RESOLUTION NO. 283

A RESOLUTION BY THE CITY COUNCIL OF THE CITY OF PELICAN BAY, TEXAS AUTHORIZING THE MAYOR TO SUBMIT THE CITY OF PELICAN BAY EMERGENCY PREPAREDNESS PLAN TO TEXAS COMMISSION ON ENVIRONMENTAL QUALITY FOR PLAN APPROVAL AND SUBSEQUENT IMPLEMENTATION.

WHEREAS, Senate Bill 3 states that an affected utility, as defined by Texas Water Code 13.1394, shall provide a minimum of 20 psi for the system during an extended power outage (greater than 24 hours); and

WHEREAS, no later than March 1, 2022, each affected utility shall submit an Emergency Preparedness Plan. No later than July 1, 2022, or upon final approval by the commission each affected utility shall implement the Emergency Preparedness Plan; and

WHEREAS, one 90-day extension will be allowed for "good cause". The rule does not state a required completion date.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF PELICAN BAY, TEXAS THAT:

- **Section 1:** The recitals to this Resolution are found to be true and correct and are incorporated herein for all purposes.
- Section 2: The acceptance of the attached Emergency Preparedness Plan is hereby approved.
- Section 4: The Public Works Director is authorized to file the Emergency Preparedness Plan with Texas Commission on Environmental Quality for the City of Pelican Bay.
- Section 5: It is hereby officially found and determined that the meeting at which this resolution was passed was open to the public and that public notice of the time, place, and purpose of said meeting was given as required by the Open Meetings Act.
- Section 6: This resolution shall take effect immediately upon its passage and approval as prescribed by law.

Page 1 of 2 Resolution 283 EPP plan

PASSED and APPROVED this 29 day of August 2022.

CITY OF PELICAN BAY

BY:

Tamra Olague, Mayor

ATTEST:

Feri Anthony, City Secretary

Page 2 of 2

Resolution 283 EPP plan



ZHOWN SPORT

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Emergency Preparedness Plan Template

For All Affected Utilities Except Fort Bend and Harris Counties

Assistance

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

General Information

| Water System Name: | City of Pelican Bay | |
|-------------------------------|--------------------------------------|--|
| PWS ID No. (if applicable): | 2200164 | |
| District No. (if applicable): | | |
| County: | Tarrant County | |
| CCN No. (if applicable): | | |
| Owner: | City of Pelican Bay | |
| Prepared by: | Justin Ivy, Saul Mendoza | |
| Preparer's Phone No.: | 214-361-7900 | |
| Preparer's Email: | jivy@bhcllp.com, smendoza@bhcllp.com | |
| Preparer's Mailing Address: | 11910 Greenville Avenue #600 | |
| Preparer Title: | P.E., E.I.T. | |
| Preparer's Organization: | Birkhoff, Hendricks & Carter | |
| Expected Completion Date | August 24, 2022 | |

Option(s) Chosen:

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

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

- 2. Short Explanation of Proposed Emergency Preparedness Plan (i.e. *Using portable generator to power 2 out of 3 wells*): Installing a 60kW generator at Jason Ct Pump Station to power wells and 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?

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

| Signature: | Title Director of Par | blic libridgete | 08/29 | 122 |
|------------|-----------------------|-----------------|-------|-----|
|------------|-----------------------|-----------------|-------|-----|

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) |
|-----------------|-------------------------|-----|-----------|
| N/A | N/A | N/A | N/A |

Page 1 of 20 TCEQ-20536B (08/2021)

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SECTION I – INTRODUCTION

1. APPLICABILITY

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

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

| If you believe that you are NOT an affected utility please email PDWEPP@tceq.texas.gov to ensure requirements do not apply to the water system. A. Describe Your Water System. Check all that apply. Residential Commercial Industrial Wholesale Institution | re that the |
|--|--------------------------|
| | |
| Malacala Commercial Industrial Mhalacala Institution | |
| | |
| B. Is This EPP For An ⊠ Existing or ☐ Proposed Water System? | |
| CONTACT INFORMATION During any type of emergency, the following person(s) will be responsible for the water system (contact attempted in the order indicated): | will be |
| ame Title in the Organization E-mail Office Cell Phone Number Phone Number Number | Other Phone Number |
| like Lowery Director of publicworks@cityofpelicanbay.com 817-307- 4118 | |
| | |
| | |
| | |
| Location of Maps The maps are not required to be submitted to TCEQ for review of the EPP but should be available in ca emergency to enable staff to locate valves, lines, and meters. | se of an |
| Where are your distribution system(s) map(s) located? On the wall in the city hall. | |
| . Diagram of Water System Submit a diagram of your drinking water system that shows all equipment (source(s), tank(s), pumps), to chemicals, and any open or closed interconnects with other water systems. | eatment |
| ttached | |

Page 2 of 20 TCEQ-20536B (08/2021)

