|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Entity:** |  | **PWS ID No.:** | TX |

|  |  |
| --- | --- |
| If this project **HAS NOT** received a funding commitment, provide the associated Project Information Form number(s) (PIF #) for this update. |  |
| If the project **HAS** received a funding commitment, provide the associated five-digit Project number for this update. |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5. RATING CRITERIA FOR PWS PROJECTS** | | | | | | | |
| * PWS projects: Fill out Section 5. * Source Water Protection projects: Proceed to Section 6. | | | | | | | |
| **Total Storage Capacity** (in gallons) | | |  | **Total Production Capacity** (MGD) | |  | |
|  | | | | | | | |
| **Attach any documentation that supports the responses to the following questions.** (Refer to TCEQ notice of violation letter, if applicable.) | | | | | **Yes** | | **No** |
| **A.** | Has the entity’s system experienced documented instances of water contaminants exceeding the primary or secondary maximum contaminant level (MCL)? | | | |  | |  |
| **B.** | Has the entity’s system experienced documented outages in the water distribution system? | | | |  | |  |
| **C.** | Is the system’s documented water production capability less than 85% of the minimum required by TCEQ? | | | |  | |  |
| **D.** | Is the system’s documented treated water storage capacity less than 85% of the minimum required by TCEQ (including total storage, elevated storage, and/or pressure tank)? | | | |  | |  |
| **E.** | Has the system experienced distribution system disinfection residuals of less than 0.2 mg/l free chlorine or 0.5 mg/l chloramines as applicable? | | | |  | |  |
| **F.** | Has the system experienced documented instances of water distribution pressures: | | | | **Yes** | | **No** |
|  | **1.** | less than 20 PSI? | | |  | |  |
|  | **2.** | less than 35 PSI? | | |  | |  |
| **G.** | Is the system experiencing documented water distribution losses of greater than 25%? | | | |  | |  |
|  | | | | | | | |
| **Benefits to Other Public Water Systems – Consolidation Projects** | | | | | **Yes** | | **No** |
| **H.** | Will the proposed project benefit any other public water systems (i.e., one the entity is currently serving or proposes to serve)?   * If **“Yes,”** the entity must also submit the Consolidation Project Worksheet (DW-009) for each water system that will benefit from this project. * If **“No,”** proceed to Section 6. | | | |  | |  |