

# Appendix E: Example CPE Request

**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: City of Example PWS ID No.: 1234567  
 PLANT NAME OR NUMBER: 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>5-Jan-02</u>	Date of Event:	<u>13-Feb-02</u>
FAR Prepared?	<u>Yes</u>	FAR Prepared?	<u>No</u>
CAP Prepared?	<u>Yes</u>	CAP Prepared?	<u>No</u>

PUBLIC WATER SYSTEM PREFERENCES	
PREFERRED DATES FOR CPE:	
(1) Week of:	<u>March 10, 2002</u>
(2) Week of:	<u>March 15, 2002</u>
(3) Week of:	<u>April 15, 2002</u>
ADMINISTRATIVE CONTACT INFORMATION:	PLANT CONTACT INFORMATION:
Name: <u>Lisa Brown</u>	Name: <u>John Smith</u>
Title: <u>Operations Manager</u>	Title: <u>Lead Operator</u>
Phone: <u>123-456-7890</u>	Phone: <u>123-456-9078</u>
Fax: <u>123-456-1010</u>	Fax: <u>123-456-1010</u>
Address: <u>City Hall</u> <u>100 Main St.</u> <u>Example, TX</u> <u>78699</u>	Address: <u>Water Plant</u> <u>901 Water Rd.</u> <u>Example, TX</u> <u>78699</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: *John Smith* Date: February 15, 2002

Name (printed): John Smith

If applicable, Certificate No. and Class: WS123456, A

The request must be submitted with your Monthly Operational Report and a copy should be faxed to the Drinking Water Section at (512) 239-6050 as soon as it is signed. TCEQ/WSD/Public

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TCEQ - 10278 (01-22-02)
CPE Request Form