phone numbers, technology, system additions or modifications. Record updates below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Updated By** | **Title** | **Purpose (page #s)** | **On (Date)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Section I – Introduction

APPLICABILITY

This emergency preparedness plan template was developed for the operators and administrators of**affected utilities** to comply with the requirements for “affected utilities” in 30 Texas Administrative Code Chapter 290 Subchapter D and Chapter 291 Subchapter H and to demonstrate the utility’s ability to provide emergency operations during **extended power outages**.

An ***affected utility*** is a retail public utility, exempt utility, or provider or conveyer of potable or raw water service that furnishes water service to more than two customers and provides overnight accommodations in an affected county whether its facilities are located therein or not. An affected county is a county with a population of 3.3 million or more; or a county with a population of 550,000 or more adjacent to a county with a population of 3.3 million or more. An ***extended power outage*** means a power outage lasting more than 24 hours.

**If you believe that you are NOT an affected utility please call 512-239-3771 or email PDWEPP@tceq.texas.gov.**

* 1. Describe Your Water System. Check all that apply.

**Residential**  **Commercial**  **Industrial**  **Wholesale**  **Institution**

* 1. Is This EPP For An  Existing or  Proposed Water System?

CONTACT INFORMATION

During any type of emergency, the following person(s) will be responsible for the water system (contact will be attempted in the order indicated):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Title in the Organization** | **E-Mail** | **Phone Numbers (include area code)** | | | |
|  |  |  | **Office** | **Cellular** | **Home** | **Other** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Location of Maps

The maps are not required to be submitted to TCEQ for review of the EPP but should be available in case of an emergency to enable staff to locate valves, lines, and meters.

Where is your distribution system(s) map(s) located?

# Section II – DESCRIPTION OF THE WATER SYSTEM

INCLUDE ONLY THE EQUIPMENT LOCATED AT YOUR SYSTEM, NOT THE EQUIPMENT LOCATED AT ANOTHER WATER SYSTEM UNLESS TWO OR MORE SYSTEMS RELY ON EACH OTHER FOR EMERGENCY PURPOSES.

SOURCE INFORMATION

A. Does Your Water System Have A Ground Water Well(s)?

YES  NO  (If NO go to 1.B)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TCEQ Source ID** | **Owner’s Designation** | **Well Location** | **Used During an Emergency?** | **Pump Capacity** |
|  |  |  | YES  NO | gpm |
|  |  |  | YES  NO | gpm |
|  |  |  | YES  NO | gpm |

### 

* 1. Does Your Water System Treat Surface Water or Ground Water Under the Influence of Surface Water Sources(s)?

**YES**  **NO**  **(If NO go to 1.C)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TCEQ Source ID** | **Owner’s Designation** | **Intake Location** | **Used During an Emergency?** | **Number of Pumps** | **Total Pump Capacity at Intake** |
|  |  |  | YES  NO |  | gpm |
|  |  |  | YES  NO |  | gpm |
|  |  |  | YES  NO |  | gpm |

* 1. Does Your Water System Purchase (or Receive) Water?

**YES**  **NO**  **(If NO go to 2.A)**

* + 1. Is this affected utility a direct pressure system? (Does the provider’s water flow directly into your distribution system, not into a tank? Direct pressure systems generally have no tanks or pumps.)

**YES**  **NO**

* + 1. Does this affected utility re-pressurize the water received from the provider? (Does the water from the provider flow into a tank which is then pumped out into the distribution system by your own pumps?)

**YES**  **NO**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Provider Name** | **PWS ID** | **Pressure Plane** *(if more than 1 plane)* | **Will You Rely On This Provider For Water During An Emergency?** | **Will You Rely On This Provider For Pressure At YOUR Customer’s Connections During An Emergency?** | **Capacity** | **Normally Open or Closed Interconnect?** |
|  |  |  | YES  NO | YES  NO | gpm |  |
|  |  |  | YES  NO | YES  NO | gpm |  |
|  |  |  | YES  NO | YES  NO | gpm |  |

TREATMENT INFORMATION

* 1. Does Your Water System Disinfect the Water? YES  NO  (If NO go to 2.B)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Disinfectant** | **Location** (Plant Name) | **Disinfectant Used During an Emergency?** | **Type of Disinfectant**  (Liquid/Gas) | **Volume Stored** (gals or lbs.) | **Days of Storage** (Emergency Demand) | **Electricity Required to Feed Disinfectant?** |
|  |  | YES  NO |  |  |  | YES  NO |
|  |  | YES  NO |  |  |  | YES  NO |
|  |  | YES  NO |  |  |  | YES  NO |

* 1. Does Your Water System Provide Treatment Other Than Disinfection? YES  NO  (If NO go to 2.C)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Chemical** | **Location** (Plant Name) | **Chemical Used During an Emergency?** | **Type of**  **Chemical** (Liquid/Gas) | **Volume Stored** (gals or lbs.) | **Days of Storage** (Emergency Demand) | **Electricity Required to Feed Chemical** |
|  |  | YES  NO |  |  |  | YES  NO |
|  |  | YES  NO |  |  |  | YES  NO |
|  |  | YES  NO |  |  |  | YES  NO |

* 1. Does Your Water System Have Any Service or Transfer Pump(s) In Your Treatment Plant(s)? *(Do not include well or intake pumps)*

**YES**  **NO**  **(If NO go to 3.A)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pump** | **Location** (Plant Name) | **Pump Used During an Emergency?** | **Unit Preceding Pump** | **Unit Directly After Pump** | **Pump Capacity** |
|  |  | YES  NO |  |  | gpm |
|  |  | YES  NO |  |  | gpm |
|  |  | YES  NO |  |  | gpm |

DISTRIBUTION SYSTEM INFORMATION

* 1. Does Your Water System Have Distribution Pumps? YES  NO  (If NO go to 3.B)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pump** | **Location** (include pressure plane) | **Pump Used During an Emergency?** | **Facility Preceding Pump** | **Facility Directly After Pump** | **Pump Capacity** |
|  |  | YES  NO |  |  | gpm |
|  |  | YES  NO |  |  | gpm |
|  |  | YES  NO |  |  | gpm |

* 1. Does Your Water System Have Any Finished Water Storage/Pressurization Tanks?

