Financial, Managerial, and Technical (FMT) Assistance Contract

Objective 2 Assignment: Consolidation Assessment

Instructions: Fill in all fields and then email the form to FMT@tceq.texas.gov

|  |  |
| --- | --- |
| Referred By: | Referred By |
|  | **System to be Consolidated:** | **Consolidating System:** |
| System Name: | System Name | System Name |
| Physical Location: | Physical Location | Physical Location |
| County: | County | County |
| TCEQ Region: | TCEQ Region Number | TCEQ Region Number |
| PWS ID/WW Permit: | PWS ID or WW Permit Number | PWS ID or WW Permit Number |
| CCN Number: | CCN Number | CCN Number |
| Customer Reference: | CN | CN |
| Regulated Entity: | RN | RN |
| System Contact: | System Contact | System Contact |
| Title: | Title | Title |
| Primary Phone: | Primary Phone | Primary Phone |
| Secondary Phone: | Secondary Phone | Secondary Phone |
| Type of System to be Consolidated (select one): |
| [ ]  WSC | [ ]  District | [ ]  Municipality | [ ]  IOU |
| Enforcement Information: |
| In Enforcement: | [ ]  Yes | [ ]  No | [ ]  Pending |
| Docket No: | Enforcement Docket Number  |
| Nature of Referral: |
| Nature of Referral |
| Attachments: |
| [ ]  CCI | [ ]  NOE/NOV | [ ]  Enforcement Order | [ ]  Correspondence |
| [ ]  Other (explain): | Explanation of Other Attachment(s) |
| **To Be Completed By TCEQ:** |
| Special Instructions: | Special Instructions |
| Assignment Date: | Assignment Date | Log Number: | X-Log Number |
| Priority: | [x]  Routine | [ ]  Medium | [ ]  High |