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Emergency Preparedness Plan Template

For All Affected Utilities Except Fort Bend and Harris Counties

Assistance

If you need assistance with the EPP template, please fill out the **EPP Help Form** at www.tceq.texas.gov/goto/epp-help and TCEQ will contact you via email or phone to work with you.

General Instructions

- On page 1 complete "General Information" table, circle the option(s) chosen, answer the questions, and sign the certification.
- Complete sections I, II, read section III, in section IV complete the option(s) chosen that apply to your affected utility, and complete Section V as applicable to your affected utility (county judge and sheriff's office information are required).
- Attachments A explains the EPP submittal and distribution requirements, and attachments B - D do not have to be filled out but are supplemental information to assist you in the event of an emergency.

General Information

Water System Name:	Air Park Estates
PWS ID No. (if applicable):	0430060
District No. (if applicable):	
County:	Collin
CCN No. (if applicable):	12860
Owner:	Air Park Homeowner's Association
Prepared by:	Susan Ross-Whitesell
Preparer's Phone No.:	(972) 380-2976
Preparer's Email:	suewhitesell@sbcglobal.net
Preparer's Mailing Address:	6355 Stinson St.
Preparer Title:	
Preparer's Organization:	
Expected Completion Date for EPP Plan Implementation:	June 1, 2022

Option(s) Chosen:

- Refer to Section III-ALTERNATE POWER OPTIONS OVERVIEW.

Circle **all** Option(s) that will provide emergency operations during extended power outages lasting more than 24 hours for this affected utility.

1 2A 2B 3A 3B 4 5 6 7 8A 8B 9 10A 10B 11 12 13 14

- Short Explanation of Proposed Emergency Preparedness Plan: Reliance on the City of Plano to provide water
- Will this plan provide for 20 pounds per square inch (psi) of pressure to all your direct customers during a power outage lasting more than 24 hours caused by a natural disaster? Yes
- Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment? No

I certify, under penalty of law, that all the information provided herein is true and accurate to the best of my knowledge.

Signature: _____ Title

Date

SECTION I – INTRODUCTION

1. APPLICABILITY

This emergency preparedness plan template was developed for the operators and administrators of affected utilities to comply with the requirements for “affected utilities” in Texas Water Code, Section 13.1394 as required by Senate Bill 3 (SB 3) and to demonstrate the affected utility’s ability to provide emergency operations during extended power outages lasting **more than 24 hours**.

An **affected utility** is a retail public utility, exempt utility, or provider or conveyer of potable or raw water service that furnishes water service to more than one customer, provides overnight accommodations, and **is not** an affected utility under Texas Water Code, Section 13.1395. An **extended power outage** means a power outage lasting more than 24 hours.

If you believe that you are NOT an affected utility please email **PDWEPP@tceq.texas.gov** to ensure that the requirements do not apply to the water system.

A. Describe Your Water System. Check all that apply.

☒ Residential ☐ Commercial ☐ Industrial ☐ Wholesale ☐ Institution

B. Is This EPP For An ☒ Existing or ☐ Proposed Water System?

2. CONTACT INFORMATION

During any type of emergency, the following person(s) will be responsible for the water system (contact will be attempted in the order indicated):

Name	Title in the Organization	E-mail	Office Phone Number	Cell Phone Number	Home Phone Number	Other Phone Number
Paul Whitesell	Operator	Paul@TheOpticsPlace.com	972 380-5976	214 455-5976	972 380-5976	
John Hammond	Treasurer	johnhayshammond@gmail.com	214-380-9950	214-789-6939	214-380-9950	
Christina Hilton	President	Christina.r.hilton@gmail.com	214-537-0851	214-537-0851	214-537-0851	
Chad Maisel	Secretary	chadm@rescuetechnet.net	972-417-1234	972-417-1234	972-417-1234	

3. Location of Maps

The maps are not required to be submitted to TCEQ for review of the EPP but should be available in case of an emergency to enable staff to locate valves, lines, and meters.