**YES**  **NO**  **(If NO go to 4.A)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Storage Tank Type (**Elevated, Hydropneumatic, Ground or Standpipe) | **Location** (include pressure plane) | **Tank Used During an Emergency?** | **Facility Preceding Tank** | **Facility Directly After Tank** | **Tank Capacity** |
|  |  | YES  NO |  |  | gal |
|  |  | YES  NO |  |  | gal |
|  |  | YES  NO |  |  | gal |

PRESSURE PLANES

* 1. Does Your Water System Have More Than One Pressure Plane?

**YES**  **NO**  **(If NO go to 5)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pressure Plane** | **TCEQ Source ID(s) or**  **Provider PWS ID(s)** | **Plant Names(s)**  *(If Applicable)* | **Pump Names(s)**  *(If Applicable)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SYSTEM DEMAND

|  |  |  |
| --- | --- | --- |
|  | **Normal Operation** | **Emergency Operation** |
| Average Daily Demand: | MGD | MGD |
| Maximum Daily Demand: | MGD | MGD |
| System Capacity: | MGD | MGD |

SYSTEM SIZE

* 1. Does Your Water System Sell/Provide Water to Other Water Systems?

**YES**  **NO**  **(If NO go to 6.B)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Receiver/Buyer Name** | **PWS ID**  *(if applicable)* | **Normally Open Or Normally Closed Interconnect?** | **Will You Provide 35 psi Throughout the Receiver’s Distribution System During an Emergency?** | **Number of Connections in the Receiver’s Water System** | **Population of the Receiver’s Water System** |
|  |  |  | YES  NO |  |  |
|  |  |  | YES  NO |  |  |
|  |  |  | YES  NO |  |  |

* 1. Number of Connections and Population in Each Pressure Plane in Your Water System? (Please include any connection from other water systems you may serve in the table in 6.A)

|  |  |  |
| --- | --- | --- |
| **Pressure Plane** *(if applicable)* | **Number of Connections** | **Population** |
|  |  |  |
|  |  |  |
|  |  |  |

POWER PROVIDER

|  |  |
| --- | --- |
| Electric Utility or Retail Electrical Provider |  |

OTHER PERTINENT SYSTEM INFORMATION

Other information about the system that could be useful during an emergency:

|  |
| --- |
|  |

## 

# Section III– Alternate Power Options

The following is a list that will assist in determining which option (or options) should be selected for your water system. Provide the required information on the following applicable pages. You must select at least one option.

## OPTION 1: PERMANENTLY INSTALLED AUXILIARY GENERATOR(S)

COMPLETE OPTION 1 – Sections A through D

## OPTION 2: YOUR SYSTEM WILL RELY ON YOUR PROVIDER DURING AN EXTENDED POWER OUTAGE

The purchase water system will rely on a provider for water to a tank OR rely on a provider for 35 psi throughout the receiving system’s distribution system. Choose only if you will rely on purchased water *during an extended power outage*.

COMPLETE OPTION 2 – Sections A and B

## OPTION 3a: CONTRIBUTING MEMBER OF TXWARN

Contributing member means that you have identified and will make available one or more resources to TXWARN. **A “distribution only” system may not use this option.**

COMPLETE OPTION 3a – Sections A through C

## OPTION 3b: NEGOTIATION OF LEASING AND CONTRACTING AGREEMENTS

Your system has obtained a leasing or contract agreement for emergency power equipment and fuel. The agreements must provide for coordination with the Texas Division of Emergency Management under the Texas Department of Public Safety.

COMPLETE OPTION 3b – Sections A through C

## OPTION 4: USE OF PORTABLE GENERATOR(S) CAPABLE OF SERVING MULTIPLE FACILITIES EQUIPPED WITH QUICK-CONNECT SYSTEMS

A portable generator capable of being moved to serve multiple facilities where both the portable generator and facilities are equipped with compatible quick-connect systems.

COMPLETE OPTION 4 – Sections A through E

## OPTION 5: USE OF ON-SITE ELECTRICAL GENERATION OR DISTRIBUTED GENERATION FACILITIES

On-site electrical generation or distributed generation facilities. On-site electrical generation means that each facility generates, or can generate, its own power rather than being powered by a commercial electric power grid. Distributed Generation Facilities are small-scale power producing facilities located near the electrical load, which may feed into a common grid. An example is electricity generated by solar power.

COMPLETE OPTION 5 – Sections A through E

## OPTION 6: HARDENING THE ELECTRIC TRANSMISSION AND DISTRIBUTION SYSTEM SERVING THE WATER SYSTEM

One alternative is to relocate electric transmission lines for the system from overhead to underground and protect them from flooding. Another alternative is to replace overhead transmission lines, poles and rated appurtenances with ones that can withstand historical hurricane-force wind velocities, and trim or remove any trees or branches next to and above the overhead transmission lines.

COMPLETE OPTION 6 – Sections A and B

## OPTION 7: USE AND MAINTENANCE OF DIRECT ENGINE OR RIGHT-ANGLE DRIVES

Direct engine or right-angle drive. This option is only available to existing facilities, may require more than one option, and must still provide 35 psi throughout the distribution system.

COMPLETE OPTION 7 – Sections A through D

## OPTION 8: ANY OTHER ALTERNATIVE DETERMINED BY THE COMMISSION TO BE ACCEPTABLE

COMPLETE OPTION 8 – Sections A and B

## OPTION 1: PERMANENTLY INSTALLED AUXILIARY GENERATOR(S)

* 1. Generator Specifications.

