TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**2022 Water Quality Emergency Preparedness System (WQ EPS) Update**

FOR PUBLIC & PRIVATE DOMESTIC

WASTEWATER TREATMENT FACILITY (WWTF)

# SECTION 1. PERMIT INFORMATION

1. WQ Permit Number: WQ00 Click here to enter text.
2. Permittee’s Name: Click here to enter text.
3. WWTF Name: Click here to enter text.
4. WWTF Direct Phone Number: Click here to enter text.
5. WWTF After Hours Emergency Hotline Phone Number: Click here to enter text.
6. WWTF United States Postal Service **Physical** Address (**No P.O. Box**): Click here to enter text.
7. City, State, and Zip Code: Click here to enter text.
8. WWTF Location Description: (The description must include the direction and distance in feet or miles from road intersections. i.e. *The facility is located on the North side of FM 123, 2.3 miles west of the intersection of FM 123 and Hwy 1)*. Click here to enter text.
9. County: Click here to enter text.
10. WWTF Latitude and Longitude at the **Front Gate**, decimal degrees format to six decimal places.

(i.e. 24.698524; -96.435620): Lat Click here to enter text. Long Click here to enter text.

# SECTION 2. PRIMARY HOMELAND SECURITY CONTACT PERSON

Contact Name: Click here to enter text. Title: Click here to enter text.

Mailing Address: Click here to enter text.

City, State, and Zip Code: Click here to enter text.

E-mail Address: Click here to enter text.

Work Phone Number: Click here to enter text. Cell Phone Number: Click here to enter text.

# SECTION 3. SECONDARY HOMELAND SECURITY CONTACT PERSON

Contact Name: Click here to enter text. Title: Click here to enter text.

Mailing Address: Click here to enter text.

City, State, and Zip Code: Click here to enter text.

 E-mail Address: Click here to enter text.

Work Phone Number: Click here to enter text. Cell Phone Number: Click here to enter text.

**SECTION 4. OUTSIDE OPERATING COMPANY CONTACT PERSON**

Is the daily operation of the WW contracted to an outside operating company?

Yes [ ]    No [ ]  Company Name: Click here to enter text.

Contact Name: Click here to enter text. Title: Click here to enter text.

Mailing Address: Click here to enter text.

City, State, and Zip Code: Click here to enter text.

E-mail Address: Click here to enter text.

Work Phone Number: Click here to enter text.Cell Phone Number: Click here to enter text.

**SECTION 5. WASTEWATER TREATMENT FACILITY (WWTF) INFORMATION**

1. What is the **annual estimate** of the total population served by this WWTF? Click here. *Note:* *Please do not list population as zero, unless the WWTF status is inactive. If this WWTF serves other communities (Section C.), be sure to list the* ***cumulative******total****.*
2. Does the WWTF have back-up power? Yes [ ]     No [ ]

If yes, what type of fuel does the power source use? Click here to enter text.

*Note:* *Please be sure to list the* ***type of fuel*** *the power source uses (Butane Gas, Battery, Diesel, Fuel Oil, Gasoline, Propane or LP Gas, Natural Gas, Solar, Wind generator, Other – if other list the fuel type.)*

1. Does the WWTF serve other communities (ie. cities, MUDs, WCIDs, etc.)?

Yes [ ]     No [ ]

If Yes, identify the communities served:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CommunityServed (Name) | Estimated Community Population | Emergency Contact Name | Company Name | Contact Email Address | Contact Work Phone | Contact Cell Phone | Number of Lift Stations |
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1. List Individual Community Lift Station Information *Provide each lift station latitude and longitude in decimal degrees to six decimal places.* If you have many lift stations to report, you may wish to download TCEQ **attachment form** **20744c** at <https://www.tceq.texas.gov/permitting/wastewater/homeland-security> and submit electronically to Homeland@tceq.texas.gov

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Community Lift Station Name | Latitude(Decimal Degrees) | Longitude(Decimal Degrees) | Pressure or Vacuum Sewer System **Yes/No** | Permanent Generator on Site**Yes/No** | Wired for Portable Generator?**Yes/No** | Kilowatts | Voltage | Phase | **\***Fuel Type | Additional Fuel Supply Onsite?**Yes/No** | Hours of Operation on Fuel Supply |
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**\* Fuel Type:** *(Butane Gas, Battery, Diesel, Fuel Oil, Gasoline, Propane or LP Gas, Natural Gas, Solar, Wind generator, Other – if other list the fuel type.)*

# SECTION 6. COLLECTION SYSTEM INFORMATION

1. How many lift stations are in the collection system(s) connected to this WWTF? Click here to enter text.
2. Does the collection system(s) have ANY pressure or vacuum sewer systems (not force mains)? Yes [ ]     No [ ]
3. How many portable generators are available for use? Click here to enter text.
4. List Individual WWTF Lift Station Information *Provide each lift station latitude and longitude in decimal degrees to six decimal places.* If you have many lift stations to report, you may wish to download TCEQ **attachment form 20744c** located at <https://www.tceq.texas.gov/permitting/wastewater/homeland-security> and submit electronically to Homeland@tceq.texas.gov

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WWTF Lift Station Name | Latitude(Decimal Degrees) | Longitude(Decimal Degrees) | Pressure or Vacuum Sewer System **Yes/No** | Permanent Generator on Site**Yes/No** | Wired for Portable Generator?**Yes/No** | Kilowatts | Voltage | Phase | **\***Fuel Type | Additional Fuel Supply Onsite?**Yes/No** | Hours of Operation on Fuel Supply |
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**\* Fuel Type:** *(Butane Gas, Battery, Diesel, Fuel Oil, Gasoline, Propane or LP Gas, Natural Gas, Solar, Wind generator, Other – if other list the fuel type.)*

# SECTION 7. ANNUAL EMAIL NOTIFICATION CONTACT

Provide contact information for the individual(s) that should receive the annual email notice and data entry security code.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Annual Contact Name** | **Company Name** | **Title** | **Mailing Address** | **City** | **State** | **Zip Code** | **Email Address** | **Work Phone** | **Cell Phone** |
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**Please type or print the information and submit the completed form within 30 days of receipt:** Via **email** (*preferred method)* at: Homeland@tceq.texas.gov (include your permit number and WWTF Name in the subject line) Or by **mail** to: TCEQ, WQD Homeland Security (MC-148), P.O. Box 13087, Austin, TX 78711-3087