

Appendix H: EXAMPLE OF A COMPLETED CPE-REQUEST FORM

COMPREHENSIVE PERFORMANCE EVALUATION REQUEST FORM

FOR PUBLIC WATER SYSTEMS THAT ARE USING SURFACE WATER SOURCES OR GROUND WATER SOURCES UNDER THE INFLUENCE OF SURFACE WATER THAT ARE REQUIRED TO CONDUCT A COMPREHENSIVE PERFORMANCE EVALUATION

PUBLIC WATER SYSTEM NAME: Aguaville WSC PWS ID No.: 9876543
 PLANT NAME OR NUMBER: Schulze Surface Water Treatment Plant

EVENTS THAT TRIGGERED THE CPE REQUEST			
EVENT NUMBER 1		EVENT NUMBER 2	
Filter Number:	<u>5</u>	Filter Number:	<u>3</u>
Date of Event:	<u>April 5, 2011</u>	Date of Event:	<u>May 13, 2011</u>
FAR Prepared?	<u> </u>	FAR Prepared?	<u> </u>
CAP Prepared?	<u> </u>	CAP Prepared?	<u> </u>

PUBLIC WATER SYSTEM PREFERENCES			
PREFERRED DATES FOR CPE:			
(1) Week of:	<u>June 10, 2011</u>		
(2) Week of:	<u>June 17, 2011</u>		
(3) Week of:	<u>July 15, 2011</u>		
ADMINISTRATIVE CONTACT INFORMATION:		PLANT CONTACT INFORMATION:	
Name:	<u>Haile Paide</u>	Name:	<u>Mas Papeleo</u>
Title:	<u>General Manager</u>	Title:	<u>Plant Superintendent</u>
Phone:	<u>(123) 456-7890</u>	Phone:	<u>(123) 456-8907</u>
Fax:	<u>(123) 456-7809</u>	Fax:	<u>(123) 456-7809</u>
Address:	<u>Aguaville WSC</u>	Address:	<u>Aguaville WSC</u>
	<u>RR 4, Box Z</u>		<u>RR 5, Box A</u>
	<u>Aguaville, TX 78900</u>		<u>Aguaville, TX 78900</u>

I certify that I am familiar with the information contained in this report and that, to the best of my knowledge, the information is true, complete, and accurate.

Operator's Signature: _____ Date: May 12, 2011
 Name (printed): Haile Paide
 If applicable, Certificate No. and Class: NA

The request must be submitted with your Monthly Operational Report and a copy should be faxed to the Drinking Water Section at (512) 239-6060 as soon as it is signed. TCEQ/WSD/Public

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