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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.

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Other Local Government Officials						
Hospitals served by the Affected Utility						
Nursing Homes served by the Affected Utility						
Pharmacies						
Priority Water Users (Those						

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

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D. Certified Laboratory Information

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			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 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.

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

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G. Bulk Water Suppliers

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Bulk Water Haulers						
Bottle Water Sources						

H. Media Notification List

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

Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Designated Water System Spokesperson	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Kim Marlow	Classifieds	936.336.3611	936.521.3300		Classifieds@theindicator.com
Newspaper - Regional State	houston chronicle	Breaking News	713.362.7491			news@chron.com
Radio	KSHN		936.336.5793	936.558.5878		office@KSHN.com
	K101.5		936.334.9988			kelly@k1015.com
Television	Fox 26		713.479.2600			
Other						

ATTACHMENT A – SUBMITTING COMPLETED EPP

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



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

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 water plant
- Will this plan provide for 20 pounds per square inch (psi) of pressure to all your direct customers during a power outage lasting more than 24 hours caused by a natural disaster? Yes
- Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment?

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 2-18-22

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

SECTION I – INTRODUCTION

1. APPLICABILITY

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

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

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

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

Residential Commercial Industrial Wholesale Institution

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

2. CONTACT INFORMATION

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

Name	Title in the Organization	E-mail	Office Phone Number	Cell Phone Number	Home Phone Number	Other Phone Number
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.

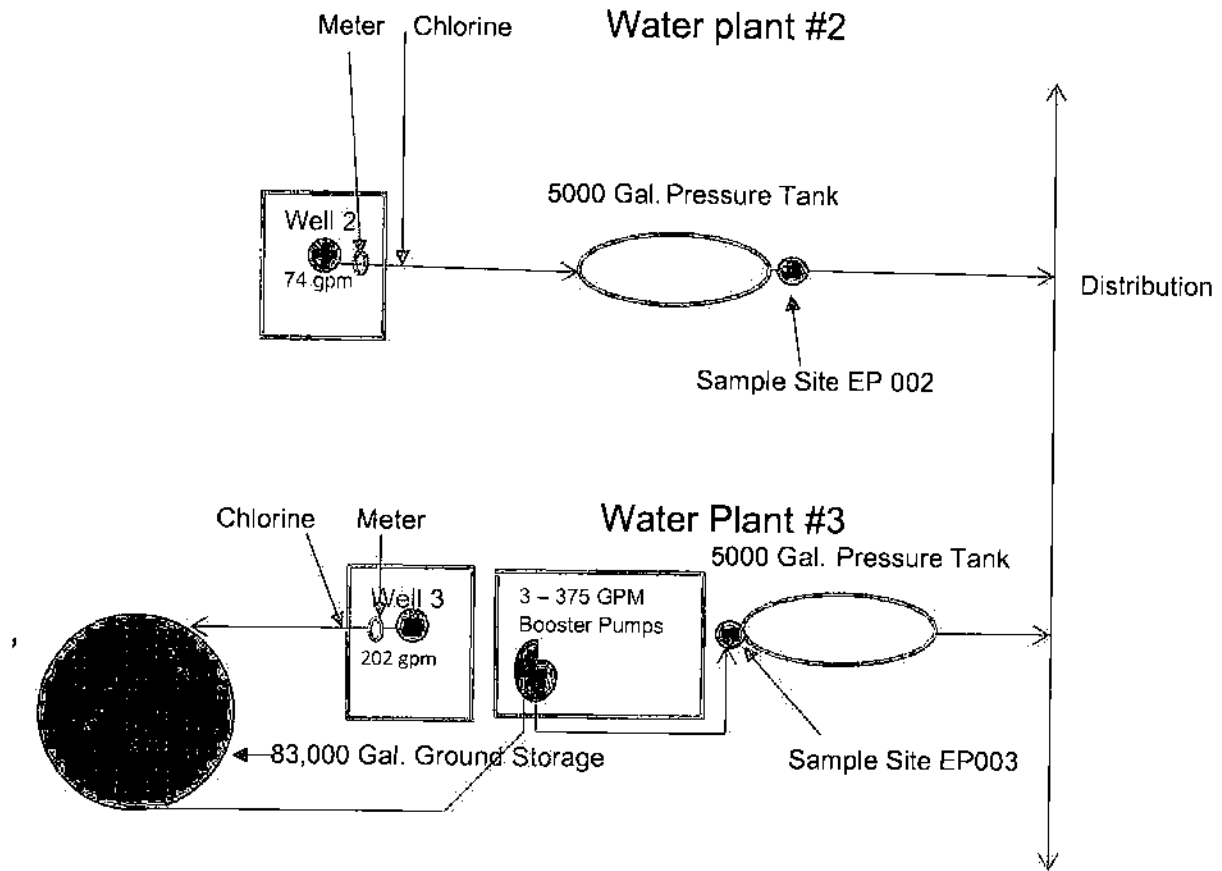
Where are your distribution system(s) map(s) located? 24 CR 4891 ...

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 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Water Plant #2	74 gpm
G1460101C	Well 3	24 CR 4891	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Water Plant #3	202 gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		

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

YES NO (If NO, go to 1.C)

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

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

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

- i. Is this affected utility a direct pressure system? (Does the provider's water flow directly into your distribution system, not into a tank? Direct pressure systems generally have no tanks or pumps.)
YES NO
- ii. Does this affected utility re-pressurize the water received from the provider? (Does the water from the provider flow into a tank which is then pumped out into the distribution system by your own pumps?)
YES NO

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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 #2	YES NO <input checked="" type="checkbox"/>	Liquid Chlorine	30 Gal.	14	YES X NO <input type="checkbox"/>
NAOCL	Water Plant #3	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Liquid Chlorine	50 Gal	14	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/>				YES NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

(Do not include well or intake pumps)

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

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

3. DISTRIBUTION SYSTEM INFORMATION

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

YES NO (If NO, go to 3.B)

Booster/Service Pump Name	Location (include pressure plane)	Pump Used During an Emergency?	Pump Capacity
BP #1	Water Plant #2	YES X NO <input type="checkbox"/>	350 gpm
BP #2	Water Plant #2	YES X NO <input type="checkbox"/>	350 gpm
BP #3	Water Plant #2	YES X NO <input type="checkbox"/>	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 <input type="checkbox"/>	5,000 gal
Ground Storage	Water Plant #3	YES X NO <input type="checkbox"/>	83,592 gal
Hydro-pneumatic	Water Plant #3	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	5,000 gal

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4. PRESSURE PLANES

Does Your Water System Have More Than One Pressure Plane?

YES NO (If NO, go to 5)

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

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:	0.057846 MGD	<u>0.057846</u>
Maximum Daily Demand:	<u>0.090000</u> MGD	<u>0.090000</u>
System Capacity:	<u>0.397440</u>	<u>0.290880</u>

6. SYSTEM SIZE

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

YES NO (If NO, go to 6.B)

