Organization	Phone Numbers (include area code)		E-Mail or Website
	Day	Evening	
County Sheriff's Office	911/ 936.760, 5800	911	Website: www.libertytxsheriff.com
County Public Health & Environmental Services			Email: Website:
City Mayor's Office			Email: Website:
Local Public Health & Environmental Services			Email: Website;
Local Office of Emergency Management			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.

Oznaciantina	Contact	T:41-	Phone No	Phone Numbers (include area code)			
Organization	Name	Title	Day	Evening	Cellular/Pager	E-Mail	
Other Local Government Officials							
Hospitals served by the Affected Utility							
Nursing Homes served by the Affected Utility							
Pharmacies							
Priority Water Users (Those			-		,		

Organization	Contact	Title	Phone No	mbers (include a	rea code)	E-Mail
Organization	Name	Title	Day	Evening	Cellular/Pager	- E-IVIAII
that are critically		<u> </u>				
dependent upon						
water including						
schools, dialysis						
centers,				_		
institutions,					,	
individuals with						
special needs,						
businesses, and						
other						
interconnected						
water systems,						
etc.)						
Others		_				

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
Chlorine	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
Purify 1000	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com

D. Certified Laboratory Information

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

			Phone Numbers	s (include area	code)	
Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Nova Biologicals			936.756.5333			
North water District laboratory			936.321.6060			
services		Ĭ				

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
diesel	Alders Construction	Jerry Thompson	936.334.2533			
propane	T.Neale Propane	Dispatch	936.258.4500			
	Propane					

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 Numbe	ers (include are	a code)	
Organization	N/A	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Electric Utility Company		Clint Ard	Field Supervisor	800.368.3749	800.430.4911	281.702.4238	
Gas Utility Company	N/A						
Sewer Utility Company	N/A						
Telephone Utility Company	N/A						
Wholesale Water Provider	N/A						
Wholesale Water Provider	N/A						"
Other							

G. Bulk Water Suppliers

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

		Ĭ	Phone No	umbers (include a	rea code)	
Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Bulk Water		- 	·· -			
Haulers		-				
Bottle Water	f					
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	Title	Day	Evening	Cellular/Page	E-Mail
1	Name	<u>_</u>			r	
Designated Water System Spokesperso n	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Kim Marlow	Classified s	936.336.361 1	936.521.330 0		Classifieds@thevindicator.co m
Newspaper – Regional State	houston chronicl e	Breaking News	713.362.749 1		- :	news@chron.com
Radio	KSHN		936.336.579 3	936.558.587 8		office@KSHN.com
	K101.5		936.334.998 8			kelly@k1015.com
Television	Fox 26		713.479.260			
			0			
Other						

ATTACHMENT A - SUBMITTING COMPLETED EPP

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



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 <u>www.tceq.texas.gov/goto/epp-help</u> 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:	Meadow Glen
PWS ID No. (if applicable):	1460101
District No. (if applicable):	NA
County:	Liberty
CCN No. (if applicable):	12388
Owner:	Woodland Hills Water, LLC
Prepared by:	Mike Ellington
Preparer's Phone No.:	936.494.2600
Preparer's Email:	Mike@aquatechutilities.com
Preparer's Mailing Address:	1775 North Loop 336 E. Conroe, TX 77301
Preparer Title:	General Manager
Preparer's Organization:	Aqua Tech Utilities
Expected Completion Date for EPP Plan Implementation:	Complete

Option(s) Chosen:

1. Refer to Section III-ALTERNATE POWER OPTIONS OVERVIEW.

Circle <u>all</u> 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

- 2. Short Explanation of Proposed Emergency Preparedness Plan (i.e. *Using portable generator to power 2 out of 3 wells*): 80 KW generator already installed to run water plant
- 3. 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
- 4. Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment?

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

Signature: Market Date 3-18-22

UPDATES TO EMERGENCY PREPAREDNESS PLAN (EPP)

The EPP is updated as changes occur such as dictated by personnel, phone numbers, water plant additions, modifications, and serving additional water systems.

Record updates below:

Last Updated By	Title	Purpose (page #s)	On (Date)
Mike Ellington	General manager	New	02-18-22
		İ	

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@tceg.texas.gov to ensure that the requirements do not apply to the water system.

A. Describe Your	Water System. Check	all that apply.					
X Residential	⊠ Commercial	☐ Industrial ☐ Wholesale ☐ Institution					
B. Is This EPP Fo	B. Is This EPP For An X Existing or Proposed Water System?						
2. CONTACT INFOR	RMATION						
	•	on(s) will be responsible for the water system (contact will be					
attempted in the order ind	icated):						

Name	Title in the	E-mail	Office	Cell Phone	Home	Other
	Organization		Phone	Number	Phone	Phone
			Number		Number	Number
Mike	General	Mike@aquatechutilities.com	936.494.2600	281.389.0155	-	
Ellington	Manager	ļ				
Ken Rash	Operator	Kenneth@aquatechutilities.com	936.494.2600	936.391.1927		
Janell Tucker	Operator	Janell@aquatechutilities.com	936.494.2600	936.499.7790		
		· · · · · · · · · · · · · · · · · · ·		l	1	

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.

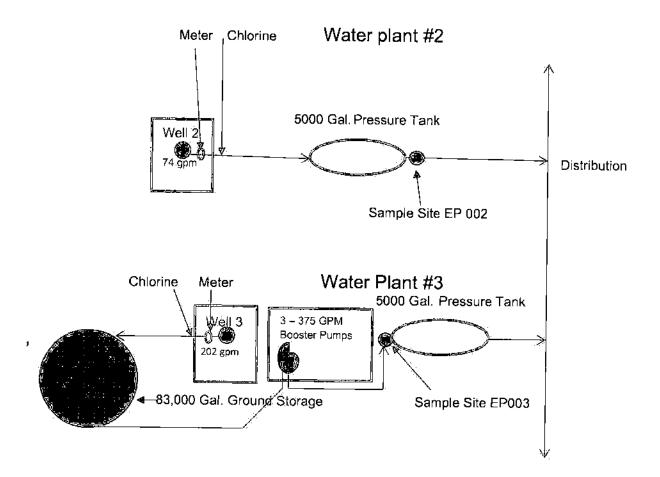
Where are your distribution system(s) map(s) located? 24 CR 4891

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.

See Attached Schematic.

FLOW DIAGRAM



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 X 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
G1460101B	Well 2	435 CR 490	YES NO ⊠	Water Plant #2	74 gpm
G1460101C	Well 3	24 CR 4891	YES ⊠ NO □	Water Plant #3	202 gpm
			YES 🗍 NO 🗍		

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 X (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 NO			gpm
			YES 🗌 NO 🗌			gpm
			YES 🗌 NO 🗌			gpm

	G,	Does	Your Wate	r System	Purchase :	(or Receive) Water?
--	----	------	-----------	----------	------------	-------------	----------

YES 🔝	NO X ((If NO,	go t	to 2.A	١
-------	--------	---------	------	--------	---

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		Ш
-----	--	---

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

TREATMENT INFORMATION

	our Water Sy	stem Disinfect the	Water?		YES X 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?				
NAOCL	Water Plant #2	YES NO ⊠	Liquid Chlorine	30 Gal.	14	YES X NO 🗆				
NAOCL	Water Plant #3	YES ⊠ NO □	Liquid Chlorine	50 Gal	14	YES ⊠ NO □				
		YES NO			1	YES 🗌 NO 🗌				
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	Location (Plant Name)	Chemical Used During an Emergency?	Type of Chemical (Liquid/Gas)	Volume Stored (gals or	Days of Storage (Emergency	Electricity Required to Feed Chemical				

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).

lbs.)

Demand)

(Do not include well or intake pumps)

YES

NO 🗌

YES NO

YES 🗌 NO 🗌

YES NO X (If NO, go to 3.A)

YES NO 🗌

YES 🗌 NO 🗍

YES 🗌 NO 📗

In-Plant Transfer Pump Name	Location (Plant Name)	Pump Used During an Emergency?	Pump Capacity
N/A		YES NO	gpm
		YES 🗌 NO 🗍	gpm
		YES INO I	gpm

Name)

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 (include pressure plane)	Pump Used During an Emergency?	Pump Capacity
BP #1	Water Plant #2	YES X NO □	350 gpm
BP #2	Water Plant #2	YES X NO □	350 gpm
BP #3	Water Plant #2	YES X NO	350 gpm

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

YES ⊠ NO ☐ (If NO, go to 4.A)

Tank Type (Elevated, Hydropneumatic, Ground or Standpipe)	Location (include pressure plane)	Tank Used During an Emergency?	Tank Capacity
Hydro-pneumatic	Water Plant #2	YES NO 🗆	5,000 gal
Ground Storage	Water Plant #3	YES X NO □	83,592 gal
Hydro-pneumatic	Water Plant #3	YES ⊠ NO □	5,000 gal

4. PRESSURE PLANES

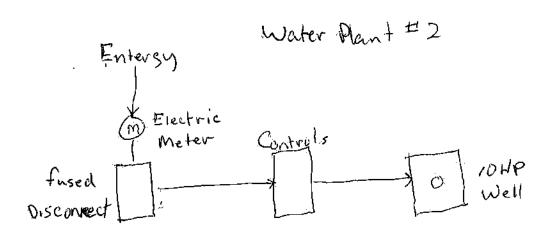
Does Your Wate	er Syste	em Have More	Than One Pressu	re Plane?	Y	'ES 🗌 NO X (If	NO, go to 5)
Pressure Plane TCEQ Source ID(s or Provider PWS ID(s		(If Applicable)	(s)		Pump Names(s (If Applicable)		
	ration	means the der	mand in MGD from				
			nin the last 3 years,	excluding fire event			eaks.
Demand Information			Normal Operation			ncy Operation	
Average Daily Dem).057846 MGD		0.05784	_	
Maximum Daily Der	mand:		0.090000 MGD		0.09000		
System Capacity:		2).39744 <u>0</u>	<u> </u>	0.29088	0	
Receiver/Buyer Na	me	PWS ID (if applicable)	Normally Open or Normally Closed Interconnect?	Will You Provided psi Throughout Receiver's Distribution Systems During an Emergency?	the	Number of Connections in the Receiver's Water System	Population of the Receiver's Water System
				YES NO			<u> </u>
				YES NO			
	ole, inclu	ude any conne	ed Population in Eactions from other w	ater systems you m		in the table in 6.	
		<u> </u>			817		
			271		011		
	-						
			<u> </u>		†		
7. POWER P	ROVIE	NED(e)					
		/LIX(3)					
Electric Utility or Ref		Entergy Elec	otric	-			

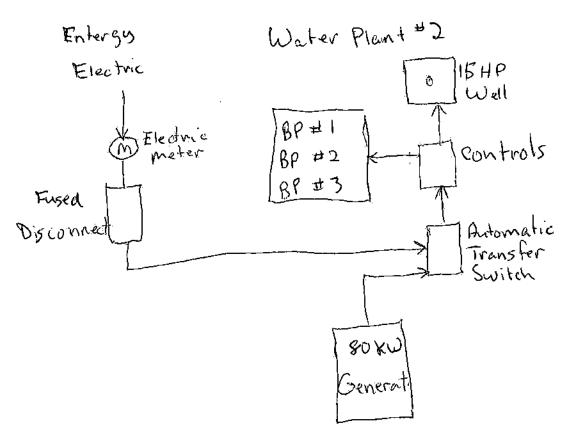
8. ELECTRICAL SCHEMATIC

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):





Section IV- Alternate Power Options Details

OPTION 1: PERMANENTLY INSTALLED AUXILIARY GENERATOR(S)

A. Generator Specifications.

Please list all the generators, all equipment to be powered, and the power needs for each piece of equipment.