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. 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? | Pump Capacity |
|----------------|---------------------|-------------------|---------------------------|------------------|
| G2200164A | Well 1 | 1525 Long | Yes | 38 gpm |
| G2200164B | Well 2 | 1150 Pelican Dr | No | 26 gpm |
| G2200164C | Well 3 | 1150 Pelican Dr | No | 15 gpm |
| G2200164D | Well 4 | 1150 Pelican Dr | No | 15 gpm |
| G2200164E | Well 5 | 1713 Pelican Oval | No | 26 gpm |
| G2200164F | Well 6 | 92 Acres | No | 15 gpm |
| G2200164G | Well 7 | 1713 Pelican Oval | No | 32 gpm |
| G2200164H | Well 8 | 1713 Pelican Oval | No | 18 gpm |
| G2200164I | Well 9 | 1713 Pelican Oval | No | 18 gpm |
| G2200164J | Well 10 | 92 Acres | No | 15 gpm |
| G2200164K | Well 11 | 1653 Jason Ct | Yes | 15 gpm |
| G2200164N | Well 14 | 92 Acres | No | 38 gpm |
| G2200164O | Well 15 | Compound Station | No | 30 gpm |
| G2200164P | Well 16 | Jr. Pump Station | No | 24 gpm |
| G2200164Q | Well 17 | Liberty School Rd | Yes | 27 gpm |
| G2200164R | Well 18 | Liberty School Rd | Yes | 32 gpm |
| G2200164S | Well 19 | Liberty School Rd | Yes | 37 gpm |
| | | | | |

B. Does Your Water System Treat Surface Water or Ground Water Under the Influence of Surface Water Sources(s)?

YES ⊠ NO ☐ (If NO, go to 1.C)

| TCEQ Source ID | Owner's Designation | Intake Location | Used During an Emergency? | Number of Pumps | Total Pump Capacity at Intake |
|----------------|------------------------|--------------------------|------------------------------|-----------------------|--|
| TX2200002 | | 1653 Jason Ct., 75K G.S. | YES ⊠ NO □ | 3 | gpm |

| C. | Does | Your | water | System | Purchase | (Or | Keceive) | 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

Page 3 of 20 TCEQ-20536B (08/2021)

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| Provider Name | PWS ID | Pressure Plane (if more than 1 plane) | Will You Rely on This Provider for Water During an Emergency? | Will You Rely on This Provider for Pressure at Your Customer's Connections During an Emergency? | Capacity | Normally Open or Closed Interconnect? |
|---------------|-----------|---|---|---|----------------|---------------------------------------|
| City of Azle | TX2200002 | | YES ⊠ NO □ | YES □ NO 🏻 | 149,600 gpd | Closed |

Page 4 of 20 TCEQ-20536B (08/2021)



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2. TREATMENT INFORMATION

| A. Does | s Your Water S | TES M NO |) (IT NO, go to 2.6) | | | |
|-------------------|-----------------------------|--|-------------------------------------|------------------------------------|---|---|
| Disinfectant | 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 Disinfe ctant? |
| Sodium Hypochl | 1713 Pelican | YES ⊠ NO □ | Liquid | 350 gal | 60 | YES ⊠ NO □ |
| B. Does | s Your Water S | system Provide Trea | tment Other Than | n Disinfection? | YES 🗌 NO 🗵 | (If NO, go to 2.C) |
| Chemical | Location (Plant Name) | Chemical Used During an Emergency? | Type of Chemical (Liquid/Gas) | Volume Stored (gals or lbs.) | Days of Storage (Emergency Demand) | Electricity Required to Feed Chemical |
| | | YES NO | | | | YES NO |
| | | YES NO | | | | YES NO |

C. Does Your Water System Have Any Service or Transfer Pump(s)? These are the pumps located within the treatment processes of your treatment Plant(s). (Do not include well or intake pumps)

YES ⊠ NO ☐ (If NO, go to 3.A)

| Pump | Location (Plant Name) | Pump Used During an Emergency? | Equipment Directly Before Pump | Equipment Directly After Pump | Pump Capacity |
|---------------|--------------------------|--------------------------------------|--------------------------------|----------------------------------|---------------|
| 10 GPD L.M.I. | 1653 Jason Ct. | YES ⊠ NO □ | Well #1 | 75K GST | 10 GPD |
| 3 GPD L.M.I | 1150 Pelican | YES NO 🛛 | Wells | 42K GST | 3 GPD |
| 3 GPD L.M.I | 1713 Pelican | YES NO 🛛 | Wells | 42K GST | 3 GPD |
| 3 GPD L.M.I | 92 Acres | NO | Wells | 42K GST | 3 GPD |

3. DISTRIBUTION SYSTEM INFORMATION

A. Does Your Water System Have Distribution Pumps?

| YES | M | NO | /If | NO | an | to | 3 R) | |
|-----|---|----|-----|----|----|----|------|--|
| | | | | | | | | |

| Pump | Location (include pressure plane) | Pump Used During an Emergency? | Equipment Directly Before Pump | Equipment Directly After Pump | Pump Capacity |
|-----------|--|--------------------------------------|--------------------------------------|-------------------------------------|---------------|
| 2-25 H.P. | 1653 Jason Ct | YES ⊠ NO □ | 75K GST | Check valve | 1,000 gpm |
| 7.5 H.P. | 1653 Jason Ct | YES NO! | 42K GST | Check valve | 200 gpm |
| 6-10 H.P. | 1713 Pelican | YES ☐ NO 🏻 | 42K GST | Check valve | 1320 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? | During an Directly Before | | Tank Capacity |
|---|--|--------------------------------------|---------------------------|--|---------------|
| | | YES 🗌 NO 🗌 | | | gal |
| | | YES 🗌 NO 🗍 | | | gal |
| | | YES 🗌 NO 🗌 | | | gal |