Please list **all** the generators, **all** equipment to be powered, and the power needs for each piece of equipment.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Generator Brand & Model** | **Max**  **Power (KW)** | **Phase** | **Fuel Type** | **Automatic Switch Gear?** | **Facility Staffed 24 hours a day, 7 days a week?** | **List all Facilities and Treatment Units That Will Be Powered During an Emergency** | **Power Requirements for Each Facility and Treatment Unit Powered** |
|  |  | 1  2  3 |  | YES  NO | YES  NO | Well pump 1 | kW |
|  |  |  |  |  |  | Well pump 2 | kW |
|  |  |  |  |  |  | Well pump 3 | kW |
|  |  |  |  |  |  | Booster pump 1 | kW |
|  |  |  |  |  |  | Booster pump 2 | kW |
|  |  |  |  |  |  | Booster pump 3 | kW |
|  |  |  |  |  |  | Disinfection Equipment | kW |
|  |  |  |  |  |  | Treatment Equipment | kW |
|  |  |  |  |  |  | Compressor(s) | kW |
|  |  |  |  |  |  |  | kW |
|  |  | 1  2  3 |  | YES  NO | YES  NO |  | kW |
|  |  |  |  |  |  |  | kW |
|  |  |  |  |  |  |  | kW |
|  |  |  |  |  |  |  | kW |
|  |  | 1  2  3 |  | YES  NO | YES  NO |  | kW |
|  |  |  |  |  |  |  | kW |
|  |  |  |  |  |  |  | kW |
|  |  |  |  |  |  |  | kW |

### 

* 1. Fuel Location

|  |
| --- |
| Physical Location of Fuel Supply (GPS or “911” address): |

* 1. Fuel Re-supply- Must have sufficient fuel to provide emergency power for a minimum of 24 hours.

|  |
| --- |
| How much fuel is stored on site? |
| How much fuel does the generator use per hour? (Attachment C may assist in determining that amount) |

* 1. Electrical Schematic

Provide an electrical schematic of your water system’s emergency power facilities and those water facilities (treatment(s), supply, pressure maintenance, etc.) powered by each. Please provide a diagram.

## OPTION 2: YOUR SYSTEM WILL RELY ON YOUR PROVIDER DURING AN EXTENDED POWER OUTAGE (Choose only if you will rely on purchased water *during an extended power outage*.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Name** | **PWS ID** | **PRESSURE PLANE** | **Will you rely on this provider for water to a tank during an emergency?** | **Will you rely on this provider for pressure at YOUR customer’s connections during an emergency?** |
|  |  |  | YES  NO | YES  NO |
|  |  |  | YES  NO | YES  NO |
|  |  |  | YES  NO | YES  NO |

* 1. Is your water system solely relying on a provider(s) for emergency operations? (In other words, the provider’s water flows directly into your distribution system, and not into a tank, and you have no tanks or pumps)

**YES**

**NO** (Please fill out the pages for the alternative power option that will power the equipment)

* + 1. Please provide **one or more** of the following:

|  |  |
| --- | --- |
|  |  |
|  | A copy of the contract(s) with your provider(s) that **includes language guaranteeing 35 psi** throughout your distribution system or specific pressure plane. Please **highlight** the section in the contract guaranteeing pressure. |
|  | A letter from the provider(s) **including language guaranteeing 35 psi** throughout your distribution system or specific pressure plane. |
|  | Page(s) from the provider’s EPP which include the connection count for your system (or pressure plane) in the provider’s connection count. |
|  | An engineering study (hydraulic analysis) sealed by a Texas Licensed Professional Engineer demonstrating that the provider is capable, of providing your entire distribution system with water services at a minimum of 35 psi. |

* + 1. Does your water system operate any equipment such as booster disinfection that will need power during an emergency?

**YES** (Please fill out the pages for the alternative power option that will power the equipment)

**NO**

* 1. Does your water system re-pressurize the water received from the provider? (Does the water from the provider flow into a tank which is then pumped out into the distribution system by your own pumps?)

**YES** (Please fill out the pages for the alternative power option that will power the equipment)

**NO**

## OPTION 3a: CONTRIBUTING MEMBER OF TXWARN (Member that has identified and will make available one or more resources to the TXWARN system.) A “distribution only” system may not use this option.

### 

* 1. Please provide ALL of the following items

|  |  |
| --- | --- |
|  |  |
|  | A copy of the TXWARN membership profile page. |
|  | A copy of the mutual aid agreement with TXWARN |
|  | A copy of the resource page listing resources provided to TXWARN. |
|  |  |

* 1. Generator Specifications

Please list the items hoped to be obtained from TXWARN. List **all** equipment to be powered, and the power needs for each piece of equipment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Generator** | **Power (KW)** | **Quick Connect Installed?** | **Phase** | **List all Facilities and Treatment Units That Will Be Powered During an Emergency** | **Power Requirements of Each Facility and Treatment Unit Powered** |
|  |  | YES  NO  Date to be installed | 1  2  3 | Well pump 1 | kW |
|  |  |  |  | Well pump 2 | kW |
|  |  |  |  | Well pump 3 | kW |
|  |  |  |  | Booster pump 1 | kW |
|  |  |  |  | Booster pump 2 | kW |
|  |  |  |  | Booster pump 3 | kW |
|  |  |  |  | Disinfection Equipment | kW |
|  |  |  |  | Treatment Equipment | kW |
|  |  |  |  | Compressor(s) | kW |
|  |  |  |  |  | kW |
|  |  | YES  NO  Date to be installed | 1  2  3 |  | kW |
|  |  |  |  |  | kW |
|  |  |  |  |  | kW |
|  |  |  |  |  | kW |
|  |  |  |  |  | kW |
|  |  |  |  |  | kW |
|  |  |  |  |  | kW |
|  |  |  |  |  | kW |
|  |  |  |  |  | kW |
|  |  |  |  |  | kW |

* 1. Electrical Schematic

Provide an electrical schematic of your water system’s emergency power facilities and those water facilities (treatment(s), supply, pressure maintenance, etc.) powered by each. Please provide a diagram.

## OPTION 3b: NEGOTIATION OF LEASING AND CONTRACTING AGREEMENTS (Please note that the agreements must provide for coordination with the Texas Division of Emergency Management under the Texas Department of Public Safety.)