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

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

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

Pressure Plane <i>(if applicable)</i>	Number of Connections	Population
	271	817

7. POWER PROVIDER(S)

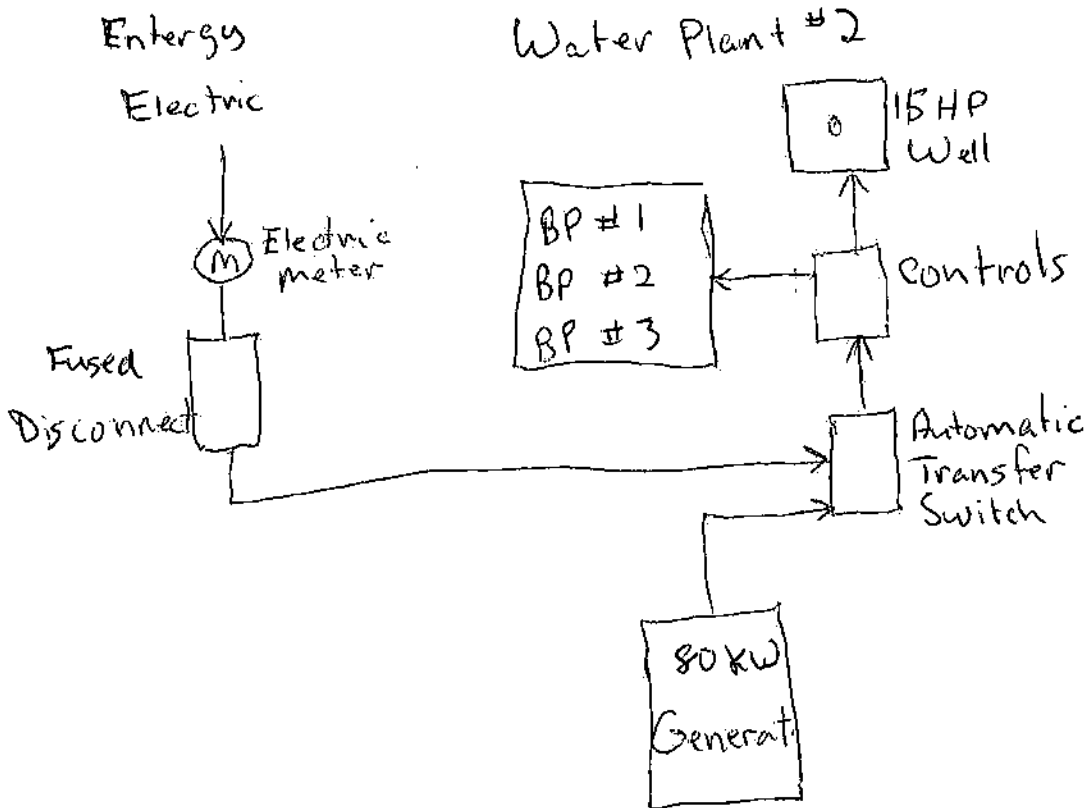
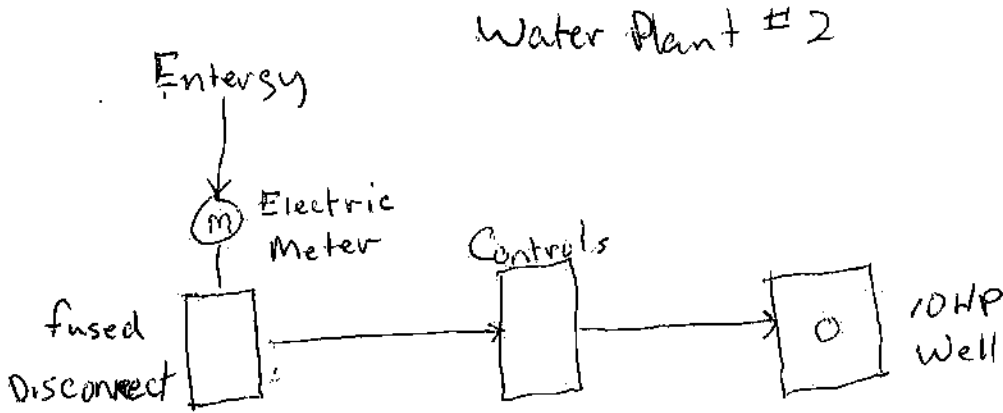
Electric Utility or Retail Electrical Provider(s)	Entergy Electric
--	------------------

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 Rand G80	80	1 <input type="checkbox"/>	Diesel	YES <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	Well pump 1	<input type="checkbox"/>	
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Well pump 2	<input type="checkbox"/>	
		3 <input checked="" type="checkbox"/>				Well pump 3	<input checked="" type="checkbox"/>	11.19 KW
						Booster pump 1	<input checked="" type="checkbox"/>	11.19 kW
						Booster pump 2	<input checked="" type="checkbox"/>	11.19 kW
						Booster pump 3	<input checked="" type="checkbox"/>	11.19 kW
						Disinfection Equipment	<input checked="" type="checkbox"/>	0.14 kW
						Treatment Equipment	<input checked="" type="checkbox"/>	0.14 kW
						Compressor(s)	<input checked="" type="checkbox"/>	1.5 kW
								Total KW
		1 <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>	Well pump #2	7.5 KW	
		2 <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>		kW	
		3 <input checked="" type="checkbox"/>					kW	
		1 <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>		kW	
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input type="checkbox"/>		kW	
		3 <input type="checkbox"/>					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

- i. 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

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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	
Texas PUC	512/936-7405		http://www.puc.texas.gov/industry/water/utilities/fmt.aspx Email: water@puc.texas.gov
National Response Center	800/424-8802	800/424-8802	http://nrc.uscg.mil/Default.aspx
State Spill Hotline	800/832-8224	800/832-8224	https://www.tceq.texas.gov/response/spills
Poison Control	800/222-1222	800/222-1222	http://poisoncontrol.org/home/
CHLOREP (Chlorine Emergency Plan)	800/424-9300	800/424-9300	https://www.chlorineinstitute.org/emergency-preparedness/chlorep/
TCEQ Regional Office	24-hour cell phone 512/965-2717		Website: https://www.tceq.texas.gov/agency/directory/region/reglist.html
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 & Environmental Services			Email: Website:
City Mayor's Office			Email: Website:

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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 State and District Coordinators which assist local officials with state assistance requests. Requests must start at local level first.		https://tdem.texas.gov/field-response/
TXWARN	866/9-TXWARN (866/989-9276)		Email: info@txwarn.org https://www.txwarn.org
Other Mutual Aid Provider			Email: Website:

B. Local Contact Notification List

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Other Local Government Officials						
Hospitals served by the Affected Utility						
Nursing Homes served by the Affected Utility						
Pharmacies						
Priority Water Users (Those that are critically dependent upon water including schools, dialysis centers, institutions,						

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

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D. Certified Laboratory Information

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

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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
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propane	T.Neale Propane	Dispatch	936.258.4500			

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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.

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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							

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

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Bulk Water Haulers						
Bottle Water Sources						

H. Media Notification List

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

Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Designated Water System Spokesperson	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Kim Marlow	Classifieds	936.336.3611	936.521.3300		Classifieds@theindicator.com
Newspaper - Regional State	houston chronicle	Breaking News	713.362.7491			news@chron.com
Radio	KSHN		936.336.5793	936.558.5878		office@KSHN.com
	K101.5		936.334.9988			kelly@k1015.com
Television	Fox 26		713.479.2600			
Other						

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- 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:

- Refer to Section III-ALTERNATE POWER OPTIONS OVERVIEW.**
Circle **all** Option(s) that will provide emergency operations during extended power outages lasting more than 24 hours for this affected utility.

 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*): 40 KW generator already installed to run water plant
- Will this plan provide for 20 pounds per square inch (psi) of pressure to all your direct customers during a power outage lasting more than 24 hours caused by a natural disaster? Yes
- Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment?

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

Signature: Mike Ellington Title General Manager

Date 2-17-22

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

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**.

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

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

Residential Commercial Industrial Wholesale Institution

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

2. CONTACT INFORMATION

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

Name	Title in the Organization	E-mail	Office Phone Number	Cell Phone Number	Home Phone Number	Other Phone Number
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.

