

**TCEQ Public Water System Plan Review Submittal Form  
(Complete and Attach to Submittal Package)**

Date: \_\_\_\_\_  
TCEQ PWS Identification No.\*: \_\_\_\_\_ CCN No. or Application No.\*\*: \_\_\_\_\_  
Water System Name: \_\_\_\_\_  
Water System Owner: \_\_\_\_\_ Type of Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Responsible Official: \_\_\_\_\_ Title: \_\_\_\_\_  
\*\*\*County (system location) : \_\_\_\_\_ Mechanism & Source of Financing \_\_\_\_\_  
Subdivision Sec., Phase, Unit, etc. \_\_\_\_\_  
Engineer: \_\_\_\_\_ Registration Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
Firm Address: \_\_\_\_\_

- \* If no PWS Number exists, the owner must submit a business plan, if required, in accordance with §290.39(f) and (g).
- \*\* If a CCN is required and a CCN does not exist, an acceptable application to obtain a CCN number must be made before a project submittal can be technically reviewed. In addition, if a submittal is for a project located outside the CCN area, a CCN amendment application must be submitted before a project may be reviewed for construction approval. Please refer to 30 TAC Chapter 291 for additional information regarding CCNs.

If this is a new (proposed) system, you must attach the following with this submittal:

- Attach a list of all water utilities within 1/2 mile of the proposed service area boundaries
- Copies of formal applications for service from each of the following:
  - any municipality if the system is within its ETJ;
  - any district or other political subdivision whose corporate boundaries are within 1/2 mile of the proposed service area boundaries
  - any other water service provider whose certificated service area boundary is within 1/2 mile of the proposed service area boundaries
- Documentation that all application requirements including payment of fees were complied with.
- Copies of written responses from each of the entities listed above.
- Business plan. The business plan financial requirements for non-community water systems must confirm capital availability to construct the system according to TCEQ requirements. This would consist of a balance sheet that shows liabilities as well as assets, not just a bank confirmation of a deposit account. Alternatively, if the project is being constructed with loan funds, then a loan commitment letter from the lender specific to that project will suffice.
- Justification for constructing a separate system (unless none of the entities listed above exist)
- TCEQ Core Data Form (No. 10400)

Type of Project (please check the appropriate boxes). Submit a sealed engineering report that includes the number of connections to be served.

- |  |   |
|--|---|
| <input type="checkbox"/> Distribution System Modifications                   | <input type="checkbox"/> Surface Water Treatment Plant, New   |
| <input type="checkbox"/> Storage Capacity Modifications                      | <input type="checkbox"/> Modification of Surface Water Treatment Plant  |
| <input type="checkbox"/> Pressure Maintenance Facilities Modifications       | <input type="checkbox"/> Proposed Innovative Process Study  |
| <input type="checkbox"/> ***Water Well Construction, Proposed                |   |
| <input type="checkbox"/> ***Well completion data on previously approved well | <input type="checkbox"/> Request for Rule Exception   |
| <input type="checkbox"/> ***Ground Water Treatment Plant, New                | <input type="checkbox"/> Preliminary Engineering Report w/o plans   |
| <input type="checkbox"/> Disinfection Facilities or Other Modifications      | <input type="checkbox"/> Tex. Water Dev. Board Proj. No. _____  |
|  | <input type="checkbox"/> Pilot Study for Innovative/Alternative System (Any treatment process not described in Ch290 or loading rates greater than allowable) |
|  | <input type="checkbox"/> Other (Please describe) _____  |

\*\*\*Please refer to [a list of counties where there is an elevated risk of RADIONUCLIDES in the groundwater.](#) The website also has helpful information regarding the radionuclide testing required in these counties.

IF THIS SUBMITTAL IS A REVISION OF PREVIOUSLY SUBMITTED PLANS, PLEASE ENTER THE ASSIGNED TCEQ LOG NUMBER:\_\_\_\_\_. Please call (512) 239-4691 if you have questions regarding this form. Your cooperation will help us provide better service. Additional helpful information and rules are available at our website:

[Rules available on \[planrev website\]](#)

I hereby certify that the above information is, to the best of my knowledge, true and correct.

Signed P.E. Seal below:

\_\_\_\_\_  
Printed Engineer's Name

\_\_\_\_\_  
Date