TCEQ-20536B (08/2021) Page 5 of 20

Not subject to disclosure under Chapter 552, Government Code 4. PRESSURE PLANES

| Pressure Plane | TCEQ Source Provider PW | | | | | YES NO (If NO, go to 5) Pump Names(s) (If Applicable) | |
|--|--|--|---|---|---------------|---|---|
| 5. SYSTEM DE Emergency Ope large water main | ration means t | the demand | d in MGD from h | ighest usage within | last 3 ye | ears, exclude fire e | events and |
| Demand Information | Demand Information N | | | | Emerge | ency Operation | |
| Average Daily Demar | nd: | 0.151 | MGD | | 0 MGD | | |
| Maximum Daily Dema | and: | 0.288 | MGD | | 0 MGD | | |
| System Capacity: | | 0.403 | MGD | | 0.20 M | GD | |
| A. Does Your Water System Sell/Provide Water to Other Water Systems? YES ☐ NO ☒ (If NO, go to 6.E Receiver/Buyer Name PWS ID Normally Open Will You Provide 20 Number of Population | | | | | | | O, go to 6.B |
| Necelvel/Buyer Nan | (if applical | or Cle | Normally osed erconnect? | psi Throughout the Receiver's Distribution System During an Emergency? | | Connections in the Receiver's Water System | of the Receiver's Water System |
| | | | | YES 🗌 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) | | | | | | | |
| | | | - | | | - |) |
| | ole, include any | connectio | - | ater systems you ma | | in the table in 6.A |) |
| (If applicat | ole, include any | connectio | ns from other wa | ater systems you ma | ay serve | in the table in 6.A |) |
| (If applicate of applicate of applicate of applicate of application of applicatio | ole, include any oplicable) ROVIDER(s | connectio | ns from other wa | ater systems you ma | Popul | in the table in 6.A | |
| (If applicate of the pressure Plane (if applicate of the pressure plane) | ole, include any oplicable) ROVIDER(s | connectio | ns from other wa | ater systems you ma | Popul | in the table in 6.A | |
| One pressure plane 7. POWER P Electric Utility or Reta Electrical Provider(s) 8. ELECTRIC Provide an elec (treatment(s), s | ROVIDER(Sail Tri Co | Connection 7 7 Connection 7 ATIC ic or diagram in tension 8 Connection 8 Connecti | ns from other was fumber of Conn 97 Imm of your water ince, etc.) that is | ections system's emergence powered. | Popul 1620 | in the table in 6.A | |
| One pressure plane 7. POWER P Electric Utility or Reta Electrical Provider(s) 8. ELECTRIC Provide an elec (treatment(s), s | ROVIDER(Sail Tri Co | Connection 7 7 Connection 7 ATIC ic or diagram a maintena | ns from other was fumber of Conn 97 Imm of your water ince, etc.) that is | ections system's emergence powered. | Popul 1620 | in the table in 6.A | |

Page 6 of 20 TCEQ-20536B (08/2021)

| 7 | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |

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Section III— Alternate Power Options Overview

The following is a list that will assist in determining which option (or options) should be selected to demonstrate the ability to provide emergency operations during extended power outages lasting more than 24 hours. Provide the required information on the following applicable pages. You must select at least one option and **options (7-13) may require more than one option.**

OPTION 1: PERMANENTLY INSTALLED AUTOMATIC STARTING AUXILIARY GENERATOR(S) COMPLETE OPTION 1 – Sections A through C

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

The type of systems that will utilize this option are a distribution only system which receives water under direct pressure relying on their provider for water at 20 psi throughout their distribution system. A water system receives water to a tank and re-pressurizes the water to maintain 20 psi in their distribution system may also choose this option. Choose if you will rely on a water provider *during an extended power outage*.

COMPLETE OPTION 2A – Sections A and B

OPTION 2B: MEMBER OF TXWARN

A "distribution only" system may only use this option if it needs certified staff for operational purposes or needs equipment to repair their distribution system. A distribution only system will need to choose Option 2A for the purpose of maintaining 20 psi in its distribution system during an extended power outage.

COMPLETE OPTION 2B – Sections A through B

OPTION 3A: NEGOTIATION OF LEASING AND CONTRACTING AGREEMENTS

Your facility has obtained a leasing or contract agreement for emergency power equipment and fuel. The agreement(s) must provide for coordination with the Texas Division of Emergency Management.

COMPLETE OPTION 3A – Sections A through D

OPTION 3B: MUTUAL AID AGREEMENT(S) WITH OTHER WATER PROVIDERS

Your facility is a member of another mutual aid provider, you have identified, and will make available one or more resources with another mutual aid provider. Your facility has obtained mutual aid agreement(s) for emergency power equipment and fuel with other water providers including retail, exempt, potable, or raw water providers. The agreement(s) must provide for coordination with the Texas Division of Emergency Management.

COMPLETE OPTION 3B – Sections A through B

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

A portable generator capable of being moved to serve multiple facilities where both the portable generator and facilities are equipped with compatible quick-connect systems.

COMPLETE OPTION 4 – Sections A through D

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

On-site electrical generation or distributed generation facilities. On-site electrical generation means that each facility generates, or can generate, 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. An example is electricity generated by solar power.

COMPLETE OPTION 5 – Sections A through D

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

One alternative is to relocate electric transmission lines for the system from overhead to underground and protect them from strong winds. Another alternative is to replace overhead transmission lines, poles and rated appurtenances with ones that can withstand historical hurricane-force wind velocities, and trim or remove any trees or branches next to and above the overhead transmission lines.