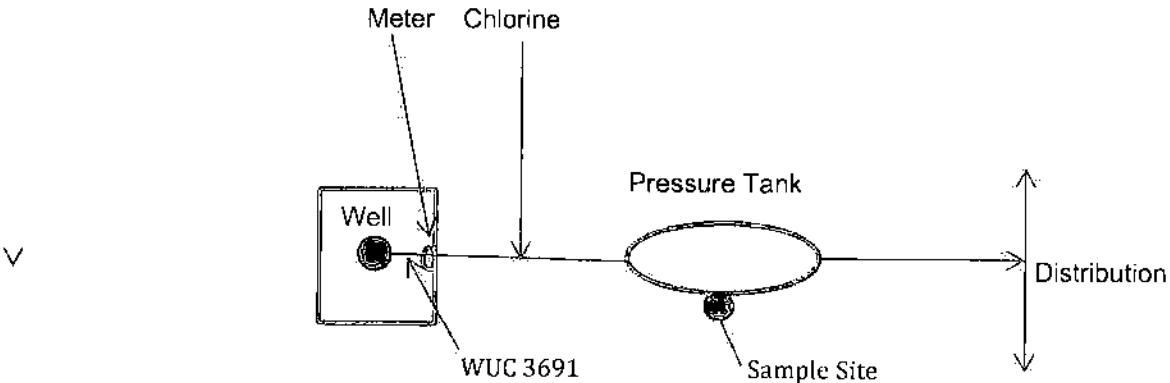
Where are your distribution system(s) map(s) located? 16 CR 633

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

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

1. SOURCE INFORMATION

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

YES NO (If NO, go to 1.B)

TCEQ Source ID	Owner's Designation	Well Location	Used During an Emergency?	What plant name is this source associated with?	Pump Capacity
G1460149A	Well 1	16 CR 633	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Water Plant #1	90 gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		

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

YES NO (If NO, go to 1.C)

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

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

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

- i. Is this affected utility a direct pressure system? (Does the provider's water flow directly into your distribution system, not into a tank? Direct pressure systems generally have no tanks or pumps.)
YES NO
- ii. Does this affected utility re-pressurize the water received from the provider? (Does the water from the provider flow into a tank which is then pumped out into the distribution system by your own pumps?)
YES NO

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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 <input type="checkbox"/>	Liquid Chlorine	30 Gal.	14	YES X NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

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	Water Plant #1	YES X NO <input type="checkbox"/>	Liquid	30 Gal.	14	YES X NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

(Do not include well or intake pumps)

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

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

3. DISTRIBUTION SYSTEM INFORMATION

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

YES NO (If NO, go to 3.B)

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

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 <input type="checkbox"/>	2500 gal
		YES NO <input type="checkbox"/>	gal
		YES <input type="checkbox"/> NO <input type="checkbox"/>	gal

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4. PRESSURE PLANES

Does Your Water System Have More Than One Pressure Plane?

YES NO (If NO, go to 5)

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

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:	0.009048 MGD	0.009048 MGD
Maximum Daily Demand:	0.014000 MGD	0.014000 MGD
System Capacity:	0.129600 MGD	0.129600 MGD

6. SYSTEM SIZE

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

YES NO (If NO, go to 6.B)

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

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

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

Pressure Plane <i>(if applicable)</i>	Number of Connections	Population
	44	132

7. POWER PROVIDER(s)

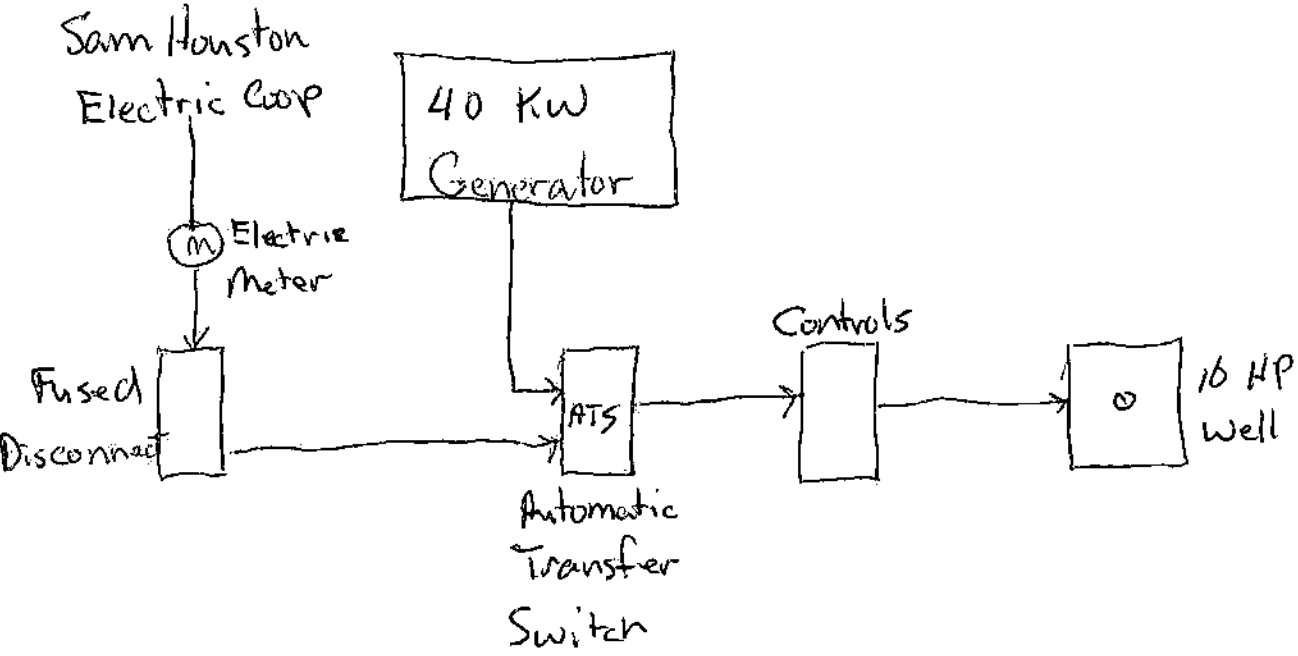
Electric Utility or Retail Electrical Provider(s)	Sam Houston Electric Coop
--	---------------------------

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.

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 Rand G40	40	1 <input type="checkbox"/>	Diesel	YES <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	Well pump 1 <input checked="" type="checkbox"/>	7.46 kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Well pump 2 <input type="checkbox"/>	
		3 <input checked="" type="checkbox"/>				Well pump 3 <input type="checkbox"/>	
						Booster pump 1 <input type="checkbox"/>	
						Booster pump 2 <input type="checkbox"/>	
					Booster pump 3 <input type="checkbox"/>		
					Disinfection Equipment <input checked="" type="checkbox"/>	0.14 kW	
					Treatment Equipment <input checked="" type="checkbox"/>	0.14 kW	
					Compressor(s) <input checked="" type="checkbox"/>	1.5 kW	
					Total KW	9.24 kW	
		1 <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>		kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input type="checkbox"/>		kW
		3 <input type="checkbox"/>					kW
		1 <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>		kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input type="checkbox"/>		kW
		3 <input type="checkbox"/>					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

- i. 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

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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	
Texas PUC	512/936-7405		http://www.puc.texas.gov/industry/water/utilities/fmt.aspx Email: water@puc.texas.gov
National Response Center	800/424-8802	800/424-8802	http://nrc.uscg.mil/Default.aspx
State Spill Hotline	800/832-8224	800/832-8224	https://www.tceq.texas.gov/response/spills
Poison Control	800/222-1222	800/222-1222	http://poisoncontrol.org/home/
CHLOREP (Chlorine Emergency Plan)	800/424-9300	800/424-9300	https://www.chlorineinstitute.org/emergency-preparedness/chlorep/
TCEQ Regional Office	24-hour cell phone 512/965-2717		Website: https://www.tceq.texas.gov/agency/directory/region/reglist.html
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 & Environmental Services			Email: Website:
City Mayor's Office			Email: Website:

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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 State and District Coordinators which assist local officials with state assistance requests. Requests must start at local level first.		https://tdem.texas.gov/field-response/
TXWARN	866/9-TXWARN (866/989-9276)		Email: info@txwarn.org https://www.txwarn.org
Other Mutual Aid Provider			Email: Website:

B. Local Contact Notification List

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Other Local Government Officials						
Hospitals served by the Affected Utility						
Nursing Homes served by the Affected Utility						
Pharmacies						
Priority Water Users (Those that are critically dependent upon water including schools, dialysis centers, institutions,						

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

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D. Certified Laboratory Information

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			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 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.

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

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G. Bulk Water Suppliers

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Bulk Water Haulers						
Bottle Water Sources						

H. Media Notification List

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

Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Designated Water System Spokesperson	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Kim Marlow	Classifieds	936.336.3611	936.521.3300		Classifieds@theindicator.com
Newspaper -- Regional State	houston chronicle	Breaking News	713.362.7491			news@chron.com
Radio	KSHN		936.336.5793	936.558.5878		office@KSHN.com
	K101.5		936.334.9988			kelly@k1015.com
Television	Fox 26		713.479.2600			
Other						

ATTACHMENT A – SUBMITTING COMPLETED EPP

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



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:	Settlers Crossing
PWS ID No. (if applicable):	1700615
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 **all** Option(s) that will provide emergency operations during extended power outages lasting more than 24 hours for this affected utility.

