TCEQ Logo, clouds on the horizon above the letters TCEQFinancial, Managerial, and Technical (FMT) Assistance Contract

Objective 1 Assignment: FMT Capacity Assessment

Instructions: Fill in all shaded fields and then email the form to [FMT@tceq.texas.gov](mailto:FMT@tceq.texas.gov).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referred By: | Referred By | | | |
| System Name: | System Name | | | |
| Physical Location: | Physical Location | | | |
| County: | County | TCEQ Region: | | TCEQ Region Number |
| PWS ID or WW Permit Number: | | CCN Number: | | |
| PWS ID or WW Permit Number | | CCN Number | | |
| Customer Reference Number (CN): | | Regulated Entity Number (RN): | | |
| CN | | RN | | |
| Type of System (select one): | | | | |
| WSC | District | Municipality | | IOU |
| Enforcement Information: | | | | |
| In Enforcement: | Yes | No | | Pending |
| Docket Number: | Enforcement Docket Number | | | |
| Assessment Information: | | | | |
| Assessment Type: | DWSRF | Other: | Explanation of Other | |
| Project Information: | | | | |
| Project Information | | | | |
| Contact Information: | | | | |
| System Contact: | System Contact | Primary Phone: | | Primary Phone |
| Title: | Title | Secondary Phone: | | Secondary Phone |
| Attachments: | | | | |
| FYXX IUP PIF No. IUP PIF Number | | FYXX IUP Applicant Information | | |
| CCI | NOE/NOV | Enforcement Order | | Correspondence |
| Other (explain): | Explanation of Other Attachment(s) | | | |
| **To Be Completed By TCEQ:** | | | | |
| Instructions: | Special Instructions | | | |
| Assignment Date: | Assignment Date | Log Number: | | F-Log Number |
| Priority: | Routine | Medium | | High |