Generator Brand & Model	Max Power (KW)**	Phase	Fuel Type	Automatic Switch Gear?	Facility Staffed 24 hours a day, 7 days a week?	List all Facilities and Treatment Units That Will Be Powered During an Emergency	Power Requirements for Each Facility and Treatment Unit Powered**
Ingersol	80	1 🗆	Diesel	YES 🖾	YES []	Well pump 1	
Rand G80		2 🗆		NO 🗆	NO ⊠	Well pump 2	
						Well pump 3	11.19 KW
		3 ⊠				Booster pump 1	11.19 kW
						Booster pump 2	11.19 kW
						Booster pump 3	11.19 kW
						Disinfection Equipment 🛛	0.14 kW
						Treatment Equipment 🔯	0.14 kW
			•			Compressor(s)	1.5 kW
						Total KW	46.54 kW
		1 🗆		YES 🗌	YES 🗌	Well pump #2	7.5 KW
				NO ⊠	NO ⊠		kW
		2 🗌			1 110 23		kW
		3 ⊠					kW
	1	1 🗍		YES 🗌	YES 🗌		
				NO 🗆	NO 🗆		kW
		2 🗌					kW
	1	3 □					kW
**The genera	tor's total	KWs car	not be less t	han the KWs	listed under the	power requirements for each f	acility and

^{**}The generator's total KWs cannot be less than the KWs listed under the power requirements for each facility and treatment unit that will be provided power. The generator must be able to power the equipment listed by the water system. **

B. Fuel Location

- Physical Location of Fuel Supply (GPS or "911" address): 24 CR 4891
- C. Fuel Re-supply. Must have sufficient fuel to provide emergency power for a minimum of 48 hours or more if needed based on past power outages and utility knowledge.
 - i. How much fuel is stored on site? 100 Gallons
 - ii. How much fuel does the generator use per hour? (Attachment **B** may assist in determining that amount) 2.2gallon/hr
 - iii. Does the water system have access to additives/other methods to prevent fuel from freezing as per manufactures recommendations (example diesel additives)? Yes

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 code)	(include area	E-Mail or Website
	Day Evening		
Fire Department	911	911	
Police Department	911	911	
Emergency Medical Service	911	911	
TCEQ Water Homeland Security	888/777-3186	888/777-3186	
			http://www.puc.texas.gov/industry/water/utilities/fmt.asp
Texas PUC	512/936-7405		<u>x</u>
			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 phon	e 512/965-2717	Website:

Organization	Phone Numbers (code)	include area	E-Mail or Website
	Day	Evening	
Local Public Health & Environmental Services			Email: Website:
Local Office of Emergency Management			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 (8	66/989-9276)	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.

Overenientien	Contact	T:41-	Phone No	umbers (include a	rea code)	C M-:
Organization	Name	Title	Day	Evening	Cellular/Pager	E-Mail
Other Local						
Government				-		
Officials						
Hospitals served						
by the Affected						
Utility						
Nursing Homes						
served by the						
Affected Utility						
Pharmacies						
Priority Water						ļ
Users (Those						
that are critically						-
dependent upon	_					
water including						
schools, dialysis	<u></u>					
centers,					_	
institutions,						'

0	Contact	Title	Phone N	Phone Numbers (include area code)			
Organization	Name	Title	Day	Evening	Cellular/Pager	E-Mail	
individuals with special needs,							
businesses, and other							
interconnected water systems,							
etc.)							
Others							

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
Chlorine	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
Purify 600A	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com

D. Certified Laboratory Information

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

Organization Nova Biologicals		Ï	Phone Numbers	one Numbers (include area code)				
	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail		
Nova Biologicals			936.756.5333					
North water District laboratory services			936.321.6060	_				

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
diesel	Alders Construction	Jerry Thompson	936.334.2533			
propane	T.Neale Propane	Dispatch	936.258.4500			

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 Number	ers (include are	a code)	
Organization	N/A	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Electric Utility Company		Clint Ard	Field Supervisor	800.368.3749	800.430.4911	281.702.4238	
Gas Utility Company	N/A						
Sewer Utility Company	N/A						
Telephone Utility Company	N/A						
Wholesale Water Provider	N/A				-		_
Wholesale Water Provider	N/A						
Other							

G. Bulk Water Suppliers

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

-	_		Phone No	Phone Numbers (include area code)				
Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail		
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/Page	E-Mail
Designated Water System Spokesperso n	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Kim Marlow	Classified s	936.336.361 1	936.521.330 0	· -	Classifieds@thevindicator.co m
Newspaper – Regional State	houston chronicl e	Breaking News	713.362.749 1			news@chron.com
Radio	KSHN		936.336.579 3	936.558.587 8		office@KSHN.com
	K101.5		936.334.998 8			kelly@k1015.com
Television	Fox 26		713.479.260			
Other						

ATTACHMENT A - SUBMITTING COMPLETED EPP

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



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 <u>www.tceq.texas.gov/goto/epp-help</u> 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:	Remington Place
PWS ID No. (if applicable):	1460149
District No. (if applicable):	NA
County:	Liberty
CCN No. (if applicable):	12388
Owner:	Woodland Hills Water, LLC
Prepared by:	Mike Ellington
Preparer's Phone No.:	936.494.2600
Preparer's Email:	Mike@aquatechutilities.com
Preparer's Mailing Address:	1775 North Loop 336 E. Conroe, TX 77301
Preparer Title:	General Manager
Preparer's Organization:	Aqua Tech Utilities
Expected Completion Date for EPP Plan Implementation:	Complete

Option(s) Chosen:

1. Refer to Section III-ALTERNATE POWER OPTIONS OVERVIEW.

Circle <u>all</u> 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

- 2. Short Explanation of Proposed Emergency Preparedness Plan (i.e. *Using portable generator to power 2 out of 3 wells*): 4o KW generator already installed to run water plant
- 3. 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
- 4. Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment?

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

Signature: Title General Manager Date 2-17-12

UPDATES TO EMERGENCY PREPAREDNESS PLAN (EPP)

The EPP is updated as changes occur such as dictated by personnel, phone numbers, water plant additions, modifications, and serving additional water systems.

Record updates below:

Title	Purpose (page #s)	On (Date)
General manager	New	02-01-2022

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 <u>affected utility</u> 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 <u>extended power outage</u> means a power outage lasting more than 24 hours.

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

A.	Describe Your Water System. Check all that apply.							
X	Residential	Commercial	Industrial	☐ Wholesale ☐ Institution				
В.	. Is This EPP For An X 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	Cell Phone Number	Home Phone	Other Phone
			Number		Number	Number
Mike Ellington	General Manager	Mike@aquatechutilities.com	936.494.2600	281.389.0155		
Ken Rash	Operator	Kenneth@aquatechutilities.com	936.494.2600	936.391.1927		
Janell Tucker	Operator	Janell@aquatechutilities.com	936.494.2600	936.499.7790		

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.

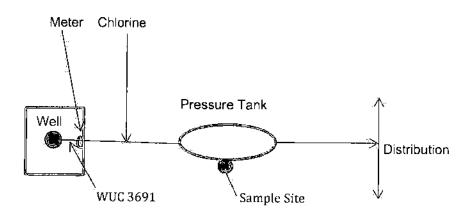
Where are your distribution system(s) map(s) located? 16 CR 633

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.

See Attached Schematic.

FLOW DIAGRAM



Section II – DESCRIPTION OF THE WATER SYSTEM

pumps?)

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

What plant name is this **Used During TCEQ** Pump Owner's Well Location source Source ID Designation Capacity Emergency? associated with? G1460149A Well 1 16 CR 633 Water Plant 90 gpm YES X NO [] #1 YES 🗌 NO 🗌 YES 🗌 NO 🦳 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 X (If NO, go to 1.C) What plant name is Total Number **TCEQ** Owner's Used During an this Pump Intake Location of Source ID Designation Emergency? source Capacity **Pumps** associated at Intake with? YES ☐ NO ☐ gpm YES 🗌 NO 🗌 gpm YES 🗌 NO 🔂 gpm Does Your Water System Purchase (or Receive) Water? YES NO X (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

YES 🗌 NO 🗌

YES X NO 🔲 (If NO, go to 1.B)

2. TREATMENT INFORMATION

Name)

#1

Water Plant

A. Does Your Water System Disinfect the Water?

	-					
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?
NAOCL	Water Plant #1	YES X NO □	Liquid Chlorine	30 Gal.	14	YES X NO □
		YES NO		1		YES 🛛 NO 🗌
	ŀ	YES NO		1		YES NO
B. Does \ etc.)?	our Water Sy	stem Provide Trea	tment Other Tha		n (example: poly ES X NO □ (If	•
Chemical Feed Pump	Location (Plant	Chemical Used During an	Type of Chemical	Volume Stored	Days of Storage	Electricity Required to

(gals or

30 Gal.

lbs.)

(Emergency

Demand)

14

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).

(Liquid/Gas)

Liquid

(Do not include well or intake pumps)

Emergency?

YES X NO [

YES NO YES NO .

