|  |  |  |  |
| --- | --- | --- | --- |
| **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. |       |

This form is intended to identify other public water systems that would benefit from the proposed project. It specifically applies to all public water systems that the entity owns, currently serves, or proposes to serve.

Submit a form for each public water system affected. The entity must provide written documentation of agreement with the public water systems that it proposes to serve. Incomplete forms may prevent the project from being ranked or may reduce the total number of points that the entity’s project receives.

|  |
| --- |
| **CURRENT OR PROPOSED SYSTEMS SERVED** |
| **Water System Name** | **PWS ID No.** | **Population Served** | **Number of Connections** | **What % of the system’s water does the entity provide?** |
|       | TX      |       |       |     |
|  |
| **Consolidation Checklist** | **Yes** | **No** |
| **1.** | **Does the entity currently own this public water system?** | [ ]  | [ ]  |
| **2.** | **Does the entity propose to take over ownership of this public water system?** | [ ]  | [ ]  |
| **3.** | **Is the entity providing or will it provide water service to this system through an interconnection with the entity’s system?** | [ ]  | [ ]  |
| **4.** | **Has the system experienced documented instances of water distribution outages?** | [ ]  | [ ]  |
| **5.** | **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?** | [ ]  | [ ]  |
| **6.** | **Is the system’s documented water production capability less than 85% of the minimum required by TCEQ?** | [ ]  | [ ]  |
| **7.** | **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)?** | [ ]  | [ ]  |
| **8.** | **Has the system experienced documented instances of water distribution pressures below 20 PSI?** | [ ]  | [ ]  |
| **9.** | **Has the system experienced documented instances of water distribution pressures between 20 and 35 PSI?** | [ ]  | [ ]  |
| **10.** | **Has the entity’s system experienced documented instances of water contaminants exceeding the primary and secondary Maximum Contaminant Level (MCL)?** | [ ]  | [ ]  |
| **11.** | **Is the system experiencing documented water distribution losses of greater than 25%?** | [ ]  | [ ]  |
|   |
| **For each “Yes” response to Questions 4-11, indicate the solution proposed by this project.** |
| **Identified Problem****(from above checklist)** | **Proposed Solution** |
|       |       |
|       |       |
|       |       |
|       |       |