Where are your distribution system(s) map(s) located? Home office of Paul Whitesell

4. Diagram of Water System

Submit a diagram of your drinking water system that shows all equipment (source(s), tank(s), pumps), treatment chemicals, and any open or closed interconnects with other water systems.

Section II – DESCRIPTION OF THE WATER SYSTEM

IMPORTANT: Include only the equipment located at your water system, not the equipment located at another water system unless two or more systems rely on each other for emergency purposes and it is documented in a contract or written agreement.

1. SOURCE INFORMATION

A. Groundwater Systems - Does Your Water System Have A Ground Water Well(s)?

YES ☐ NO ☒ (If NO, go to 1.B)

TCEQ Source ID	Owner's Designation	Well Location	Used During an Emergency?	What plant name is this source associated with?	Pump Capacity
			YES <input type="checkbox"/> NO <input type="checkbox"/>		gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		gpm

B. Surface Water/GUI Systems: Does Your Water System Treat Surface Water or Ground Water Under the Influence of Surface Water Sources(s) (raw water intake pump information)?

YES ☐ NO ☒ (If NO, go to 1.C)

TCEQ Source ID	Owner's Designation	Intake Location	Used During an Emergency?	Number of Pumps	What plant name is this source associated with?	Total Pump Capacity at Intake
			YES <input type="checkbox"/> NO <input type="checkbox"/>			gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>			gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>			gpm

C. Does Your Water System Purchase (or Receive) Water?

YES ☒ NO ☐ (If NO, go to 2.A)

- i. Is this affected utility a direct pressure system? (Does the provider's water flow directly into your distribution system, not into a tank? Direct pressure systems generally have no tanks or pumps.)

YES ☒ NO ☐

- ii. Does this affected utility re-pressurize the water received from the provider? (Does the water from the provider flow into a tank which is then pumped out into the distribution system by your own pumps?)

YES ☐ NO ☒

Provider Name	PWS ID	Pressure Plane (if more than 1 plane)	Will You Rely on This Provider for Water During an Emergency?	Will You Rely on This Provider for Pressure at Your Customer's Connections During an Emergency?	Capacity	Normally Open or Closed Interconnect?
City of Plano	0430007		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	78281 gpm	Open

2. TREATMENT INFORMATION

A. Does Your Water System Disinfect the Water?

YES ☐ NO ☒ (If NO, go to 2.B)

Disinfectant (Disinfectant Name)	Location (Plant Name)	Disinfectant Used During an Emergency?	Type of Disinfectant (Liquid/Gas)	Volume Stored (gals or lbs.)	Days of Storage (Emergency Demand)	Electricity Required to Feed Disinfectant?
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

B. Does Your Water System Provide Treatment Other Than Disinfection (example: polyphosphate, caustic etc.)?

YES ☐ NO ☒ (If NO, go to 2.C)

Chemical Feed Pump (Chemical Feed Name)	Location (Plant Name)	Chemical Used During an Emergency?	Type of Chemical (Liquid/Gas)	Volume Stored (gals or lbs.)	Days of Storage (Emergency Demand)	Electricity Required to Feed Chemical
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

C. Does Your Water System Have Transfer Pump(s) Between Treatment Units? These are the pumps located within the treatment processes of your treatment Plant(s).

(Do not include well or intake pumps)

YES ☐ NO ☒ (If NO, go to 3.A)

In-Plant Transfer Pump Name	Location (Plant Name)	Pump Used During an Emergency?	Pump Capacity
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gpm
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gpm
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gpm

3. DISTRIBUTION SYSTEM INFORMATION

A. Does Your Water System Have Booster and/or Service Pumps in the Distribution system?

YES ☐ NO ☒ (If NO, go to 3.B)

Booster/Service Pump Name	Location <i>(include pressure plane)</i>	Pump Used During an Emergency?	Pump Capacity
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gpm
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gpm
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gpm

B. Does Your Water System Have Any Finished Water Storage/Pressurization Tanks?

YES ☐ NO ☒ (If NO, go to 4.A)

Tank Type <i>(Elevated, Hydropneumatic, Ground or Standpipe)</i>	Location <i>(include pressure plane)</i>	Tank Used During an Emergency?	Tank Capacity
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gal
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gal
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gal

4. PRESSURE PLANES

Does Your Water System Have More Than One Pressure Plane?

