

Texas Water Development Board Water Project Information							
A. Project Name		B. Project No.		C. County			
D. Program(s)		E. Date		F. Regional Planning Group (A-P)			
G. Water Project Description: (Multiphase project, new or expansion; plant, well, storage, pump station, distribution system, etc)							
Attach map of service area affected by Project or other documentation.							
H. Is an Inter Basin Transfer potentially involved? Yes <input type="checkbox"/> No <input type="checkbox"/>			I. Is project located in a Groundwater District (If yes, identify District by name)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
J. Service Area Projected Population for at least a 20 year period: (if different from Planning Area, discuss in separate attachment)	Current Population		Projected Population				
	Year:	20	2020	2025	2030	2035	2040
	Population:						
Project Design Year: (Year for which project will be sized)		20		Design Population: (Population served by project on the design year)			
K. Is the proposed project included in a current Regional Water Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> (If Yes , please specify on what page in the Regional Water Plan - Regional Water Plan Page Number: _____)							
L. What type of water source is associated directly with the proposed project ? Surface Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Reuse <input type="checkbox"/>							
M. Will the project increase the volume of water supply? Yes <input type="checkbox"/> No <input type="checkbox"/>							
N. What volume of water is the project anticipated to deliver/ treat per year? _____ Acre-Feet/Year							
O. Current Water Supply Information							
Surface Water Supply Source / Provider Names		Certificate No.		Source County		Annual Volume and Unit	
Groundwater Supply Aquifer		Well Field location		Source County		Annual Volume and Unit	
Reuse Water		Certificate No.		Annual Amount Used and Unit			
P. Proposed Water Supply Associated Directly with the Proposed Project							
Surface Water Supply Source / Provider Names		Certificate No.		Source County		Annual Volume and Unit	
Groundwater Supply Aquifer		Well Field location		Source County		Annual Volume and Unit	
Reuse Water		Certificate No.		Annual Amount Used and Unit			
Q. Consulting Engineer Name			Telephone No.		E-mail address		
R. Applicant Contact Name, Title			Telephone No.		E-mail address		

All boxes on this form must be filled out for the application to be administratively complete. Items may be marked as N/A if appropriate.