* 1. Provide a signed copy of the agreement
  2. Generator Specifications

Please list the generator to be leased, **all** equipment to be powered, and the power needs for each piece of equipment.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Generator Brand & Model** | **Max**  **Power (KW)** | **Phase** | **Quick Connect Installed?** | **Fuel Type** | **List all Facilities and Treatment Units That Will Be Powered During an Emergency** | **Power Requirements for Each Facility and Treatment Unit Powered** |
|  |  | 1  2  3 | YES  NO  Date to be installed |  | Well pump 1 | kW |
|  |  |  |  |  | Well pump 2 | kW |
|  |  |  |  |  | Well pump 3 | kW |
|  |  |  |  |  | Booster pump 1 | kW |
|  |  |  |  |  | Booster pump 2 | kW |
|  |  |  |  |  | Booster pump 3 | kW |
|  |  |  |  |  | Disinfection Equipment | kW |
|  |  |  |  |  | Treatment Equipment | kW |
|  |  |  |  |  | Compressor(s) | kW |
|  |  |  |  |  |  | kW |
|  |  | 1  2  3 | YES  NO  Date to be installed |  |  | kW |
|  |  |  |  |  |  | kW |
|  |  |  |  |  |  | kW |
|  |  |  |  |  |  | kW |
|  |  | 1  2  3 | YES  NO  Date to be installed |  |  | kW |
|  |  |  |  |  |  | kW |
|  |  |  |  |  |  | kW |
|  |  |  |  |  |  | kW |

* 1. Fuel Location

|  |
| --- |
| Physical Location of Fuel Supply (GPS or “911” address): |

* 1. Fuel Re-supply- Must have sufficient fuel to provide emergency power for a minimum of 24 hours.

|  |
| --- |
| How much fuel is stored on site? |
| How much fuel does the generator use per hour? (Attachment C may assist in determining that amount.) |

* 1. Electrical Schematic

Provide an electrical schematic of your water system’s emergency power facilities and those water facilities (treatment(s), supply, pressure maintenance, etc.) powered by each. Please provide a diagram.

## OPTION 4: USE OF PORTABLE GENERATOR(S) CAPABLE OF SERVING MULTIPLE FACILITIES EQUIPPED WITH QUICK-CONNECT SYSTEMS

* 1. Please list the storage location of the portable generator. If sharing the generator, list the name of the water system you are sharing with and their location.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Generator Brand & Model** | **Generator Storage Location** | **Distance From Your Water System** | **Other Water Systems Sharing This Generator** *(PWS Name and ID if applicable)* | **Distance Between Your Water System And Those Sharing The Generator** |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. Generator Specifications

Please list **all** the portable generators, **all** equipment to be powered, and the power needs for each piece of equipment.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Generator Brand & Model** | **Max**  **Power (KW)** | **Phase** | **Fuel Type** | **Quick Connect Installed?** | **List all Facilities and Treatment Units That Will Be Powered During an Emergency** | **Power Requirements for Each Facility and Treatment Unit Powered** |
|  |  | 1  2  3 |  | YES  NO  Date to be installed | Well pump 1 | kW |
|  |  |  |  |  | Well pump 2 | kW |
|  |  |  |  |  | Well pump 3 | kW |
|  |  |  |  |  | Booster pump 1 | kW |
|  |  |  |  |  | Booster pump 2 | kW |
|  |  |  |  |  | Booster pump 3 | kW |
|  |  |  |  |  | Disinfection Equipment | kW |
|  |  |  |  |  | Treatment Equipment | kW |
|  |  |  |  |  | Compressor(s) | kW |
|  |  |  |  |  |  | kW |
|  |  | 1  2  3 |  | YES  NO  Date to be installed |  | kW |
|  |  |  |  |  |  | kW |
|  |  |  |  |  |  | kW |
|  |  |  |  |  |  | kW |

* 1. Fuel Location (if applicable)

|  |
| --- |
| Physical Location of Fuel Supply (GPS or “911” address): |

* 1. Fuel Re-supply Must have sufficient fuel to provide emergency power for a minimum of 24 hours.

|  |
| --- |
| How much fuel is stored on site? |
| How much fuel does the generator use per hour? (Attachment C may assist in determining that amount.) |

* 1. Electrical Schematic

Provide an electrical schematic of your water system’s emergency power facilities and those water facilities (treatment(s), supply, pressure maintenance, etc.) powered by each. Please provide a diagram.

## OPTION 5: USE OF ON-SITE ELECTRICAL GENERATION OR DISTRIBUTED GENERATION FACILITIES

On-site Electrical Generation means that each facility generates its own power rather than being powered by a commercial electric power grid. Distributed Generation Facilities are small-scale power producing facilities located near the electrical load which may feed into a common grid.

* 1. On-Site Electrical Generation or Distributed Generation Specifications

|  |
| --- |
| Describe On-Site Electrical Generation or Distributed Generation Facility: |

* 1. On-site Electrical Generation or Distributed Generation Specifications

Please list **all** facilities, list **all** equipment to be powered and the power needs for each piece of equipment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of On-site Electrical Generation Facilities.** | **Max**  **Power (KW)** | **Fuel Type**  *(if applicable)* | **List all Facilities and Treatment Units That Will Be Powered During an Emergency** | **Power Requirements of Each Facility and Treatment Unit Powered** |
|  |  |  | Well pump 1 | kW |
|  |  |  | Well pump 2 | kW |
|  |  |  | Well pump 3 | kW |
|  |  |  | Booster pump 1 | kW |
|  |  |  | Booster pump 2 | kW |
|  |  |  | Booster pump 3 | kW |
|  |  |  | Disinfection Equipment | kW |
|  |  |  | Treatment Equipment | kW |
|  |  |  | Compressor(s) | kW |
|  |  |  |  | kW |
|  |  |  |  | kW |
|  |  |  |  | kW |
|  |  |  |  | kW |
|  |  |  |  | kW |
|  |  |  |  | kW |

* 1. Fuel Location

|  |
| --- |
| Physical Location of Fuel Supply (GPS or “911” address): |

* 1. Fuel Re-supply- Must have sufficient fuel to provide emergency power for a minimum of 24 hours.

|  |
| --- |
| How much fuel is stored on site? |
| How much fuel does the generator use per hour? (Attachment C may assist in determining that amount) |

* 1. Electrical Schematic

Provide an electrical schematic of your water system’s emergency power facilities and those water facilities (treatment(s), supply, pressure maintenance, etc.) powered by each. Please provide a diagram.

## OPTION 6: HARDENING THE ELECTRIC TRANSMISSION AND DISTRIBUTION SYSTEM SERVING THE WATER SYSTEM

One alternative is to relocate electric transmission lines for the system from overhead to underground and protect them from flooding. Another alternative is to replace overhead transmission lines, poles and rated appurtenances with ones that can withstand historical hurricane-force wind velocities, and trim or remove any trees or branches next to and above the overhead transmission lines.

* 1. Hardening Description

|  |
| --- |
| Describe the hardening activities: |

* 1. Diagram

Include a diagram showing the electrical system, including the power transmission system (from the power generation facility to the customer’s power meter) and distribution system (the water system’s electrical wiring after the customer’s power meter) feeding each water facility and the preventive measures taken for each.

