

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 No		I. Is project located in a Groundwater District (If yes, identify District by name)? Yes No					
J. Service Area Projected Population for at least a 20 year period:	Current Population		Projected Population				
	Year:	20_____	2020	2025	2030	2035	2040
	Population:						
Area projected for: (Check one)	Project service area Utility boundary City boundary		Projection data source:				
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 No Don't Know (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 Groundwater Reuse							
M. Will the project increase the volume of water supply? Yes No							
N. What volume of water is the project anticipated to deliver/ treat per year? _____ Acre-Foot/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.