YES ☐ NO ☒ (If NO, go to 5)

Pressure Plane	TCEQ Source ID(s) or Provider PWS ID(s)	Plant Names(s) (If Applicable)	Pump Names(s) (If Applicable)

5. SYSTEM DEMAND

Emergency Operation means the demand in MGD from the highest emergency usage day (not normal daily usage) occurring during a natural disaster within the last 3 years, excluding fire events and large water main breaks.

No events have occurred.

Demand Information	Normal Operation	Emergency Operation
Average Daily Demand:	_____ MGD	_____ MGD
Maximum Daily Demand:	_____ MGD	_____ MGD
System Capacity:	_____ MGD	_____ MGD

6. SYSTEM SIZE

A. Does Your Water System Sell/Provide Water to Other Water Systems?

YES ☐ NO ☒ (If NO, go to 6.B)

Receiver/Buyer Name	PWS ID (if applicable)	Normally Open or Normally Closed Interconnect?	Will You Provide 20 psi Throughout the Receiver's Distribution System During an Emergency?	Number of Connections in the Receiver's Water System	Population of the Receiver's Water System
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		

B. Number of Connections and Population in Each Pressure Plane in Your Water System?

(If applicable, include any connections from other water systems you may serve in the table in 6.A)

Pressure Plane (if applicable)	Number of Connections	Population
1	31	96

7. POWER PROVIDER(s)

Electric Utility or Retail Electrical Provider(s)	None
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8. ELECTRICAL SCHEMATIC

Provide an electrical schematic or diagram of your water system's emergency power facilities and the equipment (treatment(s), supply, pressure maintenance, etc.) that is powered.

9. OTHER PERTINENT SYSTEM INFORMATION

Other information about the system that could be useful during an emergency (This can include plant equipment not used or any other circumstances that would clarify how the affected utility will meet the EPP requirements):

None

OPTION 2A: YOUR SYSTEM WILL RELY ON YOUR PROVIDER DURING AN EXTENDED POWER OUTAGE

Choose only if you will rely on purchased water *during an extended power outage*. Your current contract and or provider **agree** to provide you with water during an extended water outage at a pressure of 20 psi in distribution.

Provider Name	PWS ID	PRESSURE PLANE	Will you rely on this provider for water to a tank during an emergency?	Will you rely on this provider for pressure at YOUR customer's connections during an emergency?
City of Plano	0430007		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

A. Is your water system solely relying on a provider(s) for emergency operations? (This means, the provider's water flows directly into your distribution system, and not into a tank, and you have no tanks or pumps)

☒ **YES** (If yes, you must submit documentation under 2A.i. listed below.)

☐ **NO** (Please fill out the pages for the alternative power option that will power the equipment)

i. Please provide **one or more** of the following:

☐ A copy of the contract(s) with your provider(s) that includes language guaranteeing 20 psi throughout your distribution system or specific pressure plane. Please tab the page and highlight the section in the contract guaranteeing pressure.

☐ A letter from the provider(s) including language guaranteeing 20 psi throughout your distribution system or specific pressure plane.

☐ Page(s) from the provider's EPP which includes the connection count for your system (or pressure plane) in the provider's connection count.

☐ An engineering study (hydraulic analysis) sealed by a Texas Licensed Professional Engineer demonstrating that the provider is capable, of providing your entire distribution system with water services at a minimum of 20 psi.

ii. Does your water system operate any equipment such as booster disinfection that will need power during an emergency?