## OPTION 7: USE AND MAINTENANCE OF DIRECT ENGINE OR RIGHT- ANGLE DRIVES (EXISTING FACILITIES ONLY)

* 1. Direct Engine or Right-Angle Drive Specification

Please list all the drives, **all** equipment to be powered, and the power needs for each piece of equipment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Brand Or Model** | **Max**  **Power (HP, kW)** | **RPM** | **Fuel Type** | **List all Facilities and Treatment Units Powered** | **Power Requirements of Each Facility and Treatment Unit Powered (circle appropriate unit)** |
|  |  |  |  | Well pump 1 | kW or HP |
|  |  |  |  | Well pump 2 | kW or HP |
|  |  |  |  | Well pump 3 | kW or HP |
|  |  |  |  | Booster pump 1 | kW or HP |
|  |  |  |  | Booster pump 2 | kW or HP |
|  |  |  |  | Booster pump 3 | kW or HP |
|  |  |  |  | Disinfection Equipment | kW or HP |
|  |  |  |  | Treatment Equipment | kW or HP |
|  |  |  |  | Compressor(s) | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |
|  |  |  |  |  | kW or HP |

* 1. Fuel Location (if applicable)

|  |
| --- |
| Physical Location of Fuel Supply (GPS or “911” address): |

* 1. Fuel Re-supply – Must have sufficient fuel to provide emergency power for a minimum of 24 hours.

|  |
| --- |
| How much fuel is stored on site? |
| How much fuel does the generator use per hour? (Attachment C may assist in determining that amount.) |

* 1. Electrical Schematic

Provide an electrical schematic of your water system’s emergency power facilities and those water facilities (treatment(s), supply, pressure maintenance, etc.) powered by each. Please provide a diagram.

## OPTION 8: ANY OTHER ALTERNATIVE DETERMINED BY THE COMMISSION TO BE ACCEPTABLE

The following methods are **NOT** acceptable alternatives

* Evacuation
  + The EPP must show how you will provide water during an extended power outage caused by a natural disaster, not during the disaster when it is unsafe. The rule specifically states the water is to be provided after it is safe and practicable. The people who are evacuated may return when it is safe to do so after the disaster has passed, but before power is returned to your water system. In some cases, after Hurricane Ike power was not restored for several weeks. You must be able to provide water after the disaster, but before normal power is restored.
* Providing bottled water
  + The EPP must show how you will provide water at **35 psi** at each of your customer’s connections. Bottled water cannot provide pressure at the connections.
* Relying on your provider **without** the documentation that states the provider will provide your system with 35psi throughout your distribution system.
  + Option 2 must be completed for this alternative.
  1. Alternative Description

|  |
| --- |
| Describe the alternative and how it will provide 35 psi throughout your distribution system: |

* 1. Electrical Schematic

Include a diagram showing the electrical system, including the power transmission system (from the power generation facility to the customer’s power meter) and distribution system (the water system’s electrical wiring after the customer’s power meter) feeding each water facility and the preventive measures taken for each.

# Section IV – Emergency Communications

Emergency Communications are an essential part of an emergency response event. Knowing who to notify before an emergency event occurs is the best way to ensure that you, your system, and your customers receive needed emergency assistance. Many numbers have been provided to assist you with completing this portion of the plan. Please feel free to make copies of the pages in Section IV to post at your facility and/or to train your employees. **If you are a member of another mutual aid organization other than TXWARN please include them on this list.**

****Emergency**** ****Contacts****

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Phone Numbers (include area code)** | | **E-Mail or Website** |
| **Day** | **Evening** |
| Fire Department | 911 | 911 |  |
| Police Department | 911 | 911 |  |
| Emergency Medical Service | 911 | 911 |  |
| TCEQ Water Homeland Security | 888/777-3186 | 888/777-3186 |  |
| Texas PUC | 512/936-7405 |  | <http://www.puc.texas.gov/industry/water/utilities/fmt.aspx>  Email: [water@puc.texas.gov](mailto:water@puc.texas.gov) |
| National Response Center | 800/424-8802 | 800/424-8802 | <http://nrc.uscg.mil/Default.aspx> |
| State Spill Hotline | 800/832-8224 | 800/832-8224 | <https://www.tceq.texas.gov/response/spills> |
| Poison Control | 800/222-1222 | 800/222-1222 | <http://poisoncontrol.org/home/> |
| CHLOREP (Chlorine Emergency Plan) | 800/424-9300 | 800/424-9300 | <https://www.chlorineinstitute.org/emergency-preparedness/chlorep/> |
| TCEQ Regional Office 12 | 24-hour cell phone 512/965-2717 | |  |
| Fort Bend County Environmental Health Department | 281/342-3411 | 281/238-3233 | Email: [HHS@fortbendcountytx.gov](mailto:HHS@fortbendcountytx.gov)  <https://www.fortbendcountytx.gov/government/departments/health-and-human-services/environmental-health> |
| Fort Bend County Judge  KP George | 281/341-8608 | 281/341-8608 | FBC.Judge@fortbendcountytx.gov  <https://www.fortbendcountytx.gov/government/departments/administration-of-justice/commissioners-court/county-judge> |
| Fort Bend County Office of Emergency Management | 281/342-6185 | 281/342-6185 | <http://fbcoem.org>  <http://fbcoem.org/fbc-alert/> (FBC Alert System Sign Up) |
| Fort Bend County Sheriff’s Office | 281/341-4665 | 281/341-4665 | <https://www.fortbendcountytx.gov/government/departments/administration-of-justice/sheriff-s-office/contact-us> |
| Harris County Public Health & Environmental Services | 713/274-6300 | 713/274-6300 | <http://publichealth.harriscountytx.gov/Services-Programs/All-Services/Drinking-Water> |
| Harris County Judge  Lina Hidalgo | 713/274-7000 |  | <http://cjo.harriscountytx.gov/> or [ask@oem.hctx.net](mailto:ask@oem.hctx.net) |
| Harris County Office of Homeland Security & Emergency Management | 713/881-3100 |  | <https://www.readyharris.org/> or [ask@oem.hctx.net](mailto:ask@oem.hctx.net) |
| **Organization** | **Phone Numbers (include area code)**  **Day Evening** | | **E-mail or Website** |
| Harris County Regional Joint Information Center | 713/881-3100 |  | <http://www.readyharris.org/>  [http://www.readyharris.org/Contact/Submit-an-Inquiry](http://www.readyharris.org/) |
| Harris County Sheriff’s Office | 713/755-6044 |  | <http://www.harriscountyso.org/Default.aspx> |
| TX Department of Public Safety – Division of Emergency Management (TDEM) | Provides list of State and District Coordinators which assist local officials with state assistance requests. | | <https://www.dps.texas.gov/dem/about.htm>  <https://www.dps.texas.gov/dem/FieldResponse/index.htm> |
| TXWARN | 866/9-TXWARN (866/989-9276) | | [info@txwarn.org](mailto:info@txwarn.org)  <http://www.txwarn.org/> |