YES NO X (If NO, go to 3.A)

Feed Chemical

YES X NO 🗌

YES NO O

YES 🗌 NO 🗌

YES X NO [(If NO, go to 2.B)

In-Plant Transfer Pump Name	Location (Plant Name)	Pump Used During an Emergency?	Pump Capacity
N/A		YES NO	gpm
		YES NO	gpm
		YES NO	gpm

(Chemical Feed

Name)

Purify 600A

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 (include pressure plane)	Pump Used During an Emergency?	Pump Capacity
· · · -		YES NO 🗌	
		YES NO 🗌	
		YES NO	

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

YES ⊠ NO ☐ (If NO, go to 4.A)

Tank Type (Elevated, Hydropneumatic, Ground or Standpipe)	Location (include pressure plane)	Tank Used During an Emergency?	Tank Capacity
Hydro-pneumatic	Water Plant #1	YES X NO 🗌	2500 gal
		YES NO 🗆	gal
		YES 🗌 NO 🗌	gal

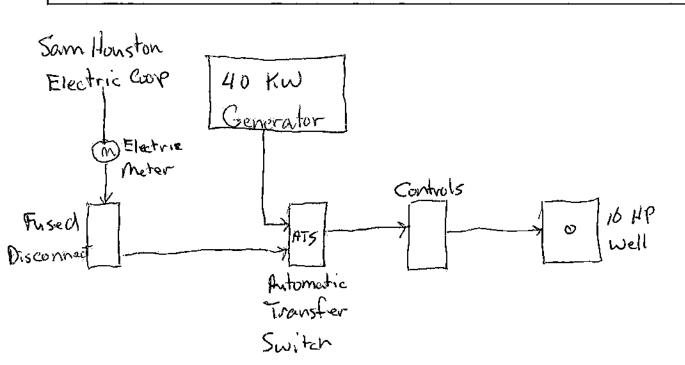
Does Your Water S	System Have More	Than One Pressu	re Plane?		YES NO X (If	NO go to 5)		
Pressure Plane	TCEQ Source ID(or Provider PWS ID(Plant Names	Plant Names(s)			YES NO X (If NO, go to 5 Pump Names(s) (If Applicable)		
					<u> </u>			
5. SYSTEM DE Emergency Opera occurring during a r	tion means the der							
Demand Information	<u> </u>	Normal Operation		Emerg	ency Operation			
Average Daily Deman	d: (0.009048 MGD	<u> </u>	0.0090	48 MGD			
Maximum Daily Dema	nd: (0.014000 MGD		0.0140	00 MGD			
System Capacity:	1).129600 MGD		0.1296	00 MGD			
Receiver/Buyer Nam	e PWS ID (if applicable)	Normally Open or Normally Closed Interconnect?	Will You Provided psi Throughous Receiver's Distribution Synumber During an Emergency?	t the	Number of Connections in the Receiver's Water System	Population of the Receiver's Water System		
			YES NO T					
	-		YES NO					
		I Id Population in Ea actions from other wa	ach Pressure Pla		-			
Pressure Plane (if app	licable)	Number of Con	Number of Connections		Population			
		44	44		132			
						-		
	····	ļ		-				
	10							
7. POWER PRO	OVIDER(s)							
7. POWER PRO		on Electric Coop						

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):



Section IV- Alternate Power Options Details

OPTION 1: PERMANENTLY INSTALLED AUXILIARY GENERATOR(S)

A. Generator Specifications.

Please list all the generators, all equipment to be powered, and the power needs for each piece of equipment.

Max Power (KW)**	Phase	Fuel Type	Automatic Switch Gear?	Facility Staffed 24 hours a day, 7 days a week?	List all Facilities and Treatment Units That Will Be Powered During an Emergency	Power Requirements for Each Facility and Treatment Unit Powered**
40	1 📋	Diesel	YES 🛚	YES 🗌	Well pump 1	7.46 KW
			NO [NO 🖾	Well pump 2	
	2 🗀				Well pump 3	
	3 🖂				Booster pump 1	
	_				Booster pump 2	
					Booster pump 3	***************************************
					Disinfection Equipment 🛛	0.14 kW
					Treatment Equipment 🗵	0.14 kW
					Compressor(s)	1.5 kW
					Total KW	9.24 kW
	1 🗍		YES 🗍	YES 🗌		KW
			NO 🗆	NO 🗆		kW
	2 🗀			100 🗆		kW
	3 [``					kW
	1 🗍	:	YES 🗆	YES 🗌		
	_ ,		NO [NO 🗆		kW
	2∐					kW
	3 □					kW
	Power (KW)**	Power (KW)** 40	Power (KW)** 40	Company Comp	No No No No No No No No	Power (KW)*** Switch Gear? Staffed 24 hours a day, 7 days a week? Well pump 1 Mell pump 2 Mell pump 3 Mell pump 3 Mell pump 3 Mell pump 4 Mell pump 5 Mell pump 6 Mell pump 7 Mell pump 8 Mell pump 8 Mell pump 9 Mell pump 1 Mell pump 9 Mell pump

system. **

B. Fuel Location

- Physical Location of Fuel Supply (GPS or "911" address): 16 CR 633
- C. Fuel Re-supply. Must have sufficient fuel to provide emergency power for a minimum of 48 hours or more if needed based on past power outages and utility knowledge.
 - i. How much fuel is stored on site? 100 Gallons
 - ii. How much fuel does the generator use per hour? (Attachment B may assist in determining that amount) 1.4 gallon/hr
 - iii. Does the water system have access to additives/other methods to prevent fuel from freezing as per manufactures recommendations (example diesel additives)? Yes

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 (code)	(include area	E-Mail or Website
	Day	Evening	
Fire Department	911	911	
Police Department	911	911	
Emergency Medical Service	911	911	
TCEQ Water Homeland Security	888/777-3186	888/777-3186	
			http://www.puc.texas.gov/industry/water/utilities/fmt.asp
Texas PUC	512/936-7405		<u>x</u>
			Email: water@puc.texas.gov
National Response Center	800/424-8802	800/424-8802	http://nrc.uscg.mii/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.tceg.texas.gov/agency/directory/region/region/region.html
County Judge	936.336.4665		Website: www.co.liberty.tx.us/page/liberty.county.judge
County Office of Emergency Management	936.334.3219		Website: www.co.liberty.tx.us/page/liberty.emergency
County Sheriff's Office 911/ 936.760. 91		911	Website: www.libertytxsheriff.com
County Public Health & Environmental Services			Email: Website:
City Mayor's Office			Email:
Only mayor 5 Office			Website:

Organization	Phone Numbers (include area code)		E-Mail or Website	
	Day	Evening		
Local Public Health & Environmental Services		_	Email: Website:	
Local Office of Emergency Management			Email: Website:	
TX Division of Emergency Management (TDEM)	Provides list of Sta Coordinators which officials with state requests. Requests local level first.	n assist local assistance	https://tdem.texas.gov/field-response/	
TXWARN	866/9-TXWARN (8	66/989-9276)	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.

Oznanization	Contact	Ti41-	Phone No	umbers (include a	rea code)	F 55_71
Organization	Name	Title	Day	Evening	Cellular/Pager	E-Mail
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,						

Organization	Contact	Title	Phone Numbers (include area code)			F 84-11
Organization	Name	Title	Day	Evening	Cellular/Pager	E-Mail
individuals with					-	
special needs,						
businesses, and						
other						
interconnected						
water systems,						
etc.)						
Others						

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
Chlorine	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
Purify 600A	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
		_				

D. Certified Laboratory Information

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

			Phone Numbers	Phone Numbers (include area code)			
Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail	
Nova Biologicals			936.756.5333				
North water District laboratory services			936.321.6060				

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
diesel	Alders Construction	Jerry Thompson	936.334.2533			
propane	T.Neale Propane	Dispatch	936.258.4500			

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.

	Ï			Phone Numbers (include area code)			
Organization	N/A	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Electric Utility Company		Clint Ard	Field Supervisor	800.368.3749	800.430.4911	281.702.4238	
Gas Utility Company	N/A						
Sewer Utility Company	N/A						
Telephone Utility Company	N/A						
Wholesale Water Provider	N/A						
Wholesale Water Provider	N/A						
Other		<u> </u>	<u> </u>	Ï			

G. Bulk Water Suppliers

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

		<u> </u>	Phone N	Phone Numbers (include area code)			
Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail	
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	Title	Day	Evening	Cellular/Page	E-Mail
	Name				r	
Designated	Mike	General			281.389.0155	Mike@aquatechutilities.com
Water	Ellington	Manager				
System						
Spokesperso						
n			ì			
Newspaper -	Kim	Classified	936.336.361	936.521.330		Classifieds@thevindicator.co
Local	Marlow	s	1	0		m
Newspaper	houston	Breaking	713.362.749			news@chron.com
Regional	chronicl	News	1			
State	e					
Radio	KSHN		936.336.579	936.558.587		office@KSHN.com
			3	8		
	K101.5		936.334.998		•	kelly@k1015.com
			8			
Television	Fox 26		713.479.260			
			0			
			-			
Other			<u> </u>		1	

ATTACHMENT A - SUBMITTING COMPLETED EPP

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



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 <u>www.tceq.texas.gov/goto/epp-help</u> 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

Settlers Crossing
1700615
NA
Montgomery
12388
Woodland Hills Water, LLC
Mike Ellington
936.494.2600
Mike@aquatechutilities.com
1775 North Loop 336 E. Conroe, TX 77301
General Manager
Aqua Tech Utilities
Complete

Option(s) Chosen:

Refer to Section III-ALTERNATE POWER OPTIONS OVERVIEW.

Circle <u>all</u> 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 (i.e. Using portable generator to power 2 out of 3 wells): 80 KW generator already installed to run well and booster pumps.
- 3. 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
- 4. Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment?

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

Signature: <u>VVV&EW, Th</u>	Title General Manager	Date	03/21/2024
----------------------------------	-----------------------	------	------------

UPDATES TO EMERGENCY PREPAREDNESS PLAN (EPP)

The EPP is updated as changes occur such as dictated by personnel, phone numbers, water plant additions, modifications, and serving additional water systems.

Record updates below:

Last Updated By	Title	Purpose (page #s)	On (Date)
Mike Ellington	General manager	New	02-01-2022
Mike Ellington	General manager	Corrections	03-21-2024

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 <u>affected utility</u> 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 <u>extended power outage</u> means a power outage lasting more than 24 hours

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

A.	Describe Your Water System. Check all that apply.										
Χ	Residential	○ Commercial	Industrial	☐ Wholesale ☐ Institution							
В.	Is This EPP For	An X Existing or 🗌 Pro	posed Water S	ystem?							

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	E-mail	Office	Cell Phone	Home	Other
	Organization		Phone	Number	Phone	Phone
			Number		Number	Number
Mike	General	Mike@aquatechutilities.com	936.494.2600	281.389.0155		
Ellington	Manager					
Ken Rash	Operator	Kenneth@aquatechutilities.com	936.494.2600	936.391.1927		
Janell Tucker	Operator	Janell@aquatechutilities.com	936.494.2600	936.499.7790		
						_

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.

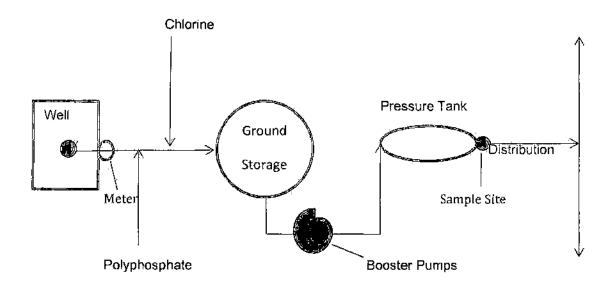
Where are your distribution system(s) map(s) located? 10712 FM 2432

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.

See Attached Schematic.