COMPLETE OPTION 6 - Sections A and B

Page 7 of 20 TCEQ-20536B (08/2021)



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

Direct engine or right-angle drive. This option is only available to existing facilities, **may** require more than one option, and must still provide 20 psi throughout the distribution system.

COMPLETE OPTION 7 – Sections A through C

OPTION 8A: DESIGNATION OF THE WATER SYSTEM AS A CRITICAL LOAD FACILITY

Your water system is registered with your electric provider as a critical load facility, this **will** require more than one option, and must provide 20 psi throughout the distribution system (see page 19 for additional information on the requirement for a second option). Will require documentation from your electric provider indicating your facility is protected from power loss lasting more than 24 hours.

COMPLETE OPTION 8 - Sections A and B

OPTION 8B: RECOGNITION OF THE WATER SYSTEM AS HAVING REDUNDANT, ISOLATED, OR DEDICATED ELECTRICAL FEEDS

Your water system has redundant, isolated, or dedicated electrical feeds to water plant(s) and equipment, this **will** require more than one option, and must provide 20 psi throughout the distribution system (see page 21 for additional information on the requirement for a second option). Will require documentation from your electric provider indicating your facility is protected from power loss lasting more than 24 hours.

COMPLETE OPTION 8B - Sections A and C

OPTION 9: PROVIDE WATER STORAGE CAPABILITIES

Your water system has sufficient ground, elevated, or standpipe storage to provide your entire distribution system with water at 20 psi during an extended power outage lasting more than 24 hours. This option **may** need to be combined with another option.

COMPLETE OPTION 9 - Sections A and E

OPTION 10A: WATER IS DELIVERED TO YOUR DISTRIBUTION SYSTEM FROM OUTSIDE YOUR SERVICE AREA USING AN EMERGENCY INTERCONNECT

Water is delivered from outside your service area in such a manner that you can provide water at 20 psi to your distribution system during an extended power outage lasting more than 24 hours. This option **may** need to be combined with another option.

COMPLETE OPTION 10 - Sections A and F

OPTION 10B: WATER IS DELIVERED TO YOUR DISTRIBUTION SYSTEM FROM OUTSIDE YOUR SERVICE AREA USING A WATER HAULER

Water is delivered from outside your service area in such a manner that you can provide water at 20 psi to your distribution system during an extended power outage lasting more than 24 hours. This option **may** need to be combined with another option.

COMPLETE OPTION 10 - Sections A and H

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

An affected utility can provide water using an approved artesian source to their distribution system at 20 psi during an extended power outage lasting more than 24 hours. This option **will** need to be combined with another option (see page 28 for additional information on the requirement for a second option).

COMPLETE OPTION 11 - Sections A and E

OPTION 12: REDUNDANT INTERCONNECTIVITY BETWEEN PRESSURE ZONES

An affected utility opens valves in one or more pressure zones within their water system to provide water at 20 psi in all pressure zones throughout its entire distribution system during an extended power outage lasting more than 24 hours. This option **may** need to be combined with another option.

COMPLETE OPTION 12 - Sections A and D

OPTION 13: USE EMERGENCY WATER DEMAND RULES TO MAINTAIN EMERGENCY OPERATIONS

An affected utility will provide a minimum of 0.35 gallons per minute (gpm) per connection to the distribution system while maintaining distribution pressures of at least 20 psi in the event of the loss of normal power supply. This option **will** need

Page 8 of 20 TCEQ-20536B (08/2021)

Not subject to disclosure under Chapter 552, Government Code to be combined with other option(s) to ensure 20 psi during a water outage lasting more than 24 hours (see page 30 for additional information on the requirement for a second option). COMPLETE OPTION 13 - Sections A and D

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

An affected utility can propose other alternatives of meeting the requirements of TWC 13.1394 if the alternative(s) ensure water will be provided at 20 psi throughout the distribution system during a water outage lasting more than 24 hours. COMPLETE OPTION 14 – Sections A and B

Page 9 of 20 TCEQ-20536B (08/2021)



Section IV- Alternate Power Options Details

OPTION 1: PERMANENTLY INSTALLED AUXILIARY GENERATOR(S)