Local Contact Notification List

### Identify those entities that should be notified in the event of an extended power outage requiring emergency operations. These are people who you provide water to that you may need to contact during an emergency.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization** | **Contact Name** | **Title** | **Phone Numbers (include area code)** | | | **E-Mail** |
|  |  |  | **Day** | **Evening** | **Cellular/Pager** |  |
| Government Officials |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Hospitals served by the Affected Utility |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Nursing Homes served by the Affected Utility |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Pharmacies |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Priority Water Users (Those that are critically dependent upon water including schools, dialysis centers, institutions, individuals with special needs, businesses, and other interconnected water systems, etc.) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Chemical Supplier Information

Identify your Chemical Suppliers. You may need to contact them for more chemicals during an emergency

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Phone Numbers (include area code)** | | |  |
| **Chemical** | **Supplier** | **Contact Name** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Fuel Supplier Contact Information (if applicable)

Identify your Fuel Suppliers. You may need to contact them for fuel during an emergency

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Phone Numbers (include area code)** | | |  |
| **Fuel Type** | **Supplier** | **Contact Name** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Utilities Contact Information

Identify your Utilities Contacts. You may need to contact them during an emergency and use **N/A** if a listed organization does not apply to your water system.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Phone Numbers (include area code)** | | |  |
| **Organization** | **N/A** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| Electric Utility Company |  |  |  |  |  |  |  |
| Gas Utility Company |  |  |  |  |  |  |  |
| Sewer Utility Company |  |  |  |  |  |  |  |
| Telephone Utility Company |  |  |  |  |  |  |  |
| Wholesale Water Provider |  |  |  |  |  |  |  |
| Wholesale Water Provider |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |

Bulk Water Suppliers

Identify any bulk or bottled water suppliers that you might utilize in an emergency.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Phone Numbers (include area code)** | | |  |
| **Organization** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| Bulk Water Haulers |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Bottle Water Sources |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Media Notification List

Identify the media organizations that you might need to contact to provide information to your customers. Also identify who is your media spokesperson. If you have a different method to communicate to your customers, please list under **Other**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| Designated Water System Spokesperson |  |  |  |  |  |  |
| Newspaper - Local |  |  |  |  |  |  |
| Newspaper – Regional State |  |  |  |  |  |  |
| Radio |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Television |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

# Section V - Emergency Water Use Restrictions

EXPLANATION AND AUTHORITY

During periods of drought, a major leak, a system failure, or excessive consumption beyond the capacity of the system, etc., the       *(e.g. PWS name, owner name, owner representative, Operator, etc*.) has the capability to conserve and restrict water use based upon the local water system regulations found in       (Drought contingency plan, rental agreement, city ordinance, etc.). During times of drought or other problems that limit the availability of water, public notice of water use restrictions will be issued by:       *(e.g. PWS name, owner name, owner representative, Operator, etc)*.

WATER RESTRICTION STAGES N/A

Following are levels or stages of restrictions that will be applied, the conditions that generally will trigger them and the types of restrictions that will be applied. The conditions that trigger various restriction stages could be based upon critical source water levels and other conditions such as imminent loss of water or pressure.

|  |  |  |
| --- | --- | --- |
| **Restriction**  **Stage** | **Stage Trigger(s)** | **Restrictions** |
| I |  |  |
|  |  |  |
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|  |  |  |
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| II |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| III |  |  |
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|  |  |  |

**ATTACHMENT A – Approved Plan Distribution**

Copies of the approved Emergency Preparedness Plan and the TCEQ Approval Letter must be distributed to the following entities (this section cannot be completed until after approval letter is received from TCEQ). Please maintain appropriate documentation of compliance with plan distribution requirements. In addition, a copy of the approved plan must be maintained by the “affected utility”, so that it can be easily accessed in the event of an emergency. All employees must receive annual training on implementation of the plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan Number** | **Distributed By (method)** | **Distributed To** | **Received By (Name)** | **Date** |
|  |  | County Judge |  |  |
|  |  | County Office of  Emergency Management |  |  |
|  |  | Public Utilities Commission |  |  |
|  |  | Texas Division of Emergency  Management |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
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**ATTACHMENT B – Acute Public Health Threat - Public Notification**

The affected utility must notify the public when a condition exists which according to TCEQ constitutes an acute public health threat in accordance with 30 TAC §290.46(q).

Forms for a Boil Water Notice and How to Rescind a Boil Water Notice follow:

# Boil Water Notice for Community Public Water Systems

**<Date>**

Due to <**See Instruction 1**>, the Texas Commission on Environmental Quality has required the <**See Instruction 2**> public water system to notify all customers to boil their water prior to consumption (e.g., washing hands/face, brushing teeth, drinking, etc.). Children, seniors, and persons with weakened immune systems are particularly vulnerable to harmful bacteria, and all customers should follow these directions).

To ensure destruction of all harmful bacteria and other microbes, water for drinking, cooking, and ice making should be boiled and cooled prior to use for drinking water or human consumption purposes. The water should be brought to a vigorous rolling boil and then boiled for two minutes.

In lieu of boiling, individuals may purchase bottled water or obtain water from some other suitable source for drinking water or human consumption purposes.

When it is no longer necessary to boil the water, the public water system officials will notify customers that the water is safe for drinking water or human consumption purposes.

Once the boil water notice is no longer in effect, the public water system will issue a notice to customers that rescinds the boil water notice in a manner similar to the issuance of the notice.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

If you have questions concerning this matter, you may contact <**See Instruction 3**> at <**See Instruction 4**>.

<**See Instruction 5**> **Instructions**: Delete instructions below on copy given to customers. This is the mandatory language for your "Boil Water Notice".