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 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: Mike Ellington 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.

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

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Residential Commercial Industrial Wholesale Institution

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

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

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Janell Tucker	Operator	<u>Janell@aquatechutilities.com</u>	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.

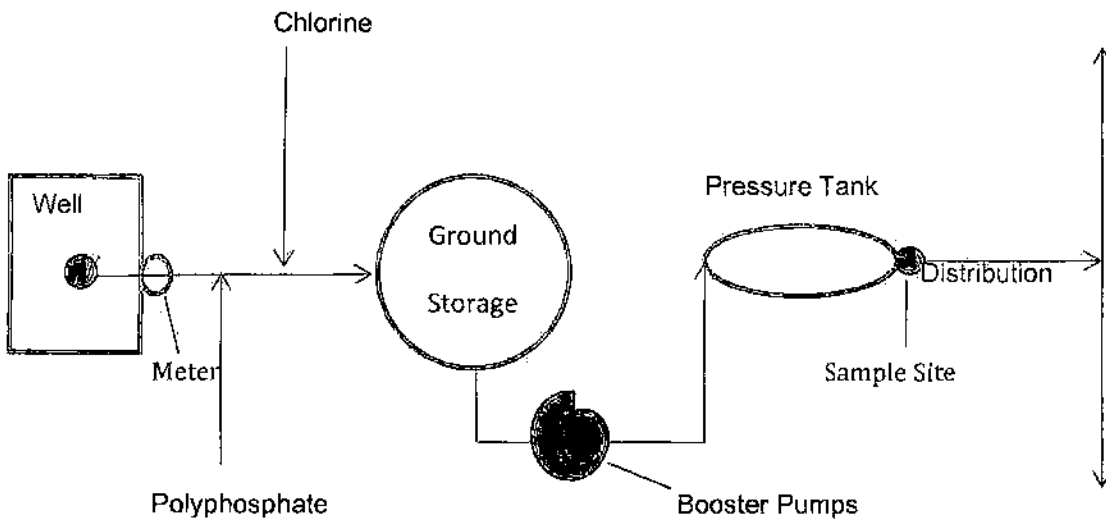
Where are your distribution system(s) map(s) located? ,10712 FM 2432

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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.

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

1. SOURCE INFORMATION

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

YES NO (If NO, go to 1.B)

TCEQ Source ID	Owner's Designation	Well Location	Used During an Emergency?	What plant name is this source associated with?	Pump Capacity
G1700621A	Well 1	30.392298, -95.414734	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Texaba Water Plant #1	160 gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		gpm

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

YES NO (If NO, go to 1.C)

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

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

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

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

YES NO
- ii. Does this affected utility re-pressurize the water received from the provider? (Does the water from the provider flow into a tank which is then pumped out into the distribution system by your own pumps?)

YES NO

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Not subject to disclosure under Chapter 552, Government Code

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 <input type="checkbox"/>	Liquid Chlorine	50 Gal.	14	YES X NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

B. Does Your Water System Provide Treatment Other Than Disinfection (example: polyphosphate, caustic etc.)? YES 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 <input type="checkbox"/>	Liquid	30 Gal.	14	YES X NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

(Do not include well or intake pumps)

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

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

3. DISTRIBUTION SYSTEM INFORMATION

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

YES NO (If NO, go to 3.B)

Booster/Service Pump Name	Location (include pressure plane)	Pump Used During an Emergency?	Pump Capacity
#1	Water Plant	YES X NO <input type="checkbox"/>	250 gpm
#2	Water Plant	YES X NO <input type="checkbox"/>	250 gpm
#3	Water Plant	YES X NO <input type="checkbox"/>	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 <input type="checkbox"/>	5000 gal
Ground Storage	Water Plant	YES X NO <input type="checkbox"/>	21,000 gal
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

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4. PRESSURE PLANES

Does Your Water System Have More Than One Pressure Plane?

YES NO (If NO, go to 5)

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

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:	0.015817 MGD	0.015817 MGD
Maximum Daily Demand:	0.023285 MGD	0.036730 MGD
System Capacity:	0.230400 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.B)

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

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

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

Pressure Plane <i>(if applicable)</i>	Number of Connections	Population
	81	243

7. POWER PROVIDER(S)

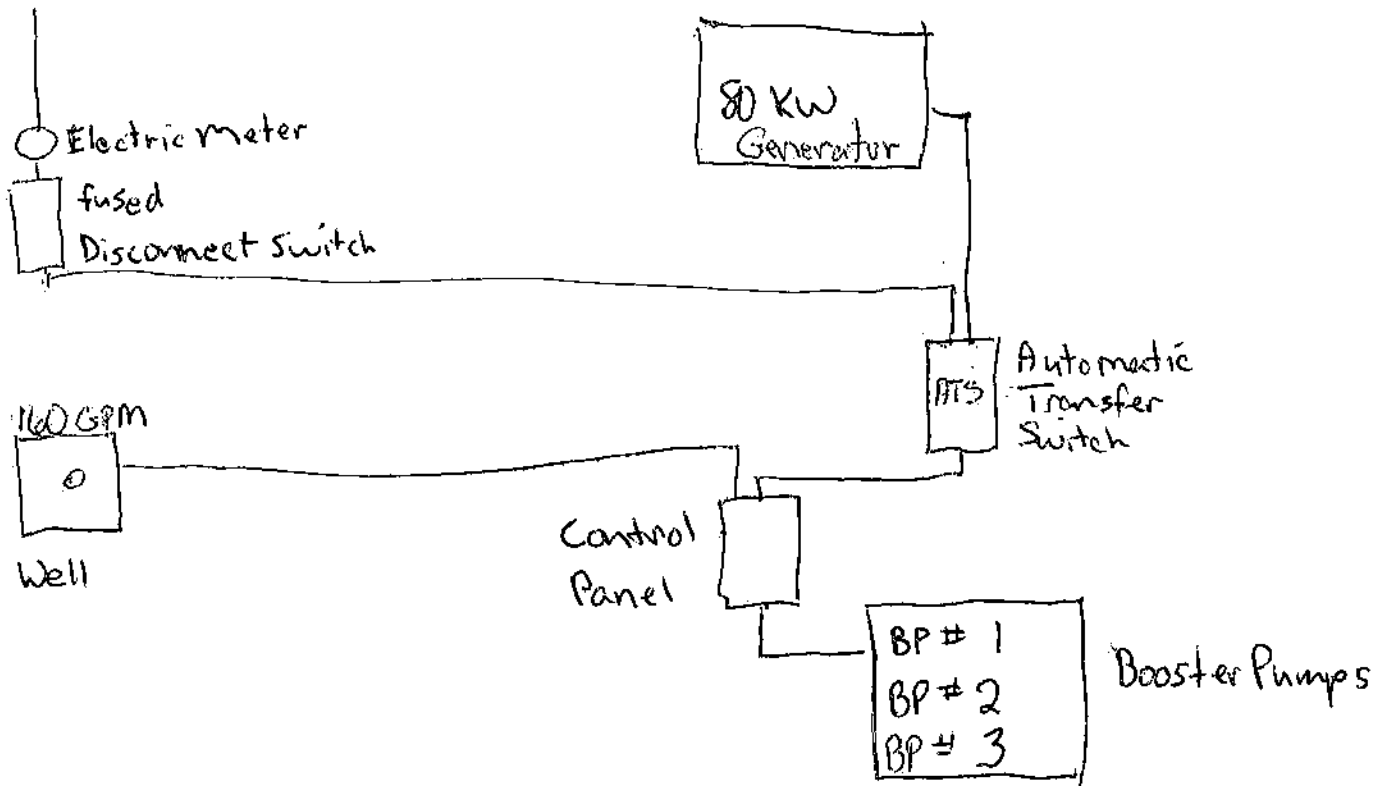
Electric Utility or Retail Electrical Provider(s)	Sam Houston Electric Coop
--	---------------------------

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.