A. Generator Specifications.

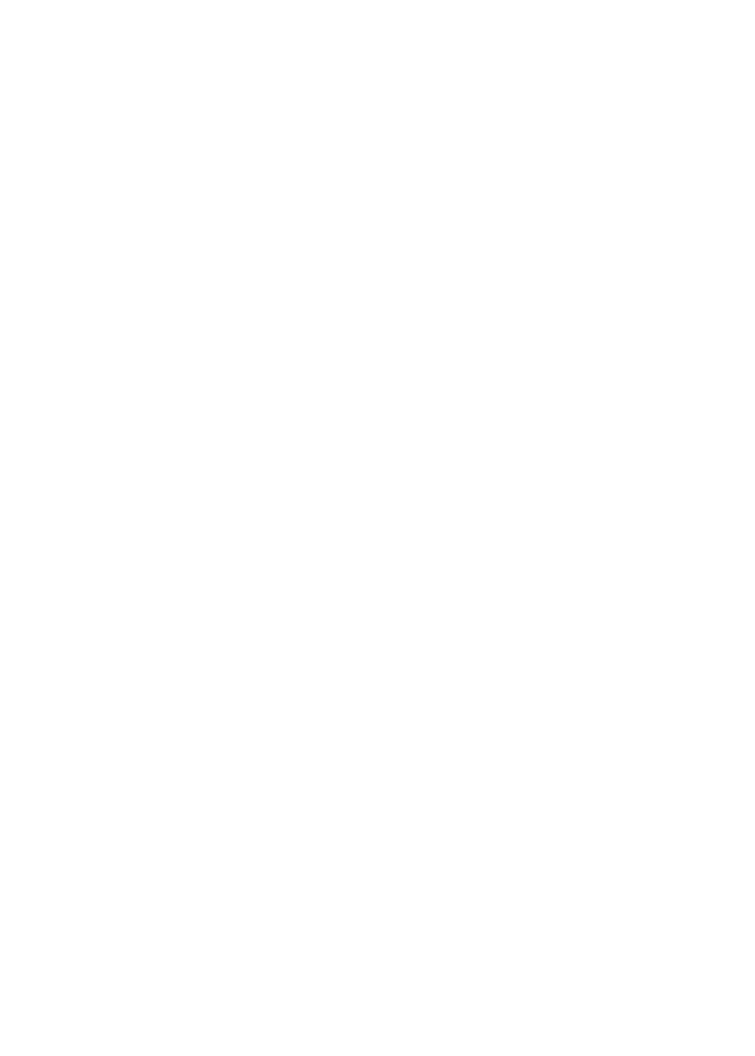
Please list all the generators, all equipment to be powered, and the power needs for each piece of equipment.

| 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** |
|-------------------------------|------------------------|-------|-----------|------------------------------|--|--|---|
| Caterpillar, | 60 | 1 🖾 | Diesel | YES 🛚 | YES 🗌 | Well pump 1 | 18,6 kW |
| Kohler, Generac, or | | 2 🗆 | | ио □ | NO ⊠ | Well pump 11 | 18.6 kW |
| equal | | | | | | Well pump 17 | 18.6 kW |
| | | 3 🗌 | | | | Well pump 18 | 18.6 kW |
| | | | | | | Well pump 19 | 18.6 kW |
| | | | | | | 10 G/D injection pump | 4 kW |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1 🔲 | | YES 🗌 | YES 🗌 | | |
| | | | | | | | |
| | | 2 🗀 | | NO 🗆 | NO 🗆 | | |
| | | 3 🗆 | | | | | |
| | | 1 🗆 | | YES 🗌 | YES 🗌 | | |
| | | 2 🗆 | | NO 🗆 | NO 🗆 | | |
| | | 3 🗌 | | | | | |

B. Fuel Location

- i. Physical Location of Fuel Supply (GPS or "911" address): **1653 Jason Ct.**
- C. Fuel Re-supply. Must have sufficient fuel to provide emergency power for a minimum of 48 hours or more if needed.
 - i. How much fuel is stored on site? 205 gallons
 - ii. How much fuel does the generator use per hour? (Attachment C may assist in determining that amount) **4.2 gallons/hour**
 - iii. Does the water system have access to diesel additive to prevent fuel from freezing? Yes

Page 10 of 20 TCEQ-20536B (08/2021)



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 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 | 817-884-1441 | | Email: Website: https://www.tarrantcounty.com/en/county-judge.html?linklocation= supermenu&linkname=Glen%20Whitley |
| County Office of Emergency Management | 817-884-1804 817-884-2906 | | Email: dmmccurdy@tarrantcounty.com Website: https://access.tarrantcounty.com/en/administration/staff/ county-emergencymanagement- coordinator.html?linklocation=supermenu&linkname=Em ergency%20Manage |
| County Sheriff's Office | 911 | 911 | Email: Website: https://access.tarrantcounty.com/em/sheriff.html |
| County Public Health & Environmental Services | 817-321-4700 | | Email: Website: https://www.tarrantcounty.com/en/public-health.html?linklocation= supermenu&linkname=Public%20Health |
| City Mayor's Office | 817-444-1234 | 817-333-9087 | Email: mayor@cityofpelicanbay.com Website: www.cityofpelicanbay.com |

Page 11 of 20 TCEQ-20536B (08/2021)



| Organization | Phone Numbers (include area code) | | , | | E-Mail or Website |
|---|--|------------------------------|--|--|-------------------|
| Local Public Health & Environmental Services | n/a | n/a | Email: Website: | | |
| Local Office of Emergency Management | n/a | n/a | Email: Website: | | |
| TX Division of Emergency Management (TDEM) | Provides list of Sta Coordinators which officials with state a requests. Requests local level first. | n assist local assistance | https://tdem.texas.gov/field-response/ | | |
| TXWARN | 866/9-TXWARN (8 | 66/989-9276) | Email: info@txwarn.org https://www.txwarn.org | | |
| Other Mutual Aid Provider | | | Email: Website: | | |

B. Local Contact Notification List

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

| Oiti | Contact | Title | Phone Nu | Phone Numbers (include area code) | | |
|--------------------------------|---------|-------|----------|-----------------------------------|----------------|--------|
| Organization | Name | Title | Day | Evening | Cellular/Pager | E-Mail |
| Other Local | | | | | | |
| Government | | | | | | |
| Officials | | | | | | |
| Hospitals served | | | | | | |
| by the Affected | | | | | | |
| Utility | | | | | | |
| Nursing Homes | | | | | | |
| served by the | | | | | | - |
| Affected Utility | | | | | | |
| Pharmacies | | | | | | |
| | | | | | | |
| Priority Water | | | | | | |
| Users (Those | | | | | | |
| that are critically | | | | | | |
| dependent upon water including | | | | | | |
| schools, dialysis | | | | | | |
| centers, | | | | | | |
| institutions, | | | | | | _ |
| individuals with | - | | | | | |
| special needs, | | | | | | |
| businesses, and | 1 | | | | | |
| other | 1 | | 1 | | | |
| interconnected | | | | | | |
| water systems, | | | | | | |
| etc.) | | | | | | |
| Others | | | | | | |
| | | | | | | |
| | | | | | | |