☐ **YES** (Please fill out the pages for the alternative power option that will power the equipment)

☒ **NO**

B. Does your water system re-pressurize the water received from the provider? (Does the water from the provider flow into a tank which is then pumped out into the distribution system by your own pumps?)

☐ **YES** (Please fill out the pages for the alternative power option that will power the equipment)

☒ **NO**

Section V – Emergency Communications

Emergency Communications are an essential part of an emergency response event. Knowing who to notify before an emergency event occurs is the best way to ensure that you, your system, and your customers receive needed emergency assistance. Many numbers have been provided to assist you with completing this portion of the plan. Please feel free to make copies of the pages in Section IV to post at your facility and/or to train your employees.

If the Organization is not applicable to your utility, please enter **N/A**. You are required to provide phone numbers for your County Judge and County Sheriff's Office.

If you are a member of another mutual aid organization other than TXWARN please include them on this list.

A. Emergency Contacts

Organization	Phone Numbers (include area code)		E-Mail or Website
	Day	Evening	
Fire Department	911	911	
Sherriff's Department	911	911	
Emergency Medical Service	911	911	
TCEQ Water Homeland Security	888/777-3186	888/777-3186	
Texas PUC	512/936-7405		http://www.puc.texas.gov/industry/water/utilities/fmt.aspx Email: water@puc.texas.gov
National Response Center	800/424-8802	800/424-8802	http://nrc.uscg.mil/Default.aspx
State Spill Hotline	800/832-8224	800/832-8224	https://www.tceq.texas.gov/response/spills
Poison Control	800/222-1222	800/222-1222	http://poisoncontrol.org/home/
CHLOREP (Chlorine Emergency Plan)	800/424-9300	800/424-9300	https://www.chlorineinstitute.org/emergency-preparedness/chlorep/
TCEQ Regional Office	24-hour cell phone 512/965-2717		Website: https://www.tceq.texas.gov/agency/directory/region/reglist.html
<u>County Judge</u>	972-548-4623	972-548-4623	Email: chill@collincountytx.gov Website: https://www.collincountytx.gov/government/pages/elected_officials.aspx
County Office of Emergency Management	972-548-4623	972-548-5576	Email: fmadmin@collincountytx.gov Website: https://www.collincountytx.gov/fire_marshall/lepc/Pages/default.aspx
County Sheriff's Office	972-547-5100	972-547-5100	Email: cfontana@collincountytx.gov Website: https://www.collincountytx.gov/sheriff/Pages/default.aspx
County Public Health & Environmental Services	972-548-5503	972-548-5503	Email: phsep@collincountytx.gov Website: https://www.collincountytx.gov/public_health/Pages/default.aspx

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City Mayor's Office	N/A		Email: Website:
Local Public Health & Environmental Services	County		Email: Website:
Local Office of Emergency Management	County		Email: Website:
TX Division of Emergency Management (TDEM)	Provides list of State and District Coordinators which assist local officials with state assistance requests. Requests must start at local level first.		https://tdem.texas.gov/field-response/
TXWARN	866/9-TXWARN (866/989-9276)		Email: info@txwarn.org https://www.txwarn.org
Other Mutual Aid Provider			Email: Website:

B. Local Contact Notification List

Identify those entities that should be notified in the event of an extended power outage requiring emergency operations. These are people who you provide water to that you may need to contact during an emergency.

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Other Local Government Officials						
Hospitals served by the Affected Utility						
Nursing Homes served by the Affected Utility						
Pharmacies						
Priority Water Users (Those that are critically dependent upon water including schools, dialysis centers, institutions,	none					

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Organization individuals with special needs, businesses, and other interconnected water systems, etc.)	Contact	Title	Phone Numbers (include area code)				E-Mail
	No special needs						
Others	All Residents						

C. Chemical Supplier Information

Identify your Chemical Suppliers. You may need to contact them for more chemicals during an emergency

Chemical	Supplier	Contact Name	Phone Number Day	Phone Number Evening	Cell Phone	E-Mail

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D. Certified Laboratory Information

Identify your laboratory and a backup laboratory. You may need a backup laboratory if your lab is nonfunctional.