# Instructions:

Please replace all of the above referenced <**See Instruction**> numbers with the information as follows:

<1> A description of the conditions that require a "Boil Water Notice" to be issued for the public water system that may include but are not limited to: reduced distribution system pressure, line break, low disinfection residuals, etc.

<2> Public Water System Name / Public Water System Identification Number

<3> Name of public water system official and any other primary contact names. **(Do not list TCEQ as the primary contact.)**

<4> Public water system official(s) phone number, business address, and any other useful contact numbers. Where appropriate, provide a telephone number or address where consumers may obtain a translated copy of the notice or assistance in the appropriate language.

<5> Public water systems may add optional language here concerning the actions they have taken to address the boil water notice situation. The public water system customers and the executive director shall be able to reach the public water system at one of the numbers listed in this notice. If a customer, individual, or employee wishes to contact the executive director, please call (512) 239-4691.

**Boil Water Notice Rescinded**

**<Date>**

On <**See Instruction 1**>, the Texas Commission on Environmental Quality required the <**See Instruction 2**> public water system, <**See Instruction 3**>, to issue a Boil Water Notice to inform customers, individuals, or employees that due to conditions which occurred recently in the public water system, the water from this public water system was required to be boiled prior to use for drinking water or human consumption purposes.

The public water system has taken the necessary corrective actions to restore the quality of the water distributed by this public water system used for drinking water or human consumption purposes and has provided TCEQ with laboratory test results that indicate that the water no longer requires boiling prior to use as of <**See Instruction 4**>.

If you have questions concerning this matter, you may contact <**See Instruction 5**> at <**See Instruction 6**>. <**See Instruction 7**>

**Instructions**:

Delete instructions below on copy given to customers. This is the mandatory language for your "Boil Water Notice Rescinded" notice. Please replace all of the above referenced <**See Instruction**> numbers with the information as follows:

<1> Insert date that the initial Boil Water Notice was issued.

<2> Public Water System Name.

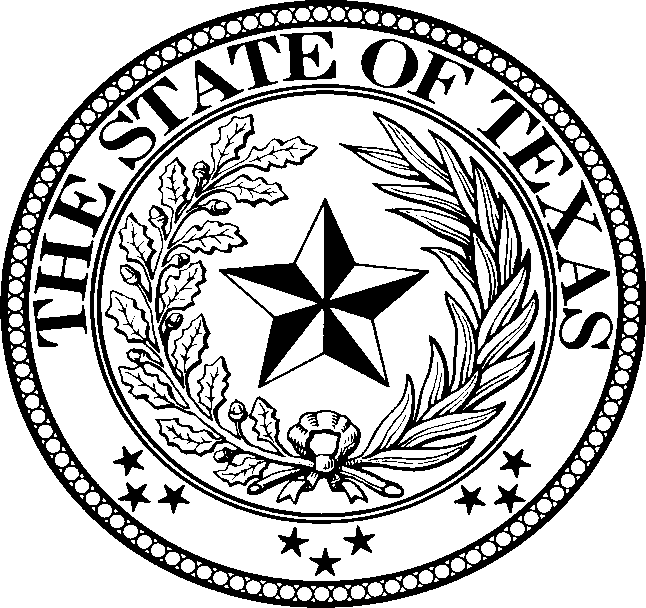
<3> Public Water System Identification Number.

<4> Boil Water Notice Rescind Date.

<5> Name of public water system official and any other primary contact names. **(Do not list TCEQ as the primary contact.)**

<6> Public water system official(s) phone number, business address, and any other useful contact numbers. Where appropriate, provide a telephone number or address where consumers may obtain a translated copy of the notice or assistance in the appropriate language.

<7> Public water systems may add optional language here concerning the actions they have taken to address the boil water notice situation. The public water system customers and the executive director shall be able to reach the public water system at one of the numbers listed in this notice. If a customer, individual, or employee wishes to contact the executive director, please call (512) 239-4691

PWS\_ \_CO\_ \_BWN

Texas Commission on Environmental Quality

CERTIFICATE OF DELIVERY OF PUBLIC NOTICE TO CUSTOMERS: Rescind Boil Water Notice

Public Water System (PWS) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PWS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Boil Water Notice Issued: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

30 TAC 290.46(q) requires a PWS to notify customers that a boil water notice has been rescinded. A public water system shall not rescind a boil water notice until the public water system has met all the applicable requirements as described in 30 TAC 290.46 (q)(6).

Indicate ” for all requirements met and **provide documentation** with submittal:

|  |
| --- |
| Sufficient water pressures (>20 psi) are consistently maintained per 30 TAC 290.47 (e). |
| Affected area(s) have been thoroughly flushed and adequate chlorine residual (free  >0.2mg/L, chloramine >0.5mg/L) is maintained throughout the system. |
| Surface Water Treatment Rule Only - Finished water entering the system has turbidity  levels consistently below 1.0 NTU |
| Specific actions required by the Executive Director have been met (describe actions): |
| Microbiological samples, marked “Special”, from representative sites in system, are  analyzed by an approved lab and all results are negative for coliform organisms. |

Please indicate how the PWS provided this rescind notification to customers.

# COMMUNITY WATER SYSTEM (perform one or more of the following):

|  |
| --- |
| Furnish a copy of the Notice to radio and television stations serving the PWS service area |
| Publish Notice in a local newspaper serving the PWS service area |
| Direct delivery of Notice to customers |
| Continuously post Notice in conspicuous places within affected PWS service area |
| Electronic delivery or alert systems (e.g., reverse 911) |

# NONCOMMUNITY WATER SYSTEM (perform one or more of the following):

|  |
| --- |
| Direct delivery of Notice to customers |
| Continuously post Notice in conspicuous places within affected PWS service area |
| Electronic delivery or alert systems (e.g., reverse 911) |

“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 that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

NOTE: 30 TAC 290.46(q)(6)(F) requires the PWS to provide documentation to the Executive Director within 10 days.