FLOW DIAGRAM



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 Syst	tems - Does	Your Water S	iystem Have A	Ground Water	Well(s)?
----	-------------------------	-------------	--------------	---------------	--------------	----------

What plant **Used During** name is this **TCEQ** Owner's Pump Well Location source Source ID Designation Capacity **Emergency?** associated with? G1700621A Well 1 Texaba 30.392298, -95.414734 160 gpm YES X NO □ Water Plant #1 YES 🗌 NO 🔲 gpm YES 🗌 NO 🗍 gpm 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 X (If NO, go to 1.C) What plant name is Total Number **TCEQ** Owner's Used During an this Pump Intake Location οf Source ID Designation Emergency? source Capacity **Pumps** associated at Intake with?

			YES 🗌 NO 🗍			gpm
			YES 🗌 NO 🗍			gpm
Does Your	Water Syst	tem Purchase (or Receiv	ve) Water?	YES [NO X (If NO,	go to 2.A)
i.		ected utility a direct pressunt system, not into a tank?	•	•	have no tanks	or pumps.)
					YI	ES 🗌 NO 🗌
ii.	the pro	affected utility re-pressuri ovider flow into a tank which ops?)		•	ibution system	

YES 🗌 NO 🗍

YES NO NO

C.

YES X NO [(if NO, go to 1.B)

gpm

A. Does Y	our Water Sy	stem Disinfect the	Water?		YES X 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?
NAOCL	Water Plant #1	YES X NO 🗌	Liquid Chlorine	50 Gal.	14	YE\$ X NO 🗌
		YES NO T				YES NO YES NO
B. Does Y etc.)?	our Water Sy	stem Provide Trea	tment Other Tha	n Disinfecti	on (example: poly YES X NO [] (If	•
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
Purify 600A		YES X NO 🗌	Liquid	30 Gal	14	YES X NO 🗌
		YES NO				YES NO
	<u> </u>	YES 🗌 NO 🗌				YES 🗌 NO 🔲
located	l within the tre	stem Have Transfe eatment processes or intake pumps)	- , ,			ore the pumps O X (If NO, go to 3
In-Plant Transfe Name	r Pump	Location (Plant N	ame)		Pump Used During an Emergency?	Pump Capacity
	_				YES 🗌 NO 🗌	gpm
					YES NO	gpm
					YES NO	3P

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 (include pressure plane)	Pump Used During an Emergency?	Pump Capacity
#1	Water Plant	YES X NO 🗌	250 gpm
#2	Water Plant	YE\$ X NO 🗌	250 gpm
#3	Water Plant	YE\$ X NO 🗌	250 gpm

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

YES ⊠ NO ☐ (If NO, go to 4.A)

Tank Type (Elevated, Hydropneumatic, Ground or Standpipe)	Location (include pressure plane)	Tank Used During an Emergency?	Tank Capacity
Hydropneumatic	Water Plant	YES X NO □	5000 gal
Ground Storage	Water Plant	YE\$ X NO 🗌	21,000 gal
_		YES NO	

Pressure Plane TCEQ Source I or Provider PWS I		Plant Names	Plant Names(s) (If Applicable)		Pump Names(s) (If Applicable)		
				-			
5. SYSTEM DE Emergency Opera occurring during a	tion means the der natural disaster with	in the last 3 years,		nts and la	rge water main br		
Demand Information		Normal Operation			ency Operation		
Average Daily Demand: 0.0		0.015817 MGD		0.0158	317 MGD		
Maximum Daily Dema		0.023285 MGD			'30 MGD		
System Capacity:	2).230400 MGD		0.2016	800 MGD		
6. SYSTEM SIZ	ZE ur Water System S	Sell/Provide Water	to Other Water S	Systems?	,		
	ur Water System S	Normally Open	Will You Provi	de 20	YES 🗌 NO 🔯 (If	1	
A. Does Yo	ur Water System S			de 20 ut the		NO, go to 6.B Population of the Receiver's Water System	
A. Does Yo	ur Water System S	Normally Open or Normally Closed	Will You Provi psi Throughou Receiver's Distribution S During an	de 20 ut the ystem	Number of Connections in the Receiver's	Population of the Receiver's Water	
A. Does Yo	ur Water System S	Normally Open or Normally Closed	Will You Provings Throughous Receiver's Distribution Solution Solu	de 20 ut the ystem	Number of Connections in the Receiver's	Population of the Receiver's Water	
A. Does Yo	ur Water System S	Normally Open or Normally Closed	Will You Proving psi Throughous Receiver's Distribution Souring an Emergency?	de 20 ut the ystem	Number of Connections in the Receiver's	Population of the Receiver's Water	
A. Does Yo Receiver/Buyer Nam B. Number	ur Water System S	Normally Open or Normally Closed Interconnect?	Will You Provings Throughor Receiver's Distribution S During an Emergency? YES NO YES NO YES NO ACC Pressure Place	de 20 ut the ystem	Number of Connections in the Receiver's Water System	Population of the Receiver's Water System	
A. Does Yo Receiver/Buyer Nam B. Number	e PWS ID (if applicable) of Connections and include any connections	Normally Open or Normally Closed Interconnect?	Will You Proving psi Throughous Receiver's Distribution S During an Emergency? YES NO YES NO YES NO CALLED NO CALLE	de 20 ut the ystem ne in Yo	Number of Connections in the Receiver's Water System	Population of the Receiver's Water System	
A. Does Yo Receiver/Buyer Nam B. Number (If applicable	e PWS ID (if applicable) of Connections and include any connections	Normally Open or Normally Closed Interconnect?	Will You Proving psi Throughous Receiver's Distribution S During an Emergency? YES NO YES NO YES NO CALLED NO CALLE	de 20 ut the ystem ne in Yo	Number of Connections in the Receiver's Water System ur Water System e in the table in 6.4	Population of the Receiver's Water System	
A. Does Yo Receiver/Buyer Nam B. Number (If applicable	e PWS ID (if applicable) of Connections and include any connections	Normally Open or Normally Closed Interconnect? Ind Population in Eactions from other was Number of Con	Will You Proving psi Throughous Receiver's Distribution S During an Emergency? YES NO YES NO YES NO CALLED NO CALLE	de 20 ut the ystem may serv	Number of Connections in the Receiver's Water System ur Water System e in the table in 6.4	Population of the Receiver's Water System	

7. POWER PROVIDER(s)

Sam Houston Electric Coop

Electric Utility or Retail

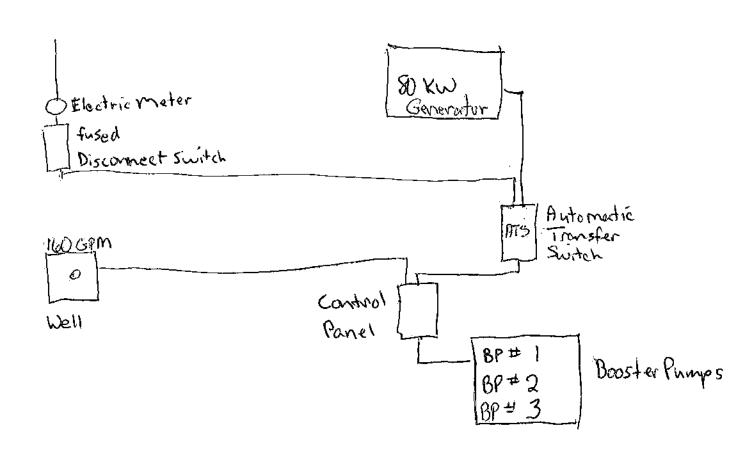
Electrical Provider(s)

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):



Section IV- Alternate Power Options Details

OPTION 1: PERMANENTLY INSTALLED AUXILIARY GENERATOR(S)

A. Generator Specifications.

Please list all the generators, all equipment to be powered, and the power needs for each piece of equipment.

Generator Brand & Model	Max Power (KW)**	Phase	Fuel Type	Automatic Switch Gear?	Facility Staffed 24 hours a day, 7 days a week?	List all Facilities and Treatment Units That Will Be Powered During an Emergency	Power Requirements for Each Facility and Treatment Unit Powered**
Ingersol	80	1 🗆	Diesel	YE\$ 🖾	YE\$ 🗌	Well pump 1	18.66 kW
Rand G80		2 🗌		NO 🗆	NO ⊠	Well pump 2	kW
						Well pump 3	kW
		3 ⊠				Booster pump 1	5.6 kW
						Booster pump 2	5.6 kW
						Booster pump 3	5.6 kW
						Disinfection Equipment 🗵	0.14 kW
		l				Treatment Equipment 🛛	0.14 kW
						Compressor(s)	1.5 kW
						Total KW	35.74 kW
		1 🔲		YES 🗆	YES 🗆		kW
				NO □	NO 🗆	-	kW
		2 🗌		110 🗀	140		kW
		3 □					kW
		1 🗌	H	YES 🗆	YES 🗌		kW
		. —		NO 🗆	NO 🗆		kW
		2 🗌				-	kW
		3 🗌					kW

^{**}The generator's total KWs cannot be less than the KWs listed under the power requirements for each facility and treatment unit that will be provided power. The generator must be able to power the equipment listed by the water system. **

B. Fuel Location

- Physical Location of Fuel Supply (GPS or "911" address): Lat 30.376345 Lon -95.387103
- C. Fuel Re-supply. Must have sufficient fuel to provide emergency power for a minimum of 48 hours or more if needed based on past power outages and utility knowledge.
 - i. How much fuel is stored on site? 100 Gallons
 - ii. How much fuel does the generator use per hour? (Attachment **B** may assist in determining that amount) 1.5 gallon/hr at 25% loading. Well runs 2.0 hr per day, booster pump runs 2.3 hr per day.
 - iii. Does the water system have access to additives/other methods to prevent fuel from freezing as per manufactures recommendations (example diesel additives)? Yes

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	
Police Department	911	911	
Emergency Medical Service	911	911	
TCEQ Water Homeland Security	888/777-3186	888/777-3186	
			http://www.puc.texas.gov/industry/water/utilities/fmt.asp
Texas PUC	512/936-7405		<u>x</u>
			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	e 512/965-2717	Website: https://www.tceq.texas.gov/agency/directory/region/reglest.html
County Judge	936.539.7812		Email:_cojudge@mctx.org https://www.mctx.org/departments/departments_ac/county_judge/index.php
County Office of Emergency Management	936.523.3900		Email: eoc@mctx.org Website: mctxoem.org
County Sheriff's Office	911/ 936.760. 5800	911	Email: Website:mctxsheriff.org
County Public Health & Environmental Services			Email: Website:

Organization	Phone Numbers (include area code)		E-Mail or Website
	Day	Evening	
City Mayor's Office			Email:
			Website:
Local Public Health &			Email:
Environmental Services			Website:
Local Office of Emergency	1		Email:
Management			Website:
TX Division of Emergency Management (TDEM)	Provides list of Sta Coordinators which officials with state requests. Requests local level first.	n assist local assistanc e	https://tdem.texas.gov/field-response/
TXWARN	866/9-TXWARN (8	866/989-9276)	Email: info@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	Contact	Title	Phone No	E Mail	
Organization	Name	Title	Day	Evening	Cellular/Pager	E-Mail
Other Local Government Officials	5				***	
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,						