			Phone Numbers (include area code)			
Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
LCRA	LCRA		512-578-3200			
Pace Analytical			972-727-1123			

E. Fuel Supplier Contact Information (if applicable)

Identify your Fuel Suppliers. You may need to contact them for fuel during an emergency

Fuel Type	Supplier	Contact Name	Phone Number Day	Phone Number Evening	Cell Phone	E-Mail

F. Utilities Contact Information

Identify your Utilities Contacts. You may need to contact them during an emergency and use **N/A** if a listed organization does not apply to your water system.

				Phone Numbers (include area code)			
Organization	N/A	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Electric Utility Company	N/A						
Gas Utility Company	N/A						
Sewer Utility Company	N/A						
Telephone Utility Company	N/A						
Wholesale Water Provider		John Muns	Admin, Plano	972-941-7107			
Wholesale Water Provider							
Other							

G. Bulk Water Suppliers

Identify any bulk or bottled water suppliers that you might utilize in an emergency.

			Phone Numbers (include area code)			
Organization	Contact	Title	Day	Evening	Cellular/Pager	E-Mail

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	Name					
Bulk Water Haulers						
Bottle Water Sources						

H. Media Notification List

Identify the media organizations that you might need to contact to provide information to your customers. Also identify who is your media spokesperson. If you have a different method to communicate to your customers, please list under **Other**.

Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Designated Water System Spokesperson						
Newspaper - Local						
Newspaper – Regional State						
Radio						
Television						
Each household is notified by email, text and phone calls	Sue Whitesell, Paul Whitesell, John Hammond		972-380-5976 972-380-5976 214-380-9950	972-380-5976 972-380-5976 214-380-9950	214-869-7500 214-455-5976 214-789-6939	suewhitesell@sbcglobal.net paul@theopticsplace.com johnhayshammond@gmail.com

ATTACHMENT A – SUBMITTING COMPLETED EPP

Upon completing your EPP please email or mail (**not both**) the completed form and additional documentation needed to the Texas Commission on Environmental Quality for review and approval to:

Choose One

PDWEPP@tceq.texas.gov

OR

Water Supply Division, Emergency Preparedness and Response Section, MC-155
P.O. Box 13087
Austin, TX 78711-3087

Assistance

If you need assistance with the EPP template please fill out the **EPP Help Form** at www.tceq.texas.gov/goto/epp-help and TCEQ will contact you via email or phone to work with you.

Approved Plan Distribution

Complete this section after the approval letter is received from TCEQ. Please maintain appropriate documentation of compliance with plan distribution requirements. In addition, a copy of the approved plan must be maintained by the “affected utility”, so that it can be easily accessed in the event of an emergency. All employees must receive annual training on implementation of the plan.

