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Emergency Preparedness Plan Template

For Affected Utilities

Water Supply Division, Technical Review and Oversight Team, MC-159
P.O. Box 13087
Austin, TX 78711-3087
512-239-EPP1 (3771)
PDWEPP@tceq.texas.gov
TCEQ Water Homeland Security # 888-777-3186

Option 3a Example

Water System Name: Good Neighbor Mobile Home Park			**PWS ID No. (if applicable):** 9999999
District # (if applicable): NA			**County:** Fort Bend
CCN # (if applicable): NA	**Phone Number:** 999-999-9999		**Email or Fax #:** goodneighbormhp@rosenbergwater.com
Mailing Address: Of preparer	**Street/P.O. Box/Route:** P.O. Box 2		
	City: Rosenberg	**State:** TX	**ZIP:** 99999
Prepared by: Rusty Howard		**Title:** Operator	
Owner: Isla Howard		**Preparer's organization:** Good Neighbor, Inc.	
Circle all Option(s) that apply, Refer to Section III: 1 2 3a 3b 4 5 6 7 8			
Plan Implementation Timeframe: Begin Date February 1, 2012		**Expected Completion Date** June 1, 2012	
Short Explanation of Proposed Plan (i.e. *Using portable generator to power 2 out of 3 wells*)**:** Join TXWARN to receive a portable generator in order to power 1 out of 2 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? Yes			
I certify, under penalty of law, that all the information provided herein is true and accurate to the best of my knowledge. **Signature:**		**Title** Good Neighbor's Operator	

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

1. APPLICABILITY

This emergency preparedness plan template was developed for the operators and administrators of **affected utilities** in order 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 or not its facilities are located therein. 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-EPP1 (512-239-3771) or email PDWEPP@tceq.texas.gov.

A. Describe Your Water System. Check all that apply.

☒ **Residential** ☐ **Commercial** ☐ **Industrial** ☐ **Wholesale** ☐ **Institution**

B. Is This EPP For An [☒ **Existing**] or [☐ **Proposed**] Water System?

2. CONTACT INFORMATION

During any type of emergency, the following persons will be in charge of the water system (contact in the order indicated):

Name	Title Organization	E-Mail	Phone Numbers (include area code)			
			Office	Cellular	Home	Other
Isla Howard	Operator	islahoward@rosenbergwater.com	999-999-9999	999-999-9999	999-999-9999	NA
Rusty Howard	Owner	rustyhoward@rosenbergwater.com	999-999-9999	999-999-9999	999-999-9999	999-999-9999

3. 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.

Where is your distribution system(s) map located? Good Neighbor MHP office at P.O. Box 2 Rosenberg, TX 78759

Option 3a Example

Section II – DESCRIPTION OF THE WATER SYSTEM

INCLUDE ONLY THE EQUIPMENT LOCATED AT YOUR SYSTEM, NOT THE EQUIPMENT LOCATED AT ANOTHER WATER SYSTEM.

1. SOURCE INFORMATION

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

YES ☒ **NO** ☐ **(Go to 1.B)**

TCEQ Source ID	Owner's Designation	Well Location	Used During an Emergency?	Pump Capacity
G9999999A	Well 1	Mile 2 and North FM 202	YES ☒ NO ☐	300 gpm
G9999999B	Well 2	Mile 2 and North FM 202	YES ☐ NO ☒	200 gpm
			YES ☐ NO ☐	gpm

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

YES ☐ **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

C. Does Your Water System Purchase (or Receive) Water?

YES ☐ **NO** ☒ **(Go to 2.A)**

i. 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** ☐

ii. 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	

Option 3a Example

2. TREATMENT INFORMATION

A. Does Your Water System Disinfect the Water? **YES** ☒ **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?**
Chlorine	plant 1	YES ☒ NO ☐	Liquid	56 gals	30	YES ☒ NO ☐
		YES ☐ NO ☐				YES ☐ NO ☐
		YES ☐ NO ☐				YES ☐ NO ☐