Organization	Contact	T:41-	Phone No	one Numbers (include area code)			
	Name	Title	Day	Evening	Cellular/Pager	E-Mail	
individuals with special needs, businesses, and other interconnected water systems, etc.)							
Others							

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
Chlorine	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
Purify 600A	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com

D. Certified Laboratory Information

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

			Phone Numbers	s (include area	code)	E-Mail
Organization	Contact Name	Title	Day	Evening	Cellular/Pager	
Nova Biologicals			936.756.5333			
North water District laboratory services			936.321.6060			

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
diesel	Alders	Jerry	936.334.2533			
	Construction	Thompson				

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 N	umbers (include	e area code)	
Organization	N/A	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Electric Utility Company		Curtis Allen	District Rep			936.329.4375	
Gas Utility Company	N/A				<u> </u>		
Sewer Utility Company	N/A						
Telephone Utility Company	N/A						**
Wholesale Water Provider	N/A						
Wholesale Water Provider	N/A						
Other							

G. Bulk Water Suppliers

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

		Phone No	Phone Numbers (include area code)			
Organization	Contact Name	Day	Evening	Cellular/Pager	E-Mail	
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/Page r	E-Mail
Designated Water System Spokesperso n	Mike Ellington	General Manage r			281.389.0155	Mike@aquatechutilities.co m
Newspaper - Local	Legals Departmen t	Public notice	713.224.686 8	936.521.330 0		legals@hcnonline.com
Newspaper – Regional State						
Radio	Lisa Christi	Manage r	936.441.661	936.558.587		Lisachristi@kstar.com
Television	Fox 26		713.479.260			
Other					<u>_</u>	

ATTACHMENT A - SUBMITTING COMPLETED EPP

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

Choose One



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 <u>www.tceg.texas.gov/goto/epp-help</u> 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:	Southampton
PWS ID No. (if applicable):	1460148
District No. (if applicable):	NA
County:	Liberty
CCN No. (if applicable):	12388
Owner:	Weldon Alders
Prepared by:	Mike Ellington
Preparer's Phone No.:	936.494.2600
Preparer's Email:	Mike@aquatechutilities.com
Preparer's Mailing Address:	1775 North Loop 336 E. Conroe, TX 77301
Preparer Title:	General Manager
Preparer's Organization:	Aqua Tech Utilities, LLC
Expected Completion Date for EPP Plan Implementation:	Complete

Option(s) Chosen:

1. Refer to Section III-ALTERNATE POWER OPTIONS OVERVIEW.

Circle <u>all</u> 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

- 2. Short Explanation of Proposed Emergency Preparedness Plan (i.e. *Using portable generator to power 2 out of 3 wells*): Supply with one of two mobile generators.
- 3. 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
- 4. Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment?

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

Signature: Vice Title General Manager Date 11-16-23

Page 1 of 38

TCEQ-20536B (12/3/2021)

UPDATES TO EMERGENCY PREPAREDNESS PLAN (EPP)

The EPP is updated as changes occur such as dictated by personnel, phone numbers, water plant additions, modifications, and serving additional water systems.

Record updates below:

Last Updated By	Title	Purpose (page #s)	On (Date)
Mike Ellington	General manager	New	02-24-2022
Mike Ellington	General Manager	Update Generator/fuel info. Page 6,9-10	11-16-2023

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

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 You	ur Water System. Check	k all that apply.
X Residential	Commercial	☐ Industrial ☐ Wholesale ☐ Institution
B. Is This EPP I	For An X Existing or ☐	Proposed Water System?
2. CONTACT INFO	RMATION	
During any type of emer	gency, the following pers	son(s) will be responsible for the water system (contact will be
attempted in the order in	ndicated):	

Name	Title in the Organization	E-mail	Office Phone Number	Cell Phone Number	Home Phone Number	Other Phone Number
Mike Ellington	General Manager	Mike@aquatechutilities.com	936.494.2600	281.389.0155		
Ken Rash	Operator	Kenneth@aquatechutilities.com	936.494.2600	936.391.1927		
Janell Tucker	Operator	Janell@aquatechutilities.com	936.494.2600	936.499.7790		

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.

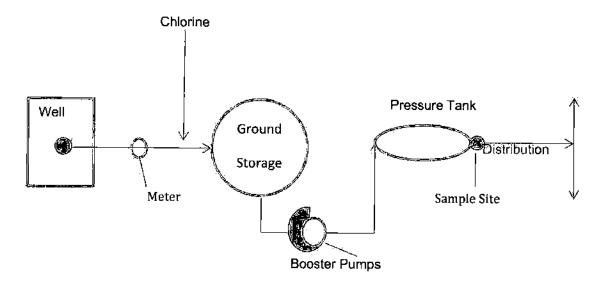
Where are your distribution system(s) map(s) located? At water plant-

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.

See Attached Schematic:

FLOW DIAGRAM



Section II - DESCRIPTION OF THE WATER SYSTEM

1	SO	UR	CF	INF	NR	MΔ	TIO	N

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

TCEQ Source ID	Owner's Designation	Well Location	Used During an Emergency?	What plant name is this source associated with?	Pump Capacity
G1460091A	Well 1	1027 CR 4700	YES X NO □	Water Plant #1	160 gpm
			YES 🗌 NO 🗌		
			YES 🗌 NO 🗍		

В.	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)? No

~	Dage	Your Water	Euctom	Durchese	(Dagainal	18/040-7
∿.	DUES	Tour Water	System	ruichase	w	Receivel	vvaler:

YES NO X (If NO, go to 2.A)

YES X NO [(If NO. go to 1.B)

2. TREATMENT INFORMATION

A. Does Your Water System Disinfect the Water?

YES X 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?
NAOCL	Water Plant #1	YES X NO 🗆	Liquid Chlorine	55 Gal.	14	YES X NO 🗌
		YES NO				YES 🗌 NO 🗌
	l'	YES NO				YES NO

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 NO 🗌				YES NO 🗌
		YES NO				YES NO
		YES 🗌 NO 🗌				YES NO .

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). NO

(Do not include well or intake pumps)

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 (include pressure plane)	Pump Used During an Emergency?	Pump Capacity
BP #1	Water Plant #1	YES X NO □	250 gpm
BP #2	Water Plant #1	YES X NO .	250 gpm
BP #3	Water Plant #1	YES NO 🛛	250 gpm

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

YES ⊠ NO ☐ (If NO, go to 4.A)

Tank Type (Elevated, Hydropneumatic, Ground or Standpipe)	Location (include pressure plane)	Tank Used During an Emergency?	Tank Capacity
Hydro-pneumatic	Water Plant #1	YES X NO □	5,000 gal
Ground storage	Water Plant #1	YES X NO 🗌	.042000
		YES 🗌 NO 🗌	

4. PRESSURE PLANES. Consist of a single pressure plane

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.

Demand Information	Normal Operation	Emergency Operation
Average Daily Demand:	0.023223 MGD	0.023223 MGD
Maximum Daily Demand:	0.029000 MGD	0.029000 MGD
System Capacity:	0.203400 MGD	0.203400 MGD

6. SYSTEM SIZE. No

A. C	oes '	Your	Water	System	Sell/Provi	de Water	to	Other	Water \$	Svstems	? N	10
------	-------	------	-------	--------	------------	----------	----	-------	----------	---------	-----	----

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 🗌 NO 🗌		
			YES NO		
			YES NO		

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

7. POWER PROVIDER(s)

	· · · · · · · · · · · · · · · · · · ·
Electric Utility or Retail	Entergy Electric
Electrical Provider(s)	

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. (Schematic located on next page)

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):

		 _	
	 -		
I_			

Enterey Receptable
for generator

Electric 30 for generator

BP#1

BP#1

BP#3

Booster

Transfer Controls

Switch

25

Section IV- Alternate Power Options Details

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

OPTION 3A: NEGOTIATION OF LEASING AND CONTRACTING AGREEMENTS

OPTION 3B: MUTUAL AID AGREEMENT WITH ANOTHER WATER PROVIDER(S)

OPTION 4: USE OF PORTABLE GENERATOR(S) CAPABLE OF SERVING MULTIPLE FACILITIES EQUIPPED WITH QUICK-CONNECT SYSTEM(S)

A. Please list the storage location of the portable generator. If sharing the generator, list the name of the water system you are sharing with and their location.

Generator Brand & Model	Generator Storage Location	Distance from Your Water System	Other Water Systems Sharing This Generator (PWS Name and ID if applicable)	Distance Between Your Water System and Those Sharing the Generator
Ingersol Rand G80	748 CR 6763	12.5 Miles	Lakeview	4.0

B. Generator specifications

Please list all the portable generators, all equipment to be powered, and the power needs for each piece of equipment.

Generator Brand & Model	Max Power (KW)	Phase	Fuel Type	Quick Connect Installed?	List all Facilities and Treatment Units That Will Be Powered During an Emergency	Power Requirements for Each Facility and Treatment Unit Powered
Ingersol Rand	80 KW	1 🗆	diesel	YES 🛛	Well pump 1 ⊠	11.20 kW
G80		2 🗌		ио 🗆	Well pump 2	kW
		3 ⊠		Date to be	Well pump 3	kW
				installed	Booster pump 1	7.5 kW
					Booster pump 2	7.5 kW
					Booster pump 3	7.5 kW
					Disinfection Equipment	.14 kW
					Treatment Equipment	kW
					Compressor(s) ⊠	1.5 kW
						kW
		1 🗆		YES 🗌		kW
						kW

Generator Brand & Model	Max Power (KW)	Phase	Fuel Type	Quick Connect Installed?	List all Facilities and Treatment Units That Will Be Powered During an Emergency	Power Requirements for Each Facility and Treatment Unit Powered
		3 🗆		NO Date to be		kW
				installed		

- C. Fuel Location (if applicable)
 - i. Physical Location of Fuel Supply (GPS or "911" address): 131 CR 486
- D. Fuel Re-supply. Must have sufficient fuel to provide emergency power for a minimum of 48 hours or more if needed based on past power outages and utility knowledge.
 - i. How much fuel is stored on site? 100 gal. onboard generator
 - ii. How much fuel does the generator use per hour? (Attachment B may assist in determining that amount.) 2.5

door tags, signs posted at Subdivision entrances)

- B. Please choose additional option to ensure your utility can maintain 20 psi if your electrical provider fails to provide your facility with power during an outage lasting longer than 24 hours.
- C. Explanation and Authority

D.	WATER RESTRICTION STAGES	N/A

OPTION 14: ANY OTHER ALTERNATIVE DETERMINED BY THE COMMISSION TO BE ACCEPTABLE

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 (code)	include area	E-Mail or Website
	Day	Evening	
Fire Department	911	911	
Police 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.asp x Email: water@puc.texas.gov
National Response Center	800/424-8802	800/424-8802	http://nrc.useg.mil/Default.aspx
State Spill Hotline	800/832-8224	800/832-8224	https://www.tceg.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/regi_ist.html
County Judge	936.336.4665		Website: www.co.liberty.tx.us/page/liberty.county.judge
County Office of Emergency Management	936.334.3219		Website: www.co.liberty.tx.us/page/liberty.emergency

Organization	Phone Numbers (code)	(include area	E-Mail or Website
	Day	Evening	
County Sheriff's Office	911/ 936.760. 5800	911	Website: www.libertytxsheriff.com
County Public Health & Environmental Services			Email: Website:
City Mayor's Office			Email: Website:
Local Public Health & Environmental Services			Email: Website:
Local Office of Emergency Management			Email: Website:
TX Division of Emergency Management (TDEM)	Provides list of Sta Coordinators which officials with state requests. Request local level first.	h assist local assistance	https://tdem.texas.gov/field-response/
TXWARN	866/9-TXWARN (8	366/989-9276)	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.

