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| TCEQ Logo | Texas Commission on Environmental Quality  Technical Review and Oversight Team  Alternative Capacity Requirement (ACR)  Submittal Form |

# *(Please complete this form and submit with your ACR request. More instructions on other side)*

## Requestor Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | Title (or P.E.) |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Address Line 1 (Name of engineering firm or public water system you represent) |  |

|  |  |
| --- | --- |
|  |  |

*Address Line 2 (Street address)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Alternate Phone: |  |

## Public Water System (PWS) Information

|  |  |
| --- | --- |
| PWS Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 7-DIGIT PWS ID (REQUIRED): |  | Requesting ACR for (type of capacity) : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Water Type (ground / surface): |  | Current active connections: |  |
| System Type (C, NTNC, TNC): |  | Total production capacity: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total pressure tank capacity: |  | Total ground storage capacity: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total service pump capacity: |  | Total elevated storage capacity: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Maximum Daily Demand (MDD):** |  | **Date that MDD occurred:** |  |

|  |  |
| --- | --- |
| **Number of active connections on Date of MDD:** |  |

## Instructions

*Please fill out the front side of this form with your contact information and public water system information and submit with your Alternative Capacity Requirement (ACR) request package.*

*If this is a proposed water system and a 7-digit PWS ID has not been issued by TCEQ, write “proposed” in the ‘7-DIGIT PWS ID (REQUIRED)’ field.*

*For ‘Water Type’ enter* ***“surface water”*** *if your system treats surface water or purchases surface water from another system. Enter* ***“groundwater”*** *if your system only has wells and does not purchase surface water or if your system owns no sources and purchases only groundwater.*

*For ‘System Type’ enter* ***“Community”****,* ***“Nontransient Noncommunity”****, or* ***“Transient Noncommunity”*** *depending on your system type.*

*More information about your system’s wells, facilities and sampling may be found on the Texas Drinking Water Watch webpage:*

***http://dww2.tceq.texas.gov/DWW/***

*The Maximum Daily Demand (MDD) fields in bold at the bottom of the form should be entered with data corresponding to the day with the highest production/usage in the three years of daily records you submit. Enter these fields with the date, number of gallons served, and the number of active connections on the date of maximum demand.*

*In addition to this form, your submission* ***must include*** *a signed cover letter and the documentation listed below. Partial or incomplete submissions will not be approved.*

## ACR Required Information

1. A detailed inventory of the system’s major production, pressurization, and storage facilities.
2. Records of the system’s **daily production**. The period reviewed shall not be less than three years and must end within 90 days of the date of your submittal.
3. Records of the number of active connections each month for the submitted daily production data to determine the actual demand per connection experienced.
4. Description of any unusual demands on the system such as fire flows or major main breaks that will invalidate unusual peak demands experienced in the study period.

# *ACR request must be mailed to the following address:*

**Technical Review and Oversight Team (MC 159)**

**Texas Commission on Environmental Quality**

**P.O. Box 13087**

**Austin, TX 78711-3087**