Page 12 of 20 TCEQ-20536B (08/2021)



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 |
|---|-------------------------|-----------------|---------------------|----------------------------|------------|--------|
| 817-641- 4712Sodium Hypochlorite 10% (Dixichlor) | DPC Industries, Inc. | Doug Dean | 817-641- 4712 | | | |
| | | | | | | |

D. Certified Laboratory Information

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

| | | | Phone Num | Phone Numbers (include area code) | | | |
|-----------------------------------|-----------------|---------|------------------|-----------------------------------|----------------|--------|--|
| Organization | Contact Name | t Title | Day | Evening | Cellular/Pager | E-Mail | |
| Tarrant County Public Health | | | 817-321- 4752 | 817-321-4752 | | | |
| Lab | | | | | | | |
| Lower Colorado River Authority | | | 512-730- 6436 | 512-730-6436 | | | |
| Laboratory | | | | | | | |

E. Fuel Supplier Contact Information (if applicable)

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

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

F. Utilities Contact Information

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

| | | | | Phone Nur | nbers (includ | e area code) | |
|---------------------|-----|----------------|-------|-----------|---------------|----------------|--------|
| Organization | N/A | Contact Name | Title | Day | Evening | Cellular/Pager | E-Mail |
| Electric Utility | | Tri-County | | 817-444- | 817-444- | | |
| Company | | Electric Co-op | | 3201 | 3201 | | |
| Gas Utility Company | Х | | | | | | |
| Sewer Utility | Х | | | | | | |
| Company | | | | | | | |
| Telephone Utility | | Frontier | | 877-901- | | | |
| Company | | Communications | | 3910 | | | |
| Wholesale Water | X | City of Azle | | 817-444- | | | |
| Provider | | | | 2541 | | | |

Page 13 of 20 TCEQ-20536B (08/2021)

| Wholesale Water Provider | | | | |
|-----------------------------|--|--|--|--|
| Other | | | | |

G. Bulk Water Suppliers

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

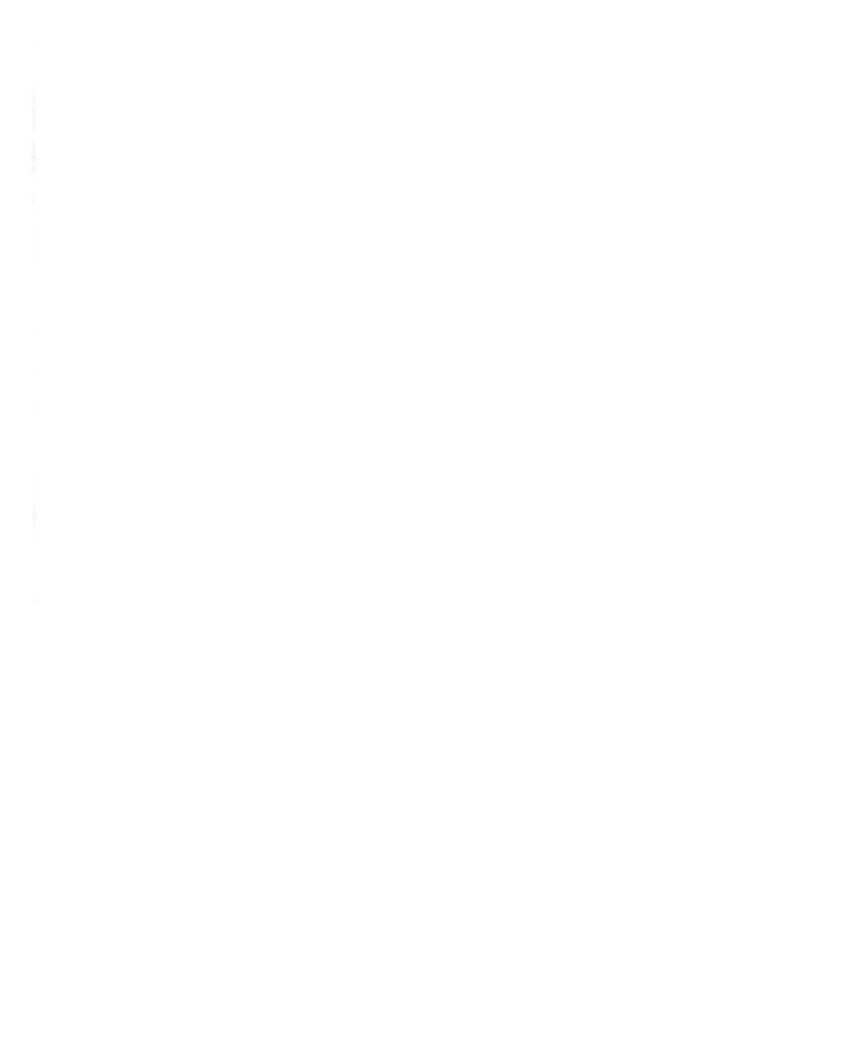
| | | | Phone No | umbers (include ar | ea code) | |
|-------------------------|-----------------|-------|----------|--------------------|----------------|--------|
| Organization | Contact Name | Title | Day | Evening | Cellular/Pager | E-Mail |
| Bulk Water Haulers | | | | | | |
| Bottle Water Sources | | | | | | |