O	Contact	T :	Phone No	Phone Numbers (include area code)			
Organization	Name	Title	Day	Evening	Cellular/Pager	– E-Mail	
Other Local Government Officials							
Hospitals served by the Affected Utility							
Nursing Homes served by the Affected Utility							
Pharmacies							
Priority Water Users (Those							

Page 16 of 25 TCEQ-20536B (11/2021)

0	Contact	Ti41-	Phone No	F 34-11		
Organization	Name	Title	Day	Evening	Cellular/Pager	– E-Mail
that are critically dependent upon						
water including						
schools, dialysis centers,						
institutions,						
individuals with special needs,						
businesses, and other						
interconnected						
water systems, etc.)						
Others						

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
Chlorine	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
Purify 1000	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
						<u> </u>

D. Certified Laboratory Information

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

		Title	Phone Numbers			
Organization	Contact Name		Day	Evening	Cellular/Pager	E-Mail
Nova Biologicals			936.756.5333			
North water District laboratory services			936.321.6060			

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
diesel	Alders Construction	Jerry Thompson	936.334.2533			
propane	T.Neale Propane	Dispatch	936.258.4500			

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.

	T			Phone Number			
Organization	N/A	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Electric Utility	"	Clint Ard	Field	800.368.3749	800.430.4911	281.702.4238	
Company			Supervisor				•
Gas Utility Company	N/A						
Sewer Utility Company	N/A						
Telephone Utility Company	N/A						
Wholesale Water Provider	N/A						
Wholesale Water Provider	N/A						
Other							

G. Bulk Water Suppliers

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

	Contact Name	Phone No	Phone Numbers (include area code)			
Organization		Day	Evening	Cellular/Pager	E-Mail	
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/Page	E-Mail
Designated Water System Spokesperso n	Mike Ellington	General Manager		_	281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Kim Marlow	Classified s	936.336.361 1	936.521.330 0		Classifieds@thevindicator.co m
Newspaper – Regional State	houston chronicl e	Breaking News	713.362.749 1			news@chron.com
Radio	KSHN		936.336.579 3	936.558.587 8		office@KSHN.com
	K101.5		936.334.998 8			kelly@k1015.com
Television	Fox 26		713.479.260 0			
Other						

ATTACHMENT A – SUBMITTING COMPLETED EPP

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



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:	Texaba subdivision
PWS ID No. (if applicable):	1700621
District No. (if applicable):	NA
County:	Montgomery
CCN No. (if applicable):	12388
Owner:	Woodland Hills Water LLC
Prepared by:	Mike Ellington
Preparer's Phone No.:	936.494.2600
Preparer's Email:	Mike@aquatechutilities.com
Preparer's Mailing Address:	1775 North Loop 336 E. Conroe, TX 77301
Preparer Title:	General Manager
Preparer's Organization:	Aqua Tech Utilities
Expected Completion Date for EPP Plan Implementation:	Complete

Option(s) Chosen:

1. Refer to Section III-ALTERNATE POWER OPTIONS OVERVIEW.

Circle <u>all</u> 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

- 2. Short Explanation of Proposed Emergency Preparedness Plan (i.e. *Using portable generator to power 2 out of 3 wells*): 60 KW generator already installed to run well and booster pumps.
- 3. 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
- 4. Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment?

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

Signature: Mr. Elle General Manager Date 2 - 16-22

UPDATES TO EMERGENCY PREPAREDNESS PLAN (EPP)

The EPP is updated as changes occur such as dictated by personnel, phone numbers, water plant additions, modifications, and serving additional water systems.

Record updates below:

Last Updated By	Title	Purpose (page #s)	On (Date)	
Mike Ellington	General manager	New	02-01-2022	
Mike Ellington	General Manager	Corrections	05-10-2023	

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 <u>affected utility</u> 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 <u>extended power outage</u> means a power outage lasting more than 24 hours.

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

A. Describe You	A. Describe Your Water System. Check all that apply.						
X Residential	Commercial	☐ Industrial ☐ Wholesale ☐ Institution					
B. Is This EPP For An X Existing or Proposed Water System?							
CONTACT INCODMATION							

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	E-mail	Office	Cell Phone	Home	Other
	Organization		Phone	Number	Phone	Phone
			Number		Number	Number
Mike	General	Mike@aquatechutilities.com	936.494.2600	281.389.0155		
Ellington	Manager					
Ken Rash	Operator	Kenneth@aquatechutilities.com	936.494.2600	936.391.1927		
Janeli	Operator	Janell@aguatechutilities.com	936.494.2600	936.499.7790		
Tucker						

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.

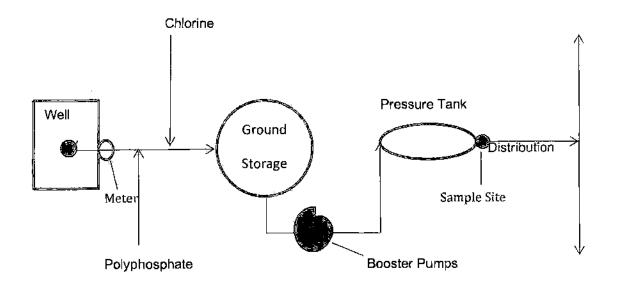
Where are your distribution system(s) map(s) located? 9145 Hoda Rd

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.

See	Attached	Schematic.
-----	----------	------------

FLOW DIAGRAM



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

Δ	Groundwater Systems -	. Does	Your Water	System Have	A Ground	d Water \	Mall(e\2
м.	Groundwater Systems .	· DOG2	TOUL VVALE	System mave	A Ground	u vvalet i	(A GIII(2) t

YES X NO [(if NO, go to 1.B) What plant name is this **Used During TCEQ** Pump Owner's Well Location source an Source ID Designation Capacity Emergency? associated with? G1700621A Well 1 30.376381, -95.38736 140 gpm Texaba Subd. YES X NO 🗌 Water Plant #1 YES 🗌 NO 🗍 gpm YES 🗌 NO 🗌 gpm 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 X (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 🗌 NO 🗌			gpm
			YES 🗌 NO 🗀			gpm
			YES NO			gpm

		YES		l abu
		YES	□ NO □	gpm
C.	Does Your	Water System Purchase (or Receive) Water	er? YES [NO X (If NO, go to 2.A)
	i.	Is this affected utility a direct pressure syste distribution system, not into a tank? Direct p	, ,	have no tanks or pumps.)
				YES 🗌 NO 🗌
	ü.	Does this affected utility re-pressurize the wathe provider flow into a tank which is the pumps?)	•	•

2. TREATMENT INFORMATION

A. Does Y	our Water Sy	YES X 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?		
NAOCL	Water Plant #1	YES X NO □	Liquid Chlorine	50 Gal.	14	YES X NO		
		YES NO			_	YES 🗌 NO 🗌		
		YES 🗌 NO 🗍		<u> </u>		YES NO		
B. Does Your Water System Provide Treatment Other Than Disinfection (example: polyphosphate, caustic etc.)? YES X 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		
Purify 600A		YES X NO 🗌	Liquid	30 Gal.	14	YES X NO 🗌		
-		YES NO				YES NO		
		YES NO				YES 🗌 NO 🗌		
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	X (If NO, go to 3.A		
In-Plant Transfer Name	r Pump	Location (Plant N	Location (Plant Name)			Pump Capacity		
					YES 🗌 NO 🗌	gpm		

YES NO

YES NO

gpm

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 (include pressure plane)	Pump Used During an Emergency?	Pump Capacity
#1	Water Plant	YES X NO 🗌	250 gpm
#2	Water Plant	YES X NO 🗌	250 gpm
#3	Water Plant	YE\$ X NO □	250 gpm

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

YES ⊠ NO ☐ (If NO, go to 4.A)

Tank Type (Elevated, Hydropneumatic, Ground or Standpipe)	Location (include pressure plane)	Tank Used During an Emergency?	Tank Capacity
Hydropneumatic	Water Plant	YES X NO 🗌	5000 gal
Ground Storage	Water Plant	YES X NO 🗌	42,000 gal
		YES NO	

(If applicable) or Normally psi I froughout the Connections of the	riessule rialle *	CEQ Source ID(s r Provider PWS ID(// Plant Names	(s)	-	Pump Names(s) (If Applicable)	· · · · · · · · · · · · · · · · ·
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. Demand Information Normal Operation Emergency Operation Average Daily Demand: 0.029666 MGD 0.029666 MGD Maximum Daily Demand: 0.036730 MGD 0.036730 MGD System Capacity: 0.201600 MGD 0.201600 MGD 6. SYSTEM SIZE A. Does Your Water System Sell/Provide Water to Other Water Systems? YES NO (If NO, go to 6 Population of the Receiver's Distribution System During an Emergency? Water System							
Demand Information Normal Operation Emergency Operation O.029666 MGD O.029666 MGD O.029666 MGD O.029666 MGD O.036730 MGD O.0							
Average Daily Demand: D.029666 MGD	•				•	- • .	
Maximum Daily Demand: O.036730 MGD	Demand Information	[]	Normal Operation		Emerg	gency Operation	
System Capacity: 6. SYSTEM SIZE A. Does Your Water System Sell/Provide Water to Other Water Systems? YES □ NO ☑ (If NO, go to 6) Receiver/Buyer Name PWS ID (if applicable) Or Normally Closed Interconnect? Distribution System During an Emergency? YES □ NO □ YES	Average Daily Demand:	. (0.029666 MGD		0.0296	366 MGD	
6. SYSTEM SIZE A. Does Your Water System Sell/Provide Water to Other Water Systems? YES NO (If NO, go to 6) Receiver/Buyer Name PWS ID (if applicable) Or Normally Closed Interconnect? Distribution System During an Emergency? YES NO (If NO, go to 6) Number of Connections in the Receiver's Water System Water System Sys	Maximum Daily Demand	d:	0.036730 MGD		0.0367	730 MGD	
A. Does Your Water System Sell/Provide Water to Other Water Systems? YES □ NO ☑ (If NO, go to 6) Receiver/Buyer Name PWS ID	System Capacity:	<u> </u>	0.201600 MGD		0.2016	300 MGD	
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			or Normally Closed	psi Throughou Receiver's Distribution Sy During an Emergency?	t the	Connections in the Receiver's	Receiver's Water
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			<u></u>	<u> </u>		·	
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							
Tressure Traine (in approable)		I	I	· · - V I I I V		<u> </u>	
172 516			-	ch Pressure Pla		-	
	(If applicable, i	nclude any conne	ections from other wa	ach Pressure Pla ater systems you	nay serv	e in the table in 6.	
	(If applicable, i	nclude any conne	Number of Coni	ach Pressure Pla ater systems you	Popu	e in the table in 6.	