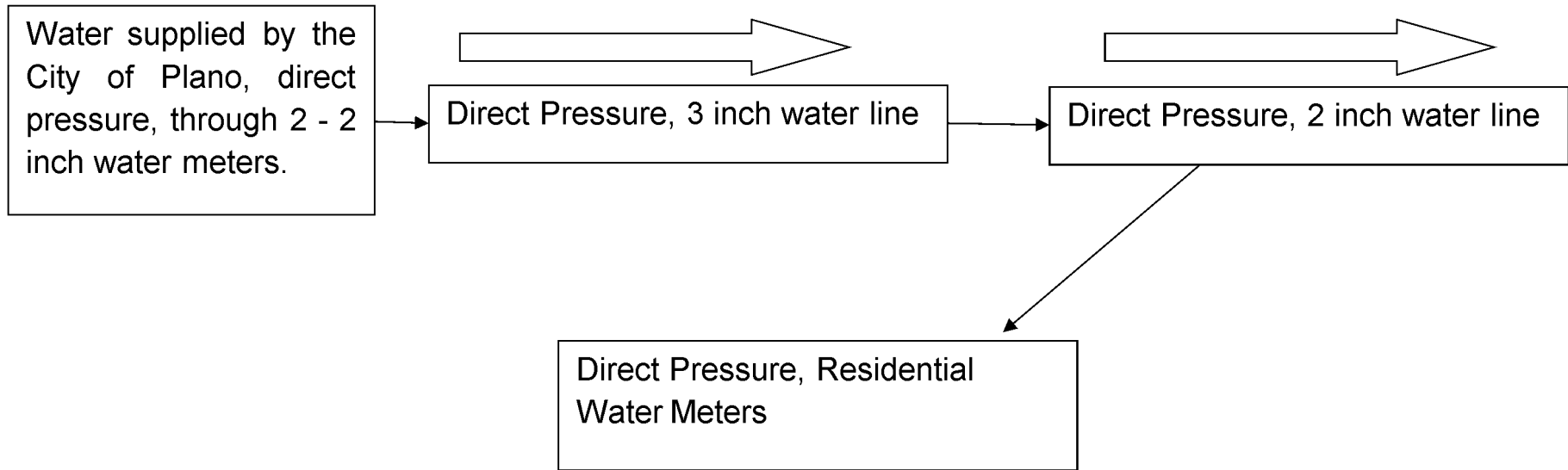
Copies of the approved Emergency Preparedness Plan and the TCEQ Approval Letter must be distributed to the following entities:

Distributed To	Method of Distribution	Date
County Judge		
County Office of Emergency Management		
Public Utility Commission Filing	Use the weblinks provided: For Confidential filing procedures for the PUC use Docket No. 52272 1. <u>http://puc.texas.gov/industry/filings/Confidential.aspx</u> For PUC Procedural Rules for Filing of Pleadings, Documents, and Other Materials 2. <u>http://puc.texas.gov/agency/rulesnlaws/procrules/pr-e/22.71/22.71.pdf</u> Address: Public Utility Commission of Texas Central Records 1701 N Congress PO Box 13326	

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	<p>Austin, Texas 78711-3326</p> <p>For additional questions contact the PUC Central Records office at (512)-936-7180.</p>	
<p>Texas Division of Emergency Management (TDEM)</p>	<p>Submit to TDEM via email at: TechHaz@tdem.texas.gov</p> <p>Address: Texas Division of Emergency Management 1033 La Posada, Ste 300 Austin, Texas 78752</p> <p>For additional questions contact the TDEM (512)-424-2208</p>	

Water System Diagram, Air Park Estates, PWS # 0430060



No electrical, no storage tanks, no chlorine dosing, no pumps.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

May 18, 2022

Susan Ross-Whitesell
AIR PARK HOMEOWNERS ASSOCIATION INC
6355 STINSON ST
PLANO, TX 75093-6510

Subject: Request for Extension to Submit an Emergency Preparedness Plan
Air Park Estates - PWS ID No. 0430060
Collin County, Texas

Dear Ms. Whitesell:

The Texas Commission on Environmental Quality (TCEQ) received your request dated April 20, 2022, for an extension to the March 1, 2022, submittal deadline for your Emergency Preparedness Plan (EPP). TCEQ is granting your request for the extension.

Your EPP must be submitted to the TCEQ on or before June 1, 2022.

If you need assistance preparing your EPP, help is available to you through TCEQ's Financial, Managerial, and Technical (FMT) assistance program. To request assistance, you may call (512) 239-4691 or send an email to FMT@tceq.texas.gov.

Should you have additional questions or comments, or if we may be of further assistance, please contact us at the letterhead's address or contact the Water Supply Division at (512) 239-4691, or at PDWEPP@tceq.texas.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Brittney Wortham-Teakell".

Brittney Wortham-Teakell, Manager
Emergency Preparedness and Response Section
Water Supply Division

BT/KC/AT/av

cc: TCEQ Dallas/Fort Worth Regional Office - R04