H. Media Notification List

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

| Organization | Contact Name | Title | Day | Evening | Cellular/Pager | E-Mail |
|--|-----------------|-------|------------------|--------------|----------------|--------|
| Designated Water System Spokesperson | | | | | | |
| Newspaper - Local | Azle News | | 817-270- 3340 | 817-270-3340 | | |
| Newspaper – Regional State | | _ | | | | |
| Radio | | | | | | |
| Television | | | | | | |
| Other | | | | | | |

Page 14 of 20 TCEQ-20536B (08/2021)



ATTACHMENT A - SUBMITTING COMPLETED EPP

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

Choose One

PDWEPP@tceq.texas.gov

OR

Water Supply Division, Drinking Water Special Functions Section, MC-155 P.O. Box 13087 Austin, TX 78711-3087

Assistance

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

Approved Plan Distribution

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

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

| Distributed To | Method of Distribution | Date |
|-------------------------|---|------|
| County Judge | | |
| ocamy cargo | | |
| County Office of | | |
| Emergency Management | | |
| Public Utility | Use the weblinks provided: | |
| Commission Filing | For Confidential filing procedures for the PUC use Docket No. 52272 1. http://puc.texas.gov/industry/filings/Confidential.aspx | |
| | For PUC Procedural Rules for Filing of Pleadings, Documents, and Other Materials | |
| | http://puc.texas.gov/agency/rulesnlaws/procrules/pr- e/22.71/22.71.pdf | |
| | Address: Public Utility Commission of Texas Central Records 1701 N Congress PO Box 13326 Austin, Texas 78711-3326 | |
| | For additional questions contact the PUC Central Records office at (512)-936-7180. | |

Page 15 of 20 TCEQ-20536B (08/2021)

| Texas Division of | Submit to TDEM via email at: TechHaz@tdem.texas.gov | |
|--------------------------------|---|--|
| Emergency Management (TDEM) | Address: Texas Division of Emergency Management 1033 La Posada, Ste 300 Austin, Texas 78752 | |
| | For additional questions contact the TDEM (512)-424-2208 | |

TCEQ-20536B (08/2021) Page 16 of 20

ATTACHMENT B – Acute Public Health Threat - Public Notification

The affected utility must notify the public when a condition exists which according to TCEQ constitutes an acute public health threat in accordance with 30 TAC §290.46(q). Templates and specific instructions are available on the TCEQ Website at https://www.tceq.texas.gov/drinkingwater/boilwater.html.

Page 17 of 20 TCEQ-20536B (08/2021)



ATTACHMENT C – Generator Information

If you plan on utilizing options 1, 2, 4, 5, or 6, you will need to estimate the gallons per hour of fuel that will be used by the generator. This is essential in determining the volume of fuel required to maintain emergency operations. Below is a chart from the FEMA Resource Typing Manual which may be of assistance in determining fuel needs and generator types.

| | | | RESOURCE: GE | NERATORS | | | | |
|--------------|--|--|---|--|--|--|--|--|
| ategory: | Public Works & Engineering (SEF 3) Kind: Equipment | | | | | | | |
| Ainimum Capa | | Type I | Type II | Type III | Type IV | Type V | | |
| omponent | Metric | 1 | , | | | | | |
| Equipment | KW | XQ2000 2000 kW Generator; Sound attenuated; Trailer mounted (semi tractor); Up to 3015 Amps@ 480 Volts, 3 Phase, 60 Hz; Dry weight 89,000 lbs; Fuel tank capacity 1250 Gallons; Dimensions 40' Long x 8' Wide x 13',5" Tall; Potential application example—Single or multiple units for: Power plants, heavy industrial facility, highrise buildings; Setup time (cables from generator to main power feed estimated at 5+ hours) | XQ1500 1500 kW Generator, Sound attenuated; Trailer mounted (semi tractor); Up to 2260 Amps@ 480 Volts, 3 Phase, 60 Hz; Dry weight 59,000 lbs; Fuel tank capacity 1250 Gallons; Dimensions 40' Long x 8' Wide x 13',5" Tall; Potential application example—Single or multiple units for: Universities, hospitals, medium to large manufacturing facility; Setup time (cables from generator to main power feed estimated at 5+ hours) | XQ600 600 kW Generator; Sound attenuated; Trailer mounted (semi tractor); Up to 2080 Amps@ 208 Volts, 3 Phase, 60 Hz / up to 902 Amps@ 480 Volts 3 Phase, 60 Hz; Dry weight 37,000 lbs; Fuel tank capacity 660 Gallons; Dimensions 40' Long x 8' Wide x 13'.5' Tall; Potential application examples: Retail stores, HVAC system power, multistory/buildings, light manufacturing, apartment buildings; Setup time (cables from generator to main power feed estimated at 3+ hours) | XQ400 400 kW Generator; Sound attenuated; Trailer mounted (pull behind); Multi-voltage distribution panel; Up to 1390 Amps @ 208 Volts, 3 Phase, 60 Hz/up to 602 Amps@ 480 Volts 3 Phase, 60 Hz; Dry weight 16,800 lbs; Fuel tank capacity 470 Gallons; Dimensions 23' Long x 8'.5' Wide x 11' Talt; Potential application example: Large office building, public schools, libraries, and communication equipment. Setup time (cables from generator to main power feed estimated at 2+ hours) | XQ125 125 kW Generator; Sound attenuated; Trailer mounted (pull behind); Multi-voltage distribution panel; Up to 433 Amps@ 208 Volts, 3 Phase 60 Hz / up to 188 Amps @ 480 Volts 3 Phase, 60 Hz; Dry weight 10,610 lbs; Fuel tank capacity 223 Gallons; Dimensions 18'.5" Long x 6'.5" Wide x 9' Tall; Potential application example: Small office building, emergency mobile trailers & operations, restaurants. Setup time (cables from generator to main power ferestimated at 1 hour) | | |
| Comments: | approximately 7 | ernal fuel tanks available. Fuel con gallons per hour). Technicians are ch cable. Fuel supply, and/or fuel v | e available for hookup and monito | ne kW usage (example: fuel cons oring of equipment. 4/0 Quick cor | umption on a 100 kW Generator nnect (Cam-Lock) cable is availab | operating at full load is le for tie-in to power feed, rat | | |
| | XQ2000 | | XQ1500 | XQ600-400 | | XQ125 | | |
| PAT from | | EXPERIMENTAL PROPERTY OF THE P | EN CAT Street primer of very a cynonidizate and perions | CAT | | Anappase of the area of the ar | | |