B. Does Your Water System Provide Treatment Other Than Disinfection? **YES** ☒ **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**
Orthophosphate	plant 1	YES ☒ NO ☐	Liquid	20 gals	30	YES ☒ NO ☐
		YES ☐ NO ☐				YES ☐ NO ☐
		YES ☐ NO ☐				YES ☐ NO ☐

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

YES ☐ **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

3. DISTRIBUTION SYSTEM INFORMATION

A. Does Your Water System Have Distribution Pumps? **YES** ☒ **NO** ☐ **(Go to 3.B)**

Pump	**Location** *(include pressure plane)*	**Pump Used During an Emergency?**	**Facility Preceding Pump**	**Facility Directly After Pump**	**Pump Capacity**
Booster Pump #1	plant 1	YES ☒ NO ☐	Ground storage #1	distribution	250 gpm
Booster Pump #2	plant 1	YES ☒ NO ☐	Ground storage #2	distribution	250 gpm
		YES ☐ NO ☐			gpm

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

YES ☒ **NO** ☐ **(Go to 4.A)**

Storage Tank Type (*Elevated, Hydropneumatic, Ground or Stand)*	**Location** *(include pressure plane)*	**Tank Used During an Emergency?**	**Facility Preceding Tank**	**Facility Directly After Tank**	**Tank Capacity**
Ground storage #1	plant 1	YES ☒ NO ☐	Wells 1 and 2	Booster pump 1	25,000 gal
Ground Storage #2	plant 1	YES ☒ NO ☐	Wells 1 and 2	Booster pump 2	15,000 gal
Pressure Tank #1	plant 1	YES ☒ NO ☐	Ground Storage #1	Distribution	4,000 gal

Option 3a Example

4. PRESSURE PLANES

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

YES ☐ **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)*

5. SYSTEM DEMAND

	Normal Operation	**Emergency Operation**
Average Daily Demand:	0.25 MGD	0.19 MGD
Maximum Daily Demand:	0.32 MGD	0.23 MGD
System Capacity:	0.72 MGD	0.43 MGD

6. SYSTEM SIZE

A. Does Your Water System Sell/Provide Water To Other Water Systems?

YES ☐ **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 ☐		

B. 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**
Good Neighbor MHP	194	582

7. POWER PROVIDER

Electric Utility or Retail Electrical Provider	First Choice Power

8. OTHER PERTINENT SYSTEM INFORMATION

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

NA

Option 3a Example

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

Contribution member means that you have identified and will make available one or more resources to TXWARN.
COMPLETE OPTION 3a – Sections A through C

OPTION 3b: NEGOTIATION OF LEASING AND CONTRACTING AGREEMENTS

You system has obtained a leasing or contract agreement for emergency power equipment and fuel. The agreements must provide for coordination with the division of emergency management in the Governor's Office.
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
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 3a Example

OPTION 1: PERMANENTLY INSTALLED AUXILIARY GENERATOR(S)

A. Generator Specifications.

Please list all the generators, all of the items to be powered, and the power needs for each item.

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 ☐		YES ☐	YES ☐	Well pump 1 ☐	kW
		2 ☐		NO ☐	NO ☐	Well pump 2 ☐	kW
		3 ☐				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 ☐		YES ☐	YES ☐		kW
		2 ☐		NO ☐	NO ☐		kW
		3 ☐					kW
							kW
		1 ☐		YES ☐	YES ☐		kW
		2 ☐		NO ☐	NO ☐		kW
		3 ☐					kW
							kW

B. Fuel Location

Physical Location of Fuel Supply (GPS or "911" address):

C. Fuel Re-supply

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

D. Electric Schematic

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

Option 3a Example

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 ☐

A. 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)

i. 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 reflecting 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.

ii. 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**

B. 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 Example

Option 3a: CONTRIBUTING MEMBER OF TXWARN (Member that has identified and will make available one or more resources to the TXWARN system.)