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 Rand G80	80	1 <input type="checkbox"/>	Diesel	YES <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	Well pump 1	<input checked="" type="checkbox"/> 18.66 kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Well pump 2	<input type="checkbox"/> kW
		3 <input checked="" type="checkbox"/>				Well pump 3	<input type="checkbox"/> kW
						Booster pump 1	<input checked="" type="checkbox"/> 5.6 kW
						Booster pump 2	<input checked="" type="checkbox"/> 5.6 kW
						Booster pump 3	<input checked="" type="checkbox"/> 5.6 kW
						Disinfection Equipment	<input checked="" type="checkbox"/> 0.14 kW
						Treatment Equipment	<input checked="" type="checkbox"/> 0.14 kW
						Compressor(s)	<input checked="" type="checkbox"/> 1.5 kW
							Total KW
		1 <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>		kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input type="checkbox"/>		kW
		3 <input type="checkbox"/>					kW
		1 <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>		kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input type="checkbox"/>		kW
		3 <input type="checkbox"/>					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

- i. 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

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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	
Texas PUC	512/936-7405		http://www.puc.texas.gov/industry/water/utilities/fmt.aspx Email: water@puc.texas.gov
National Response Center	800/424-8802	800/424-8802	http://nrc.uscg.mil/Default.aspx
State Spill Hotline	800/832-8224	800/832-8224	https://www.tceq.texas.gov/response/spills
Poison Control	800/222-1222	800/222-1222	http://poisoncontrol.org/home/
CHLOREP (Chlorine Emergency Plan)	800/424-9300	800/424-9300	https://www.chlorineinstitute.org/emergency-preparedness/chlorep/
TCEQ Regional Office	24-hour cell phone 512/965-2717		Website: https://www.tceq.texas.gov/agency/directory/region/reglist.html
County Judge	936.539.7812		Email: cojjudge@mctx.org https://www.mctx.org/departments/departments_a_-_c/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:

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Organization	Phone Numbers (include area code)		E-Mail or Website
	Day	Evening	
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.

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Other Local Government Officials						
Hospitals served by the Affected Utility						
Nursing Homes served by the Affected Utility						
Pharmacies						
Priority Water Users (Those that are critically dependent upon water including schools, dialysis centers, institutions,						

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

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D. Certified Laboratory Information

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			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 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.

Organization	N/A	Contact Name	Title	Phone Numbers (include area code)			E-Mail
				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							

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G. Bulk Water Suppliers

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Bulk Water Haulers						
Bottle Water Sources						

H. Media Notification List

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

Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Designated Water System Spokesperson	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Legals Department	Public notice	713.224.6868	936.521.3300		legals@hcnonline.com
Newspaper - Regional State						
Radio	Lisa Christi	Manager	936.441.6610	936.558.5878		Lisachristi@kstar.com
Television	Fox 26		713.479.2600			
Other						

ATTACHMENT A – SUBMITTING COMPLETED EPP

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

Choose One



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.

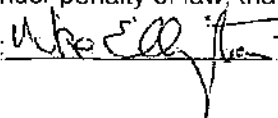
General Information

Water System Name:	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 **all** Option(s) that will provide emergency operations during extended power outages lasting more than 24 hours for this affected utility.
1 2A 2B 3A 3B **4** 5 6 7 8A 8B 9 10A 10B 11 12 13 14
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:  Title General Manager

Date 11-16-23

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 hours.

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

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

Residential Commercial Industrial Wholesale Institution

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

2. CONTACT INFORMATION

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

Name	Title in the Organization	E-mail	Office Phone Number	Cell Phone Number	Home Phone Number	Other Phone Number
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		
Janel Tucker	Operator	Janel@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.

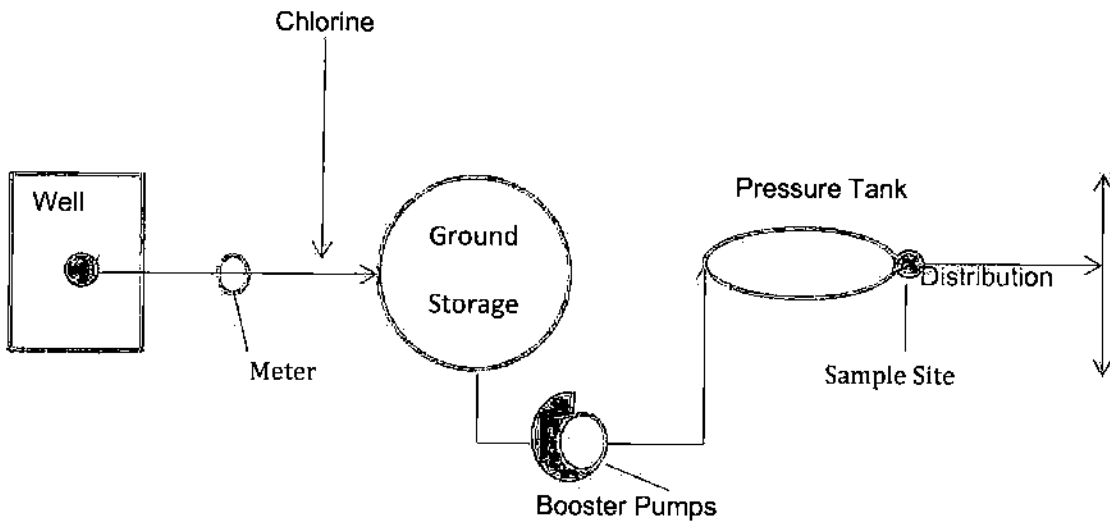
Where are your distribution system(s) map(s) located? At water plant

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. SOURCE INFORMATION

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

YES NO (If NO, go to 1.B)

TCEQ Source ID	Owner's Designation	Well Location	Used During an Emergency?	What plant name is this source associated with?	Pump Capacity
G1460091A	Well 1	1027 CR 4700	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Water Plant #1	160 gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		

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)? No

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

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

2. TREATMENT INFORMATION

A. Does Your Water System Disinfect the Water?

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

Disinfectant (Disinfectant Name)	Location (Plant Name)	Disinfectant Used During an Emergency?	Type of Disinfectant (Liquid/Gas)	Volume Stored (gals or lbs.)	Days of Storage (Emergency Demand)	Electricity Required to Feed Disinfectant?
NAOCL	Water Plant #1	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Liquid Chlorine	55 Gal.	14	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

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

C. Does Your Water System Have Transfer Pump(s) Between Treatment Units? These are the pumps located within the treatment processes of your treatment Plant(s). 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 <input type="checkbox"/>	250 gpm
BP #2	Water Plant #1	YES X NO <input type="checkbox"/>	250 gpm
BP #3	Water Plant #1	YES NO <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	5,000 gal
Ground storage	Water Plant #1	YES X NO <input type="checkbox"/>	.042000
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

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:	<u>0.029000</u> MGD	<u>0.029000</u> MGD
System Capacity:	<u>0.203400</u> MGD	<u>0.203400</u> MGD

6. SYSTEM SIZE. No

A. Does Your Water System Sell/Provide Water to Other Water Systems? NO

YES NO (If NO, go to 6.B)