Page 18 of 20 TCEQ-20536B (08/2021)



Not subject to disclosure under Chapter 552, Government Code

ATTACHMENT D - RECOVERY CHECKLIST

Page 19 of 20

Returning to normal operations is vital to rapid restoration of clean, safe water to the community and is essential to the assessment and recovery process. The following is a checklist of actions to be taken during the recovery period. Also included is a preliminary damage assessment that can be used to assist in the recovery process.

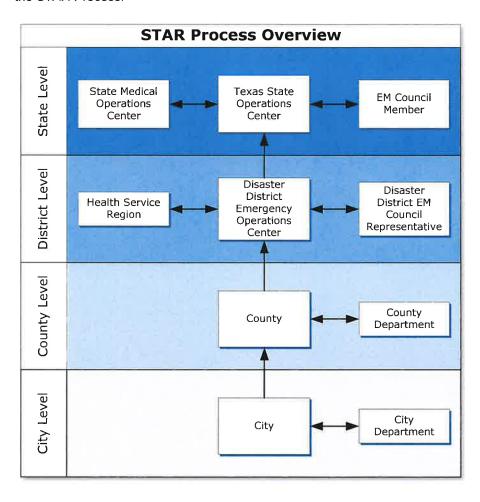
| Assessment and Recovery Period Checklist Perform in-depth damage assessment of system to determin form below). | e long-term effects of damaged areas (use assessment | | |
|---|--|--|--|
| ☐ Notify TCEQ of system operational status and situation. | | | |
| ☐ Will there be a need to use mutual aid agreements and/or imagreements for equipment and operations? | plement standby contracts or other emergency | | |
| Prepare written documentation of emergency work performed Make sure that crews make a record of work effort, written logs helpful in recovery of funds. | | | |
| ☐ Notify appropriate insurance carriers. Provide written and ph | oto documentation of damage. | | |
| ☐ Assist in the survey of emergency repairs and scheduling of | permanent repairs. | | |
| ☐ Servicing of emergency equipment, when able (oil changes, | lubrication, etc.). | | |
| ☐ Make sure the public is kept informed throughout the extent | of the emergency. | | |
| Preliminary Damage Assessment Following the Damage Assessment, you should notify TCEQ of | your operational status. | | |
| A. General Overview: | F. Distribution System: | | |
| ☐ Determine need to repair, replace, or abandon facilities | Check for: | | |
| _ | Leaks | | |
| Estimate cost to repair damage | ☐ Breaks | | |
| Evacuate buildings in danger of collapse | Pressure loss in lines | | |
| B. Treatment Plants: | Cross-connections | | |
| Check if power is available and condition of mechanical and electrical equipment | ☐ Check mechanical couplings | | |
| ☐ Check for chemical spills or releases | Lower water levels to reduce possibility of struct | | |
| C. Confirm that field crew does the | damage G. Wells: | | |
| following: | ☐ Check for physical damage to facilities | | |
| Check for structural damage | Test for contamination | | |
| Closes and tags damaged facilities and equipment | ☐ Name, address, phone # for private lab | | |
| D. Tanks: | ☐ Check for pump or motor failure | | |
| Check for evidence of failure of subbase | ☐ Check power source | | |
| E. Reservoirs: | _ onesk power source | | |
| Check for: | | | |
| Leaks and Seepage | | | |
| ☐ Cracks | | | |
| ☐ Broken inlet/outlet pipes, underdrains | | | |
| ☐ Landslides or Embankment slump | | | |
| ☐ Buckling | | | |

TCEQ-20536B (08/2021)

ATTACHMENT E – State Assistance Request:

If an affected utility is interested only in mutual aid assistance, register with TXWARN at https://www.txwarn.org/; this is a free service.

When requesting state assistance, the request(s) must start at the local level with the County Judge or the County Emergency Manager. The request must go to the <u>Texas Division of Emergency Management</u> using the steps outlined in the STAR Process.



Page 20 of 20 TCEQ-20536B (08/2021)