Date of Delivery to Customers: Phone: Certified by: (print name): Title:

Signature: Date:

# E-mail ([PWSBWN@TCEQ.TEXAS.GOV](mailto:PWSBWN@TCEQ.TEXAS.GOV)) or mail a copy of this completed form, AND copies of the Rescind Notice given to your customers to: TCEQ – Water Supply Division MC – 155, Attn: Public Notice. P. O. Box 13087 Austin, TX 78711-3087

**ATTACHMENT C – Generator Information**

If you plan on utilizing options 1, 2, 4, 5, or 6, you will need to estimate the gallons per hour of fuel that will be used by the generator. This is essential in determining the volume of fuel required to maintain emergency operations. Below is a chart from the FEMA Resource Typing Manual which may be of assistance in determining fuel needs and generator types.



**ATTACHMENT D – RECOVERY CHECKLIST**

Returning to normal operations is vital to rapid restoration of clean, safe water to the community and is essential to the assessment and recovery process. The following is a checklist of actions to be taken during the recovery period. Also included is a preliminary damage assessment that can be used to assist in the recovery process.

**Assessment and Recovery Period Checklist**

Perform in-depth damage assessment of system to determine long-term effects of damaged areas (use assessment form below).

Notify TCEQ of system operational status and situation.

Will there be a need to use mutual aid agreements and/or implement standby contracts or other emergency agreements for equipment and operations?

Prepare written documentation of emergency work performed for possible compensation by emergency agencies. Make sure that crews make a record of work effort, written logs (see Work Order Log) and take pictures. This will all be helpful in recovery of funds.

Notify appropriate insurance carriers. Provide written and photo documentation of damage. Assist in the survey of emergency repairs and scheduling of permanent repairs.

Servicing of emergency equipment, when able (oil changes, lubrication, etc.). Make sure the public is kept informed throughout the extent of the emergency.

**Preliminary Damage Assessment**

Following the Damage Assessment, you should notify TCEQ of your operational status.

|  |  |
| --- | --- |
| **General Overview:** |  |
| Determine need to repair, replace, or abandon facilities | Estimate cost to repair damage |
| Evacuate buildings in danger of collapse |  |
| **Treatment Plants:** |  |
| Check if power is available and condition of mechanical and electrical equipment | Check for chemical spills or releases |
| Confirm that field crew does the following: |  |
| Check for structural damage | Closes and tags damaged facilities; and equipment |
| **Tanks:** |  |
| Check for evidence of failure of subbase |  |
| **Reservoirs:** Check for: |  |
| Leaks | Cracks |
| Seepage | Broken inlet/outlet pipes, underdrains |
| Landslides | Check for buckling |
| Embankment slump |  |

|  |  |
| --- | --- |
| **Distribution System**: Check for: |  |
| Leaks | Breaks |
| Pressure loss in lines | Cross-connections |
| Check mechanical couplings | Lower water levels to reduce possibility of structural damage |
| **Wells:** |  |
| Check for physical damage to facilities | Test for contamination |
| Name, address, phone # for private lab | Check for pump or motor failure |
| Check power source |  |

**ATTACHMENT E – Assistance Request:**

If a water utility is interested only in mutual aid assistance, register with TXWARN at <https://www.txwarn.org/>; this is a free service.

**State of Texas Assistance Request** (STAR) used for requesting state government assistance. This is

**not** mutual aid. STAR form location: <https://www.dps.texas.gov/dem/cis/index.htm>

To request state assistance, you must complete and submit a **STAR** form. Please complete STAR Request(s) with attachments and provide them to your local Emergency Operations Center (EOC) or appropriate Disaster District Chair - <https://ticc.tamu.edu/Documents/IncidentResponse/AHIMT/SOC/DDC_Area_Map.pdf>

Figure 1-[STAR FORM Guidance](https://olympus.soc.texas.gov/files/docs/TWI-913_STAR_Pocket_%20Guide.pdf) Information:

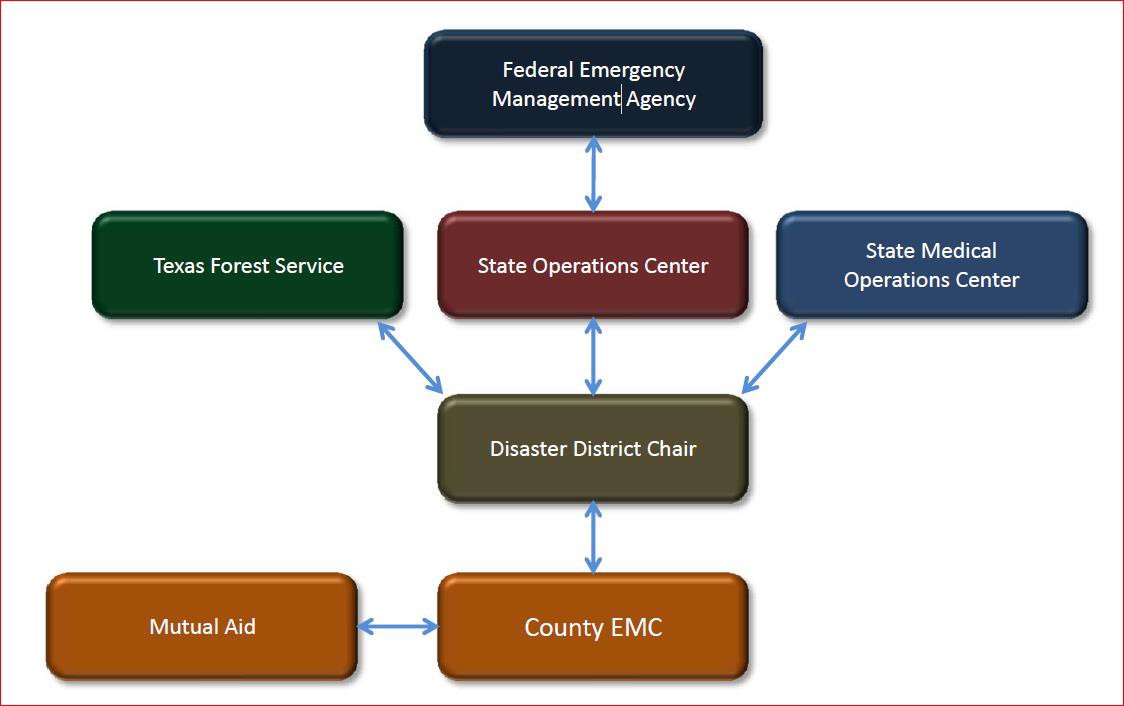


Figure 1

The more information you include in the request, the more likely you will receive what you need in an expeditious manner.