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

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

7. POWER PROVIDER(s)

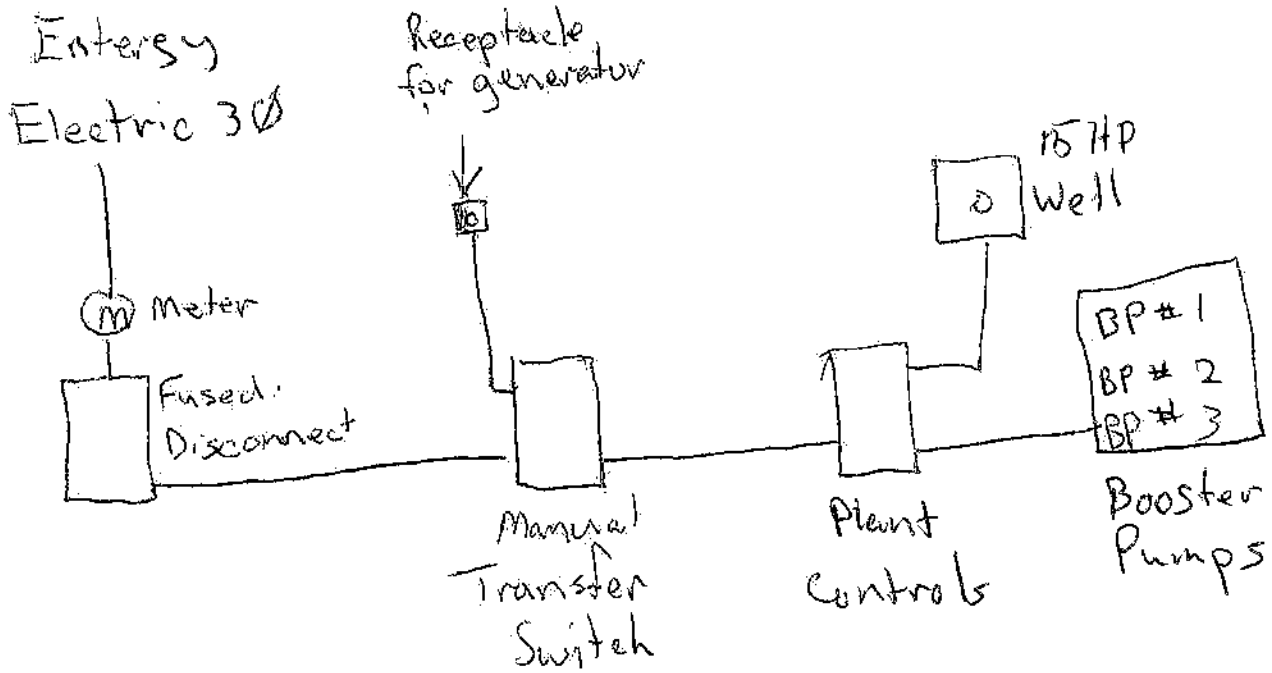
Electric Utility or Retail Electrical Provider(s)	Entergy Electric
--	------------------

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):



Section IV– Alternate Power Options Details

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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 <i>(PWS Name and ID if applicable)</i>	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 G80	80 KW	1 <input type="checkbox"/>	diesel	YES <input checked="" type="checkbox"/>	Well pump 1 <input checked="" type="checkbox"/>	11.20 kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	Well pump 2 <input type="checkbox"/>	kW
		3 <input checked="" type="checkbox"/>		Date to be installed	Well pump 3 <input type="checkbox"/>	kW
					Booster pump 1 <input checked="" type="checkbox"/>	7.5 kW
					Booster pump 2 <input checked="" type="checkbox"/>	7.5 kW
					Booster pump 3 <input type="checkbox"/>	7.5 kW
					Disinfection Equipment <input checked="" type="checkbox"/>	.14 kW
					Treatment Equipment <input type="checkbox"/>	kW
					Compressor(s) <input checked="" type="checkbox"/>	1.5 kW
						<input type="checkbox"/>
		1 <input type="checkbox"/>		YES <input type="checkbox"/>		kW
						kW

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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
		2 <input type="checkbox"/>		NO <input type="checkbox"/>		kW
		3 <input type="checkbox"/>		Date to be installed		kW

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

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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 (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	
Texas PUC	512/936-7405		http://www.puc.texas.gov/industry/water/utilities/fmt.aspx Email: water@puc.texas.gov
National Response Center	800/424-8802	800/424-8802	http://nrc.uscg.mil/Default.aspx
State Spill Hotline	800/832-8224	800/832-8224	https://www.tceq.texas.gov/response/spills
Poison Control	800/222-1222	800/222-1222	http://poisoncontrol.org/home/
CHLOREP (Chlorine Emergency Plan)	800/424-9300	800/424-9300	https://www.chlorineinstitute.org/emergency-preparedness/chlorep/
TCEQ Regional Office	24-hour cell phone 512/965-2717		Website: https://www.tceq.texas.gov/agency/directory/region/reglist.html
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

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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.

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Other Local Government Officials						
Hospitals served by the Affected Utility						
Nursing Homes served by the Affected Utility						
Pharmacies						
Priority Water Users (Those						

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

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D. Certified Laboratory Information

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			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 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.

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

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G. Bulk Water Suppliers

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Bulk Water Haulers						
Bottle Water Sources						

H. Media Notification List

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

Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Designated Water System Spokesperson	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Kim Marlow	Classifieds	936.336.3611	936.521.3300		Classifieds@thevindicator.com
Newspaper – Regional State	houston chronicle	Breaking News	713.362.7491			news@chron.com
Radio	KSHN		936.336.5793	936.558.5878		office@KSHN.com
	K101.5		936.334.9988			kelly@k1015.com
Television	Fox 26		713.479.2600			
Other						

ATTACHMENT A – SUBMITTING COMPLETED EPP

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



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

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

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

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

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

Residential Commercial Industrial Wholesale Institution

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

2. CONTACT INFORMATION

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

Name	Title in the Organization	E-mail	Office Phone Number	Cell Phone Number	Home Phone Number	Other Phone Number
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	<u>Janell@aquatechutilities.com</u>	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.

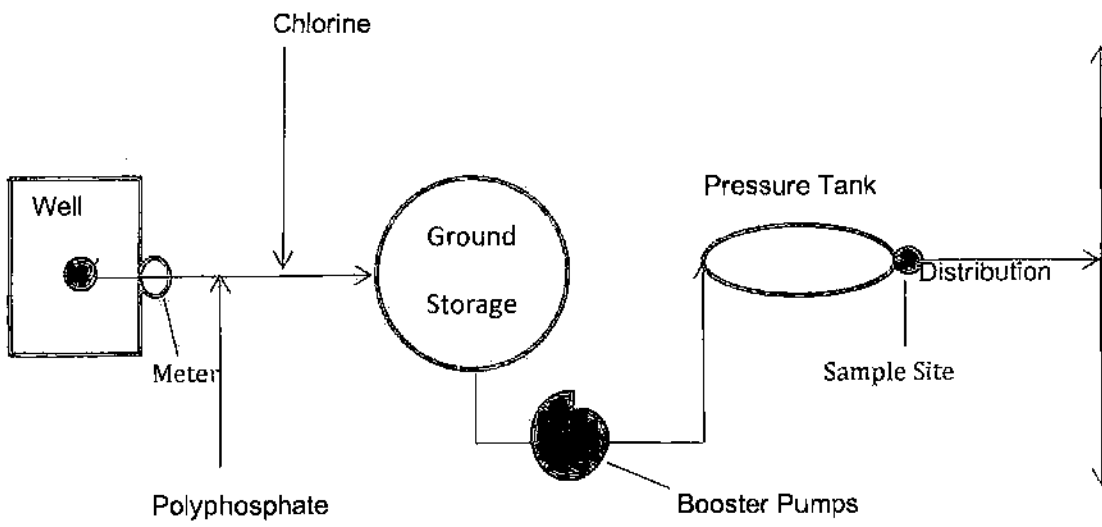
Where are your distribution system(s) map(s) located? 9145 Hoda Rd

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

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

YES NO (If NO, go to 1.B)

TCEQ Source ID	Owner's Designation	Well Location	Used During an Emergency?	What plant name is this source associated with?	Pump Capacity
G1700621A	Well 1	30.376381, -95.38736	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Texaba Subd. Water Plant #1	140 gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		gpm

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

YES NO (If NO, go to 1.C)

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

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

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

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

- ii. Does this affected utility re-pressurize the water received from the provider? (Does the water from the provider flow into a tank which is then pumped out into the distribution system by your own pumps?)
 YES NO

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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 <input type="checkbox"/>	Liquid Chlorine	50 Gal.	14	YES X NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

B. Does Your Water System Provide Treatment Other Than Disinfection (example: polyphosphate, caustic etc.)? YES 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 <input type="checkbox"/>	Liquid	30 Gal.	14	YES X NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

(Do not include well or intake pumps)

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

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

3. DISTRIBUTION SYSTEM INFORMATION

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

YES NO (If NO, go to 3.B)

Booster/Service Pump Name	Location (include pressure plane)	Pump Used During an Emergency?	Pump Capacity
#1	Water Plant	YES X NO <input type="checkbox"/>	250 gpm
#2	Water Plant	YES X NO <input type="checkbox"/>	250 gpm
#3	Water Plant	YES X NO <input type="checkbox"/>	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 <input type="checkbox"/>	5000 gal
Ground Storage	Water Plant	YES X NO <input type="checkbox"/>	42,000 gal
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

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4. PRESSURE PLANES

Does Your Water System Have More Than One Pressure Plane?