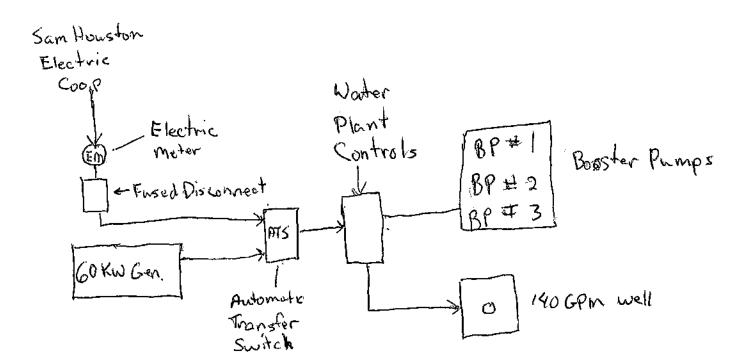
Electrical Provider(s)

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):



Section IV- Alternate Power Options Details

OPTION 1: PERMANENTLY INSTALLED AUXILIARY GENERATOR(S)

A. Generator Specifications.

Please list all the generators, all equipment to be powered, and the power needs for each piece of equipment.

Generator Brand & Model	Max Power (KW)***	Phase	Fuel Type	Automatic Switch Gear?	Facility Staffed 24 hours a day, 7 days a week?	List all Facilities and Treatment Units That Will Be Powered During an Emergency	Power Requirements for Each Facility and Treatment Unit Powered**
Ingersol	60	1 🔲	Diesel	YES 🛛	YES 🗌	Well pump 1	11.2 kW
Rand G60] a 🗆		NO 🗆	NO 🖾	Well pump 2	kW
		2 🗌				Well pump 3	kW
		3 ⊠				Booster pump 1	7.5 kW
						Booster pump 2	7.5 kW
						Booster pump 3	7.5 kW
						Disinfection Equipment 🛛	0.14 kW
						Treatment Equipment 🛛	0.14 kW
						Compressor(s)	1.5 kW
						Total KW	35.48kW
		1 🔲		YES 🗌	YES 🗌		kW
				NO □	NO 🗆		kW
		2 🗌		,,,,	,,,,		kW
		3 □					kW
		1 🗍		YES 🗍	YES 🗌	· · ·	kW
				NO 🗆	 NO □		kW
		2 🗌			"		kW
		3 □					kW

^{**}The generator's total KWs cannot be less than the KWs listed under the power requirements for each facility and treatment unit that will be provided power. The generator must be able to power the equipment listed by the water system. **

B. Fuel Location

- Physical Location of Fuel Supply (GPS or "911" address): Lat 30.376345 Lon -95.387103
- C. Fuel Re-supply. Must have sufficient fuel to provide emergency power for a minimum of 48 hours or more if needed based on past power outages and utility knowledge.
 - i. How much fuel is stored on site? 100 Gallons
 - ii. How much fuel does the generator use per hour? (Attachment B may assist in determining that amount) 1 gallon/hr as estimated from attachment B
 - iii. Does the water system have access to additives/other methods to prevent fuel from freezing as per manufactures recommendations (example diesel additives)? Yes

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 code)	(include area	E-Mail or Website
	Day	Evening	-
Fire Department	911	911	
Police 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.asp x 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.tceg.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 phon	e 512/965-2717	Website: https://www.tceg.texas.gov/agency/directory/region/region/st.html
County Judge	936.539.7812		Email: cojudge@mctx.org https://www.mctx.org/departments/departments_ac/county_judge/index.php
County Office of Emergency Management	936.523.3900		Email: eoc@mctx.org Website: mctxoem.org
County Sheriff's Office	911/ 936.760. 5800	911	Email: Website:mctxsheriff.org
County Public Health & Environmental Services			Email: Website:
City Mayor's Office			Email: Website:

Organization	Phone Numbers (code)	include area	E-Mail or Website
	Day	Evening	
Local Public Health & Environmental Services	_		Email: Website:
			Email:
Local Office of Emergency			Linaii.
Management			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 (8	66/989-9276)	Email: <u>info@txwarn.org</u> 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	Title	Phone No	Phone Numbers (include area code)				
Organization	Name	litie	Day	Evening	Cellular/Pager	E-Mail		
Other Local								
Government	_	<u> </u>	_					
Officials								
Hospitals served			-					
by the Affected						<u> </u>		
Utility								
Nursing Homes								
served by the								
Affected Utility								
Pharmacies								
					-			
Priority Water					-			
Users (Those						· -		
that are critically						İ		
dependent upon								
water including				-				
schools, dialysis								
centers,					-			
institutions,	_					-		

Organization	Contact	Title	Phone No	umbers (include a	rea code)	E 54-11
Organization	Name	Title	Day	Evening	Cellular/Pager	E-Mail
individuals with special needs, businesses, and other interconnected water systems, etc.)						
Others						

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
Chlorine	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
Purify 600A	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
				l		

D. Certified Laboratory Information

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

		Phone Numbers	Phone Numbers (include area code)				
Organization	Contact Name	Day	Evening	Cellular/Pager	E-Mail		
Nova Biologicals		936.756.5333					
North water District laboratory services		936.321.6060					

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-Maíl
diesel	Alders Construction	Jerry Thompson	936.334.2533			

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 No	umbers (include	e area code)	E-Mail
Organization	N/A	Contact Name	Title	Day	Evening	Cellular/Pager	
Electric Utility Company		Curtis Allen	District Rep			936.329.4375	
Gas Utility Company	N/A					-	
Sewer Utility Company	N/A						
Telephone Utility Company	N/A					- "	
Wholesale Water Provider	N/A						
Wholesale Water Provider	N/A						
Other	1			· -	 		

G. Bulk Water Suppliers

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

_			Phone No	Phone Numbers (include area code)				
Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail		
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/Page r	E-Mail
Designated Water System Spokesperso n	Mike Ellington	General Manage r			281.389.0155	Mike@aquatechutilities.co m
Newspaper - Local	Legals Departmen t	Public notice	713.224.686 8	936.521.330 0		legals@hcnonline.com
Newspaper – Regional State						
Radio	Lisa Christi	Manage r	936.441.661	936.558.587		Lisachristi@kstar.com
Television	Fax 26		713.479.260			
Other						



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 <u>www.tceq.texas.gov/goto/epp-help</u> 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:	Walnut Creek
PWS ID No. (if applicable):	1460142
District No. (if applicable):	NA .
County:	Liberty
CCN No. (if applicable):	12388
Owner:	Weldon Alders
Prepared by:	Mike Ellington
Preparer's Phone No.:	936.494.2600
Preparer's Email:	Mike@aquatechutilities.com
Preparer's Mailing Address:	1775 North Loop 336 E. Conroe, TX 77301
Preparer Title:	General Manager
Preparer's Organization:	Aqua Tech Utilities, LLC
Expected Completion Date for EPP Plan Implementation:	Complete

Option(s) Chosen:

1	. Refer to	Section III-ALTERNATE POWER OPTIONS OVERVIEW.

Circle <u>all</u> 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

- 2. Short Explanation of Proposed Emergency Preparedness Plan (i.e. *Using portable generator to power 2 out of 3 wells*): Supply with one of two mobile generators.
- 3. 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
- 4. Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment?

l certify, u	inder penalty	of law.	that all	the info	ormation prov	ded herein	is true and	d accurate.	to the best	of my	knowledge
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Signature: Ma ECC / Title General Manager Date 2-24-2

UPDATES TO EMERGENCY PREPAREDNESS PLAN (EPP)

The EPP is updated as changes occur such as dictated by personnel, phone numbers, water plant additions, modifications, and serving additional water systems.

Record updates below:

Last Updated By	Title	Purpose (page #s)	On (Date)
Mike Ellington	General manager	New	02-24-2022
			_ _

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	k all that apply.	
X Residentia	al Commercial	Industrial	Wholesale Institution
B. Is This EP	P For An X Existing or 🗌	Proposed Water S	ystem?
2. CONTACT IN	FORMATION		
During any type of en	nergency, the following pers	son(s) will be respon	sible for the water system (contact will be

Durin attempted in the order indicated):

Name	Title in the Organization	E-mail	Office Phone Number	Cell Phone Number	Home Phone Number	Other Phone Number
Mike Ellington	General Manager	Mike@aquatechutilities.com	936.494.2600	281.389.0155	· . <u>-</u>	
Ken Rash	Operator	Kenneth@aquatechutilities.com	936.494.2600	936.391.1927		_
Janell Tucker	Operator	Janell@aquatechutilities.com	936.494.2600	936.499.7790		
			<u> </u>			

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.

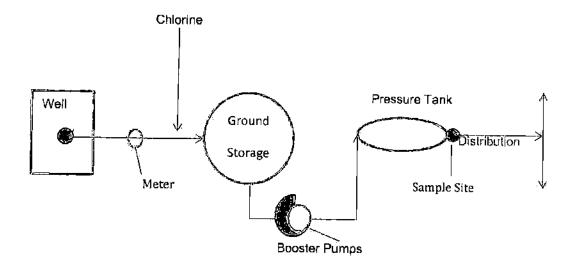
Where are your distribution system(s) map(s) located? At water plant

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.

See Attached Schematic.

FLOW DIAGRAM



Section II - DESCRIPTION OF THE WATER SYSTEM

1. SOURCE INFORMATION

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

Owner's Designation	Well Location	Used During an Emergency?	What plant name is this source associated with?	Pump Capacity
/ell 1	Lat 29.896812 Lon -94.824456	YES X NO	Water Plant #1	185 gpm
•		YES NO		<u> </u>
		YES NO		
7.	ell 1	Designation Lat 29.896812 Lon -94.824456	Emergency?	Emergency? associated with?