A. 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.

B. Generator Specifications

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

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
Duro Max	300 kW	YES ☐	1 ☒	Well pump 1 ☒	100 kW
		NO ☒	2 ☐	Well pump 2 ☐	kW
			3 ☐	Well pump 3 ☐	kW
		Date to be installed May 2012		Booster pump 1 ☒	25 kW
				Booster pump 2 ☒	25 kW
				Booster pump 3 ☐	kW
				Disinfection Equipment ☒	25 kW
				Treatment Equipment ☒	25 kW
				Compressor(s) ☒	25 kW
				☐	kW
		YES ☐	1 ☐		kW
		NO ☐	2 ☐		kW
			3 ☐		kW
		Date to be installed			kW
					kW
					kW
					kW
					kW
					kW
					kW

Option 3a Example

C. Electric Schematic

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

Option 3b: NEGOTIATION OF LEASING AND CONTRACTING AGREEMENTS (Please note that the agreements must provide for coordination with the division of emergency management in the Governor's Office)

A. Provide a signed copy of the agreement

B. Generator Specifications

Please list the generator to be leased, all of the items to be powered, and the power needs for each item.

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 ☐	YES ☐		Well pump 1 ☐	kW
		2 ☐	NO ☐		Well pump 2 ☐	kW
		3 ☐	Date to be installed		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 ☐	YES ☐			kW
		2 ☐	NO ☐			kW
		3 ☐	Date to be installed			kW
						kW
		1 ☐	YES ☐			kW
		2 ☐	NO ☐			kW
		3 ☐	Date to be installed			kW
						kW

Option 3a Example

C. Fuel Location

Physical Location of Fuel Supply (GPS or "911" address):

D. Fuel Re-supply

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

E. Electric Schematic

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

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

A. Please list the storage location of the portable generator. If sharing the generator, 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**

B. Generator Specifications

Please list all the portable generators, all of the items to be powered, and the power needs for each item.

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 ☐		YES ☐	Well pump 1 ☐	kW
		2 ☐		NO ☐	Well pump 2 ☐	kW
		3 ☐		Date to be installed	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 ☐		YES ☐		kW
		2 ☐		NO ☐		kW
		3 ☐		Date to be installed		kW
						kW

Option 3a Example

C. Fuel Location (if applicable)

Physical Location of Fuel Supply (GPS or "911" address):

D. Fuel Re-supply

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

E. Electric Schematic

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

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.

A. On-Site Electrical Generation or Distributed Generation Specifications

Describe On-Site Electrical Generation or Distributed Generation Facility:

B. On-site Electrical Generation or Distributed Generation Specifications

Please list all of the facilities, all of the items to be powered and the power needs for each item.

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

C. Fuel Location

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

D. Fuel Re-supply

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

E. Electric Schematic

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

Option 3a Example

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.

A. Hardening Description

Describe the hardening activities:

B. 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 3a Example

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

A. Direct Engine or Right Angle Drive Specification

Please list all the drives, all of the items to be powered, and the power needs for each item.

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
				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

Option 3a Example

B. Fuel Location (if applicable)

Physical Location of Fuel Supply (GPS or "911" address):

C. Fuel Re-supply

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

D. Electric Schematic

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

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.
  - Option 2 must be completed for this alternative.

A. Alternative Description

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

B. Electric 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.

Option 3a Example

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 in order 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.

1. 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	
National Response Center	800/424-8802	800/424-8802	
State Spill Hotline	800/832-8224	800/832-8224	
Poison Control	800/POISON-1	800/POISON-1	
CHLOREP (Chlorine incidents)	800/424-9300	800/424-9300	
TCEQ Regional Office 12	24-hour cell phone 512/965-2717		
Fort Bend County Health Department	281/434-6494	281/434-6494	hhs@co.fort-bend.tx.us
Harris County Public Health & Environmental Services	713/274-6300	713/274-6300	mchristian@hcphes.org
State Operations Center (TDEM)	512/424-2208	512/424-2208	soc@txdps.state.tx.us
Fort Bend County Emergency Management Office	281/342-6185	281/341-4665 (Sherriff's Office)	braunjef@co.fort-bend.tx.us Emergency alert sign up website: http://www.fbcoem.org/go/doctype/1528/22662/
Harris County Office of Homeland Security & Emergency Management	713/881-3100	713/881-3300	
TXWARN	866/9-TXWARN (866/989-9276)		info@txwarn.org
RWEAC	866/586-6480	866/586-6480	http://www.trwa.org/rweac/
Public Works Response Team	800/824-7303	800/824-7303	eupwti@teexmail.tamu.edu