YES NO (If NO, go to 5)

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

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:	0.029666 MGD	0.029666 MGD
Maximum Daily Demand:	<u>0.036730</u> MGD	<u>0.036730</u> MGD
System Capacity:	<u>0.201600</u> MGD	<u>0.201600</u> MGD

6. SYSTEM SIZE

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

YES NO (If NO, go to 6.B)

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

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

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

Pressure Plane <i>(if applicable)</i>	Number of Connections	Population
	172	516

7. POWER PROVIDER(s)

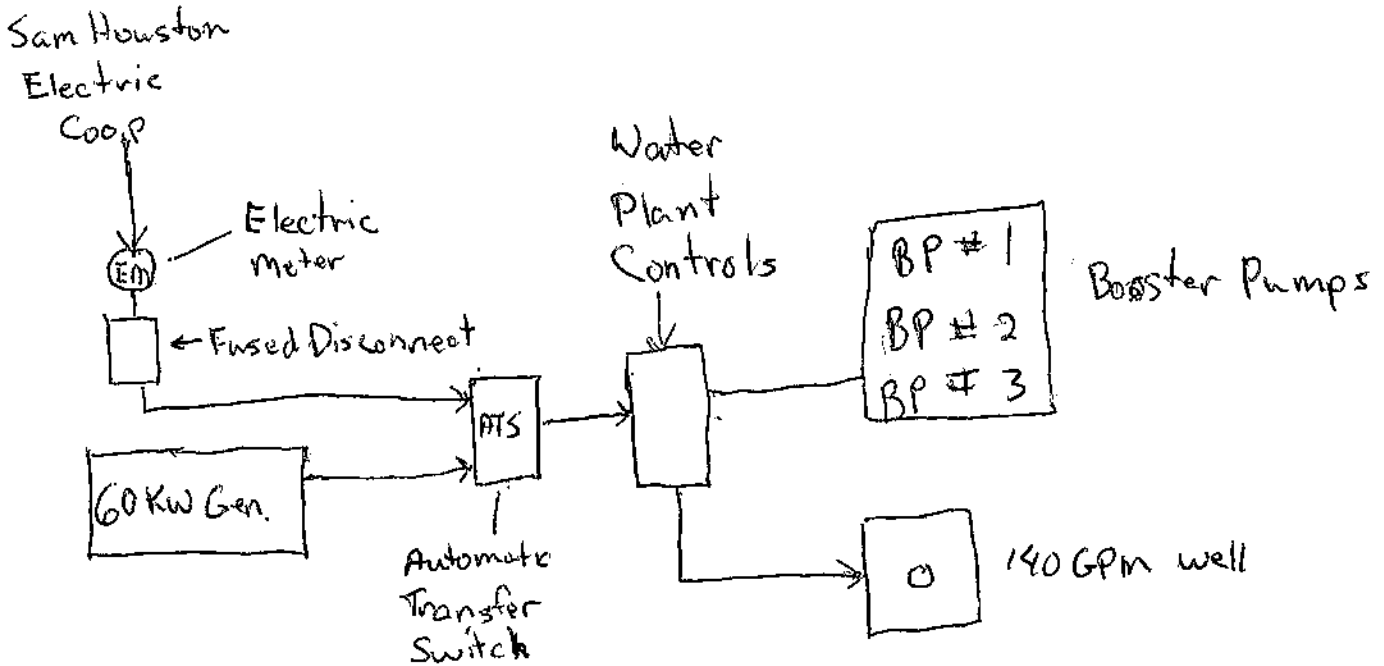
Electric Utility or Retail Electrical Provider(s)	Sam Houston Electric Coop
--	---------------------------

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.

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 Rand G60	60	1 <input type="checkbox"/>	Diesel	YES <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	Well pump 1	11.2 kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Well pump 2	kW
		3 <input checked="" type="checkbox"/>				Well pump 3	kW
						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
		1 <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>		kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input type="checkbox"/>		kW
		3 <input type="checkbox"/>					kW
		1 <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>		kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input type="checkbox"/>		kW
		3 <input type="checkbox"/>					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

- i. 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 (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	
Texas PUC	512/936-7405		http://www.puc.texas.gov/industry/water/utilities/fmt.aspx Email: water@puc.texas.gov
National Response Center	800/424-8802	800/424-8802	http://nrc.uscg.mil/Default.aspx
State Spill Hotline	800/832-8224	800/832-8224	https://www.tceq.texas.gov/response/spills
Poison Control	800/222-1222	800/222-1222	http://poisoncontrol.org/home/
CHLOREP (Chlorine Emergency Plan)	800/424-9300	800/424-9300	https://www.chlorineinstitute.org/emergency-preparedness/chlorep/
TCEQ Regional Office	24-hour cell phone 512/965-2717		Website: https://www.tceq.texas.gov/agency/directory/region/reglist.html
County Judge	936.539.7812		Email: cojudge@mctx.org https://www.mctx.org/departments/departments_a_-_c/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:

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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 State and District Coordinators which assist local officials with state assistance requests. Requests must start at local level first.		https://tdem.texas.gov/field-response/
TXWARN	866/9-TXWARN (866/989-9276)		Email: info@txwarn.org https://www.txwarn.org
Other Mutual Aid Provider			Email: Website:

B. Local Contact Notification List

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Other Local Government Officials						
Hospitals served by the Affected Utility						
Nursing Homes served by the Affected Utility						
Pharmacies						
Priority Water Users (Those that are critically dependent upon water including schools, dialysis centers, institutions,						

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

Organization	N/A	Contact Name	Title	Phone Numbers (include area code)			E-Mail
				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							

G. Bulk Water Suppliers

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			Day	Evening	Cellular/Pager	
Bulk Water Haulers						
Bottle Water Sources						

H. Media Notification List

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

Organization	Contact Name	Title	Day	Evening	Cellular/Pager	E-Mail
Designated Water System Spokesperson	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Legals Department	Public notice	713.224.6868	936.521.3300		legals@hcnonline.com
Newspaper - Regional State						
Radio	Lisa Christi	Manager	936.441.6610	936.558.5878		Lisachristi@kstar.com
Television	Fox 26		713.479.2600			
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 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:	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:

- Refer to Section III-ALTERNATE POWER OPTIONS OVERVIEW.

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

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

- Short Explanation of Proposed Emergency Preparedness Plan (i.e. *Using portable generator to power 2 out of 3 wells*): Supply with one of two mobile generators.
- Will this plan provide for 20 pounds per square inch (psi) of pressure to all your direct customers during a power outage lasting more than 24 hours caused by a natural disaster? Yes
- Is a timeline to implement the plan (TWC 13.1394(b)(2)(B)) provided as an attachment?

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

Signature: Mike Ellington Title General Manager

Date 2-24-22

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	02-24-2022

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 all that apply.

Residential Commercial Industrial Wholesale Institution

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

2. CONTACT INFORMATION

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

Name	Title in the Organization	E-mail	Office Phone Number	Cell Phone Number	Home Phone Number	Other Phone Number
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.

