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

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| --- | --- |
| 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. |  |

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| **Section 4. PROJECT DESCRIPTION** | |
| **Briefly describe the proposed project and how it will address the items in Section 5 to which the entity responds “Yes.” A project may consist of one or more projects that are intended to address specific system conditions.** | |
| **Current Health and Compliance Factor and/or Maximum Contaminant Level (MCL) Violations and Physical Deficiencies** | **Proposed Project Description** |
|  |  |
| **Urgent Need. If the entity is requesting Urgent Need funding, please provide a description of circumstances that justify urgent need support, and a timeline of expected project activity.** | |
|  | |