YES NO

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?
NAOCL	Water Plant #1	YES X NO	Liquid Chlorine	55 Gal.	14	YES X NO 🗆
		YES NO				YES NO

- B. Does Your Water System Provide Treatment Other Than Disinfection (example: polyphosphate, caustic etc.)? YES NO ⊠ (If NO, go to 2.C)
- 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). NO

(Do not include well or intake pumps)

YES NO

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 (include pressure plane)	Pump Used During an Emergency?	Pump Capacity
BP #1	Water Plant #1	YES X NO	250 gpm
BP #2	Water Plant #1	YES X NO	250 gpm
BP #3	Water Plant #1	YES NO 🛛	250 gpm

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

YES	⊠ NO	🔲 (If	NO, go	to 4.A

Tank Type (Elevated, Hydropneumatic, Ground or Standpipe)	Location (include pressure plane)	Tank Used During an Emergency?	Tank Capacity
Hydro-pneumatic	Water Plant #1	YES X NO □	5,000 gal
Ground storage	Water Plant #1	YES X NO []	.066000
		YES 🗌 NO 🗍	

4. PRESSURE PLANES. Consist of a single pressure plane

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.

Demand Information	Normal Operation	Emergency Operation
Average Daily Demand:	0.038684 MGD	0.038684 MGD
Maximum Daily Demand:	0.046142 MGD	0.046142 MGD
System Capacity:	0.266400 MGD	0.266400 MGD

6. SYSTEM SIZE, No.

- A. Does Your Water System Sell/Provide Water to Other Water Systems? NO
- 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		
One	228	684		

7. POWER PROVIDER(s)

<u> </u>	<u> ` . </u>
Electric Utility or Retail	Reliant Electric
Electrical Provider(s)	

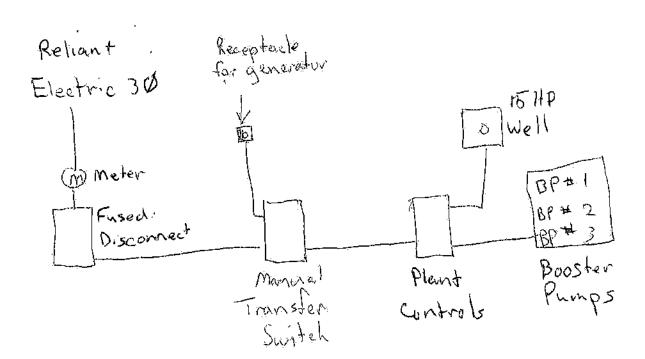
8. ELECTRICAL SCHEMATIC

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);

This water plant has a manual transfer switch and a quick connect receptacle for 3 PH generator power. Woodland Hills water has a mobile generator capable of powering the entire water plant. The generator can be refueled by one of three 100 gallon tanks mounted on trucks.



Section IV- Alternate Power Options Details

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

OPTION 3A: NEGOTIATION OF LEASING AND CONTRACTING AGREEMENTS

OPTION 3B: MUTUAL AID AGREEMENT WITH ANOTHER WATER PROVIDER(S)

OPTION 4: USE OF PORTABLE GENERATOR(S) CAPABLE OF SERVING MULTIPLE FACILITIES EQUIPPED WITH QUICK-CONNECT SYSTEM(S)

A. Please list the storage location of the portable generator, if sharing the generator, list the name of the water system you are sharing with and their location.

Generator Brand & Model	Generator Storage Location	Distance from Your Water System	Other Water Systems Sharing This Generator (PWS Name and ID if applicable)	Distance Between Your Water System and Those Sharing the Generator	
Ingersol Rand 80 KW <i>Gಳ0</i>	748 CR 6763	19.5 Miles Woodridge Park		1.5 Miles	

B. Generator specifications

Please list all the portable generators, all equipment to be powered, and the power needs for each piece of equipment.

Generator Brand & Model	Max Power (KW)	Phase	Fuel Type	Quick Connect Installed?	List all Facilities and Treatment Units That Will Be Powered During an Emergency	Power Requirements for Each Facility and Treatment Unit Powered
Ingersol Rand	80	1 🗍	diesel	YES 🗵	Well pump 1 ⊠	11.20 kW
80 KW G&O		2 🗆		NO 🗌	Well pump 2	kŴ
90-		3 ⊠		Date to be installed	Well pump 3	kW
			!	mstalled	Booster pump 1	7,5 kW
					Booster pump 2	7.5 kW
					Booster pump 3	7.5 KW
			!		Disinfection Equipment ⊠	.14 kW
					Treatment Equipment	kW
					Compressor(s) ⊠	1.5 kW
						kW
	_	1 🔲	<u> </u>	YES 🗌	 	kW
						kW

Generator Brand & Model	Max Power (KW)	Phase	Fuel Type	Quick Connect Installed?	List all Facilities and Treatment Units That Will Be Powered During an Emergency	Power Requirements for Each Facility and Treatment Unit Powered
		3 🗆		NO Date to be installed		kW kW

- C. Fuel Location (if applicable)
 - Physical Location of Fuel Supply (GPS or "911" address): Mobile
- D. Fuel Re-supply. Must have sufficient fuel to provide emergency power for a minimum of 48 hours or more if needed based on past power outages and utility knowledge.
 - i. How much fuel is stored on site? 100 gal, onboard generator
 - ii. How much fuel does the generator use per hour? (Attachment B may assist in determining that amount.) 2.5

OPTION 5: USE OF ON-SITE ELECTRICAL GENERATION OR DISTRIBUTED GENERATION FACILITIES

Onsite Electrical Generation means that each facility generates its own power rather than being powered by a commercial electric power grid. Distributed Generation Facilities are small-scale power producing facilities located near the electrical load which may feed into a common grid.

- A. On-Site Electrical Generation or Distributed Generation Specifications
- B. On-site Electrical Generation or Distributed Generation Specifications
- C. Fuel Location
- D. Fuel Re-supply. Must have sufficient fuel to provide emergency power for a minimum of 48 hours or more if needed based on past power outages and utility knowledge.

OPTION 6: HARDENING THE ELECTRIC TRANSMISSION AND DISTRIBUTION SYSTEM SERVING THE WATER SYSTEM

OPTION 7: USE AND MAINTENANCE OF DIRECT ENGINE OR RIGHT- ANGLE DRIVES

(EXISTING FACILITIES ONLY) This option is only available to existing facilities and, may require more than one option. If right angle drive is located only on a well how will treated water be sent to the distribution system or if located only on a booster pump, how is treated water entering a storage tank, and must still provide 20 psi throughout the distribution system.

OPTION 8A: DESIGNATION OF THE WATER SYSTEM AS A CRITICAL LOAD FACILITY OPTION 8B: DESIGNATION OF THE WATER SYSTEM AS HAVING REDUNDANT, ISOLATED, OR DEDICATED ELECTRICAL FEEDS

OPTION 9: PROVIDE WATER STORAGE CAPABILITIES
OPTION 10A: WATER IS DELIVERED TO YOUR DISTRIBUTION SYSTEM FROM OUTSIDE
YOUR SERVICE AREA USING EMERGENCY INTERCONNECTS
OPTION 10B: WATER IS DELIVERED TO YOUR DISTRIBUTION SYSTEM FROM OUTSIDE
YOUR SERVICE AREA USING WATER HAULER(S)

OPTION 11: WATER SYSTEM HAS THE ABILITY TO PROVIDE WATER THROUGH ARTESIAN FLOWS

OPTION 12: REDUNDANT INTERCONNECTIVITY BETWEEN PRESSURE ZONES OPTION 13: USE EMERGENCY WATER DEMAND RULES TO MAINTAIN EMERGENCY OPERATIONS

OPTION 14: ANY OTHER ALTERNATIVE DETERMINED BY THE COMMISSION TO BE ACCEPTABLE

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 code)	s (include area	E-Mail or Website
	Day	Evening	-
Fire Department	911	911	
Police 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.asp x 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

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Organization	Phone Numbers code)	(include area	E-Mail or Website			
	Day	Evening	7			
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 phon	e 512/965-2717	Website: https://www.tceq.texas.gov/agency/directory/region/reglist.html			
County Judge	936.336.4665		Website: www.co.liberty.tx.us/page/liberty.county.judge			
County Office of Emergency Management	936.334.3219		Website: www.co.liberty.tx.us/page/liberty.emergency			
County Sheriff's Office	911/ 936.760. 5800	911	Website: www.libertytxsheriff.com			
County Public Health &			Email:			
Environmental Services			Website:			
			Email:			
City Mayor's Office			Website:			
Local Public Health &			Email:			
Environmental Services			Makes			
·			Website:			
Local Office of Emergency			Email.			
Management			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			
- · <u></u>			Email:			
Other Mutual Aid Provider			Website:			

B. Local Contact Notification List

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
Chlorine	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
Purify 1000	Purify	Slade Swammer	713.463.1929		281.705.2442	slade@purifywt.com
	İ	_				

D. Certified Laboratory Information

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

	i.	ct Title	Phone Number	Phone Numbers (include area code)				
Organization	Contact Name		Day	Evening	Cellular/Pager	E-Mail		
Nova Biologicals			936.756.5333					
North water District laboratory services			936.321.6060					

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
diesel	Alders Construction	Jerry Thompson	936.334.2533			
propane	T.Neale Propane	Dispatch	936.258.4500			

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.

· -		Contact Name	Title	Phone Numbers (include area code)			
Organization	N/A			Day	Evening	Cellular/Pager	E-Mail
Electric Utility Company		Clint Ard	Field Supervisor	800.368.3749	800.430.4911	281.702.4238	
Gas Utility Company	N/A			T			
Sewer Utility Company	N/A						-
Telephone Utility Company	N/A				"		_
Wholesale Water Provider	N/A						
Wholesale Water Provider	N/A	! •		-			
Other							-

G. Bulk Water Suppliers

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/Page r	E-Mail
Designated Water System Spokesperso	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Kim Marlow	Classified s	936.336.361 1	936,521.330 0		Classifieds@thevindicator.co m
Newspaper – Regional State	houston chronicl e	Breaking News	713.362.749 1			news@chron.com
Radio	KSHN		936.336.579 3	936.558.587 8		office@KSHN.com
	K101.5		936.334.998 8			kelly@k1015.com
Television	Fox 26		713.479.260 0			
Other						

ATTACHMENT A - SUBMITTING COMPLETED EPP

Upon completing your EPP please email or mail (<u>not:both</u>) 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.tceg.texas.gov/goto/epp-help and TCEQ will contact you via email or phone to work with you.

Approved Plan Distribution

Completer 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	Use the weblinks provided:	
Cammission Filing	For Confidential filing procedures for the PUC use Docket No. 52272	
	1. http://puc.texas.gov/industry/filings/Confidential.aspx	
	For PUC Procedural Rules for Filing of Pleadings, Documents, and Other Materials	
	http://puc.texas.gov/agency/rulesnfaws/procrules/pr- e/22.71/22.71.pdf	
	Address:	
	Public Utility Commission of Texas	
	Central Records 1701 N Congress PO Box 13326	
	Austin, Texas 78711-3326	
	For additional questions contact the PUC Central Records office at (512)-936-7180.	
Texas Division of	Submit to TDEM via email at: TechHaz@idem.texas.gov	
Emergency Management (TDEM)	Address:	
	Texas Division of Emergency Management	
	1033 La Posada, Ste 300 Austin, Texas 78752	
	For additional questions contact the TDEM (512)-424-2208	