

# TCEQ PUBLIC WATER SYSTEM PLAN REVIEW SUBMITTAL FORM

(Complete, Seal and Attach to Submittal Package)

## WATER SYSTEM INFORMATION

Date:		
TCEQ PWS Identification No.: (Facilities will be assigned this PWS No.)		
Water System Name:		

## OWNER INFORMATION

Water System Owner:			
Address:		(AC) Phone:	
Responsible Official:		Title:	
County (System Location):		Mechanism & Source of Financing: (i.e. loans, rates, self-financed, etc.)	
Subdivision Sec., Phase, Unit, Etc.			

## ENGINEER INFORMATION

Engineer Name:		Registration No.:	
Firm Name:		Firm No.:	
(AC) Phone:		(AC) Fax:	
Firm Address:			

## SUBMITTAL INFORMATION

<b>Is this submittal for a new public water system?</b>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
If no, proceed to the <i>Project Information</i> section on Page 2. If no PWS number exists, the owner must submit a core data form and business plan, if required, in accordance with §290.39(f) and (g).	

## NEW (PROPOSED) WATER SYSTEMS

(Only complete this section if this submittal is for a NEW water system)

For new (proposed) system submittals, please provide 2 copies of the submittal and attach the following:

<input type="checkbox"/>	A list of all water utilities within ½ mile of the proposed service area boundaries (reference 30 TAC 290.39(c)(1))	
<input type="checkbox"/>	Copies of written responses from each of the entities listed above (reference 30 TAC 290.39(c)(1))	
<input type="checkbox"/>	Copies of formal applications for service from each of the following (reference 30 TAC 290.39(c)(1)) :	
<input type="checkbox"/>	Any municipality if the system is within its ETJ	
<input type="checkbox"/>	Any district or other political subdivision whose corporate boundaries are within ½ mile of the proposed service area boundaries	
<input type="checkbox"/>	Any other water service provider whose certificated service area boundary is within ½ mile of the proposed service area boundaries	
<input type="checkbox"/>	Documentation that all application requirements, including fee payments, are current.	
<input type="checkbox"/>	<p><b>Business plan:</b> Please complete the financial ability form, provide a cost summary for the proposed project, and submit a business plan (reference 30 TAC 290.39 (f)). The business plan must confirm capital available to construct the system according to TCEQ requirements. Acceptable financial information can include some of the following:</p> <p style="padding-left: 20px;">Financial statements (preferably audited), CPA compilation report, tax returns, statements of net worth, bank statements. If the project is being funded with loan proceeds, provide a loan commitment letter from the lender specific to this project.</p> <p>If the plan submittal is for a community system, also provide a copy of the Certificate of Convenience and Necessity (CCN) application submitted to the Public Utility Commission of Texas (PUC), and complete items referenced in 30 TAC 290.39 (f) (1 - 13).</p>	

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<input type="checkbox"/>	Justification for constructing a separate system (if one of the entities listed above is willing to provide service)
<input type="checkbox"/>	TCEQ Core Data Form (No. 10400)
<input type="checkbox"/>	Emergency Preparedness Plan (No. 20536) if serving water in Harris or Fort Bend Counties and have overnight accommodations

### CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN)

Certificates of Convenience and Necessity (CCN) applications are processed by the Public Utility Commission of Texas (PUC) and are required for privately owned systems and water supply corporations. If a CCN is required and a CCN does not exist, the applicant must obtain a CCN number or have the application accepted for filing at the PUC before a PWS project submittal can be technically reviewed. In addition, if a submittal is for a project located outside the CCN area, a CCN amendment application must be submitted before a project may be reviewed for construction approval. Please refer to PUC for additional information at: <http://www.puc.texas.gov/industry/water/guidance/UtilRulesGuidance.aspx>.

Will the proposed PWS be owned by either an investor owned utility (IOU) or water supply corporation (WSC)? If yes, please indicate which type of entity _____.	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Has a CCN application been submitted to the PUC? If yes, please provide the date of acceptance _____.	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
List the name, license number and class of the operator for the proposed system:	

### PROJECT INFORMATION

If a system does NOT have a PWS number, the sections above must be filled out

All engineering documents must be sealed, signed, and dated by a Texas registered professional engineer. An engineering report that includes the number of connections to be served must accompany each project. Please check each box that is applicable.

If this submittal is a revision of previously submitted plans, please provide the assigned TCEQ log number:	
<u>New Projects/Facilities</u>	<u>Modifications to Existing Facilities</u>
<input type="checkbox"/> Water well construction – Proposed	<input type="checkbox"/> Surface water treatment plant modifications
<input type="checkbox"/> Well completion data for approved well	<input type="checkbox"/> Storage capacity modifications
<input type="checkbox"/> Ground water treatment plant – New	<input type="checkbox"/> Distribution system modifications
<input type="checkbox"/> Surface water treatment plant – New	<input type="checkbox"/> Pressure maintenance facilities modifications
<input type="checkbox"/> Proposed Innovative/Alternative Treatment	<input type="checkbox"/> Disinfection facilities or other modifications
<input type="checkbox"/> Request for rule exception	<input checked="" type="checkbox"/>
<input type="checkbox"/> Preliminary engineering report without plans	
<input type="checkbox"/> Texas Water Development Board Project No.:	
<input type="checkbox"/> As-Built Plans & Engineering Report	
<input type="checkbox"/> Other (please describe):	

### SIGNATURE AND CERTIFICATION

<i>The following certification indicates I have the authority to make submittals on behalf of the PWS referenced on Page 1. I hereby certify that the above information is, to the best of my knowledge, true and correct:</i>	<b><u>Signature/P.E. Seal Required below:</u></b>
Engineer's Signature:	
Engineer's Printed Name:	
Date:	
Please call (512) 239-4691 if you have questions regarding this form. Your cooperation will help us provide better service. Additional helpful information and rules are available at the Public Water System Plan Review website.	