Option 3a Ex

2. 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	Mayor John Quimbly	Mayor	999-999-9999	NA	NA	CityofRosenberg@att.net
Hospitals served by the Affected Utility	Dr. Jack Brownstein	Department Supervisor	999-999-9999	NA	999-999-9999	hospitalservice@att.net
Pharmacies	NA					
Priority Water Users (Those that are critically dependent upon water including schools, nursing homes, dialysis centers, institutions, individuals, businesses, interconnected water systems, etc.)	NA					
Others						

3. 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**
chlorine (liquid)	WUC,Inc.	Jack Manning	999-999-9999			JManning@WUCinc.com
orthophosphate	WUC,Inc.	Jack Manning	999-999-9999			JManning@WUCinc.com

4. 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**
biodiesel	Keep it Green, Inc.	Tom Green	999-999-9999			getbiodiesel@meanngreen.com

Option 3a Example

5. Utilities Contact Information

Identify your Utilities Contacts. You may need to contact them during an emergency

			Phone Numbers (include area code)			
Organization	**Contact Name**	**Title**	**Day**	**Evening**	**Cellular/Pager**	**E-Mail**
Electric Utility Company	First Choice Power		999-999-9999	999-999-9999	999-999-9999	electricenergy@firstchoice.com
Gas Utility Company	Centerpoint		999-999-9999	999-999-9999	NA	gasutility@centerpoint.com
Sewer Utility Company	City of Rosenburg Utility	City employee	999-999-9999	NA	999-999-9999	sewerservice@cityofrosenberg.net
Telephone Utility Company	Fort Bend Telephone Company		999-999-9999	999-999-9999	999-999-9999	fortbendtelco@cityofrosenberg.net
Wholesale Water Provider	NA					
Wholesale Water Provider	NA					
Other						

6. 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	NA					
Bottle Water Sources	NA					

7. Media Notification List

Identify the media organizations that you might need to contact to decimate information to your customers. Also identify who is your media spokesperson

Organization	**Contact Name**	**Title**	**Day**	**Evening**	**Cellular/Pager**	**E-Mail**
Designated Water System Spokesperson	Mr. Justin Case	Water Supply Representative	999-999-9999	NA	999-999-9999	waterguy@cityofrosenberg.net
Newspaper - Local	Good Neighbor Gazette	Reporter	999-999-9999	999-999-9999	999-999-9999	local@gngazette.net
Newspaper – Regional State	Rosenberg Daily	Reporter	999-999-9999	999-999-9999	999-999-9999	regional@rosenbergdaily.net
Radio	KMFDM - 99.9		999-999-9999	NA	NA	kmfdm@cityofrosenberg.net

Option 3a Example

Television	KUT 26	local news channel	999-999-9999	NA	NA	kutnews@cityofrosenberg.net
Other						

Option 3a Example

Section V - Emergency Water Use Restrictions

1. EXPLANATION AND AUTHORITY

During periods of drought, a major leak, a system failure, or excessive consumption beyond the capacity of the system, etc., the Good Neighbor MHP *(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 MHP's rental agreement (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: Good Neighbor MHP *(e.g. PWS name, owner name, owner representative, Operator, etc)*.

2. WATER RESTRICTION STAGES

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	Well runs 12 hours out of 24 hours	10% reduction in total water use
		Customers are requested to volunarily limit the use of water for all outside activites.
II	Daily well pumpage exceeds 1.5 times the daily average for three consecutive days	Limit all outdoor watering activities to 2 days a week
		Alternate days for even and odd addresses
	Well pumpage exceeds 2 times the daily average for three consecutive days	Limit all outdoor watering activities to 1 day a week
		Alternate days for even and odd addresses
III	Daily well pumpage exceeds 2.5 times the daily average for three consecutive days	No outside water usage for any reason

Option a Example