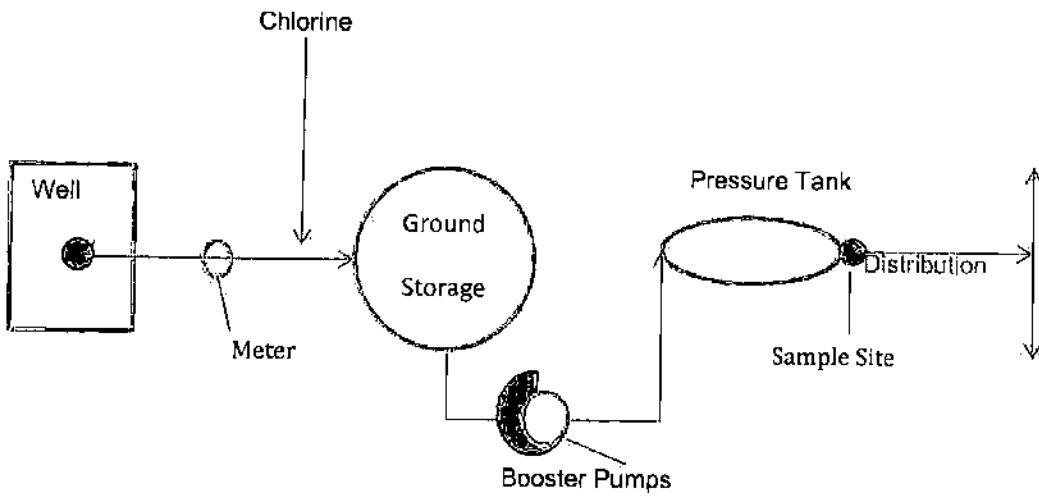
Where are your distribution system(s) map(s) located? At water plant

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. 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
G1460142A	Well 1	Lat 29.896812 Lon -94.824456	YES X NO <input type="checkbox"/>	Water Plant #1	185 gpm
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		

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)? No

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

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

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 <input type="checkbox"/>	Liquid Chlorine	55 Gal.	14	YES X NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

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 <input type="checkbox"/>	250 gpm
BP #2	Water Plant #1	YES X NO <input type="checkbox"/>	250 gpm
BP #3	Water Plant #1	YES NO <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	5,000 gal
Ground storage	Water Plant #1	YES X NO <input type="checkbox"/>	.066000
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

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:	<u>0.046142</u> MGD	<u>0.046142</u> MGD
System Capacity:	<u>0.266400</u> MGD	<u>0.266400</u> 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 <i>(if applicable)</i>	Number of Connections	Population
One	228	684

7. POWER PROVIDER(s)

Electric Utility or Retail Electrical Provider(s)	Reliant Electric
---	------------------

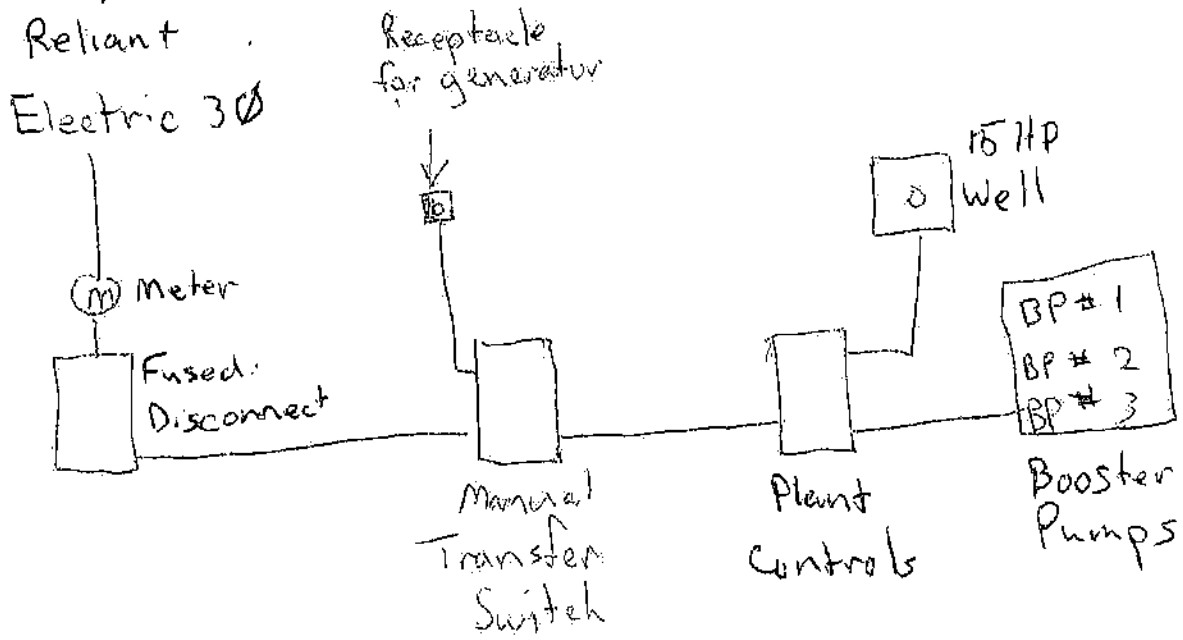
8. ELECTRICAL SCHEMATIC

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 <i>(PWS Name and ID if applicable)</i>	Distance Between Your Water System and Those Sharing the Generator
Ingersol Rand 80 KW <i>G80</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 KW <i>G80</i>	80	1 <input type="checkbox"/>	diesel	YES <input checked="" type="checkbox"/>	Well pump 1 <input checked="" type="checkbox"/>	11.20 kW
		2 <input type="checkbox"/>		NO <input type="checkbox"/>	Well pump 2 <input type="checkbox"/>	kW
		3 <input checked="" type="checkbox"/>		Date to be installed	Well pump 3 <input type="checkbox"/>	kW
					Booster pump 1 <input checked="" type="checkbox"/>	7.5 kW
					Booster pump 2 <input checked="" type="checkbox"/>	7.5 kW
					Booster pump 3 <input type="checkbox"/>	7.5 kW
					Disinfection Equipment <input checked="" type="checkbox"/>	.14 kW
					Treatment Equipment <input type="checkbox"/>	kW
					Compressor(s) <input checked="" type="checkbox"/>	1.5 kW
						<input type="checkbox"/>
		1 <input type="checkbox"/>		YES <input type="checkbox"/>		kW
						kW

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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
		2 <input type="checkbox"/>		NO <input type="checkbox"/>		kW
		3 <input type="checkbox"/>		Date to be installed		kW

C. Fuel Location (if applicable)

- i. 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.**

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

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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 (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	
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 (include area code)		E-Mail or Website
	Day	Evening	
Poison Control	800/222-1222	800/222-1222	http://poisoncontrol.org/home/
CHLOREP (Chlorine Emergency Plan)	800/424-9300	800/424-9300	https://www.chlorineinstitute.org/emergency-preparedness/chlorep/
TCEQ Regional Office	24-hour cell phone 512/965-2717		Website: https://www.tceq.texas.gov/agency/directory/region/reglist.html
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 & 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

C. Chemical Supplier Information

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

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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

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D. Certified Laboratory Information

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

Organization	Contact Name	Title	Phone Numbers (include area code)			E-Mail
			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 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.

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

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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/Pager	E-Mail
Designated Water System Spokesperson	Mike Ellington	General Manager			281.389.0155	Mike@aquatechutilities.com
Newspaper - Local	Kim Marlow	Classifieds	936.336.3611	936.521.3300		Classifieds@theindicator.com
Newspaper – Regional State	houston chronicle	Breaking News	713.362.7491			news@chron.com
Radio	KSHN		936.336.5793	936.558.5878		office@KSHN.com
	K101.5		936.334.9988			kelly@k1015.com
Television	Fox 26		713.479.2600			
Other						

ATTACHMENT A – SUBMITTING COMPLETED EPP

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

Choose One

PDWEPP@tceq.texas.gov

OR

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

Assistance

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

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Approved Plan Distribution

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

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

Distributed To	Method of Distribution	Date
County Judge		
County Office of Emergency Management		
Public Utility Commission Filing	<p>Use the weblinks provided:</p> <p>For Confidential filing procedures for the PUC use Docket No. 52272</p> <ol style="list-style-type: none"> 1. http://puc.texas.gov/industry/filings/Confidential.aspx <p>For PUC Procedural Rules for Filing of Pleadings, Documents, and Other Materials</p> <ol style="list-style-type: none"> 2. http://puc.texas.gov/agency/rules/laws/procrules/pr-e/22.71/22.71.pdf <p>Address: Public Utility Commission of Texas Central Records 1701 N Congress PO Box 13326 Austin, Texas 78711-3326</p> <p>For additional questions contact the PUC Central Records office at (512)-936-7180.</p>	
Texas Division of Emergency Management (TDEM)	<p>Submit to TDEM via email at: TechHaz@tdem.texas.gov</p> <p>Address: Texas Division of Emergency Management 1033 La Posada, Ste 300 Austin, Texas 78752</p> <p>For additional questions contact the TDEM (512)-424-2208</p>	