

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:	
Name:	<u>Lisa Brown</u>
Title:	<u>Operations Manager</u>
Phone:	<u>123-456-7890</u>
Fax:	<u>123-456-1010</u>
Address:	<u>City Hall</u> <u>100 Main St.</u> <u>Example, TX</u> <u>78699</u>
PLANT CONTACT INFORMATION:	
Name:	<u>John Smith</u>
Title:	<u>Lead Operator</u>
Phone:	<u>123-456-9078</u>
Fax:	<u>123-456-1010</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