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Emergency Preparedness Plan Template

For All Affected Utilities Except Fort Bend and Harris Counties

General Information

Water System Name:	**PORT O' CONNOR IMPROVEMENT DISTRICT (POCID)**
PWS ID No. (if applicable):	**0290065**
District No. (if applicable):	**7143000**
County:	**CALHOUN**
CCN No. (if applicable)	**P1247**
Owner:	**PORT OCONNOR IMPROVEMENT DISTRICT**
Prepared by:	**Phillip Givens**
Preparer's Phone No.:	**713 - 557 - 0808**
Preparer's Email:	**SuperiorManagementLLC@Outlook.com**
Preparer's Mailing Address:	**PO BOX 130308, Spring, TX. 77393**
Preparer Title:	**Consultant**
Preparer's Organization:	**Superior Management of Texas**
Expected Completion Date	**September 30, 2025**

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*): ***POCID intends to use a permanently installed generator in conjunction with emergency water use restriction included in the drought contingency plan.***

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

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

Signature: Oscar Pena Title: **District Manager** Date: 8-29-25

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)
Phillip Givens	Consultant		

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
Oscar Pena	District Manager	pocpena@pocid.org	361-983-2652	361-935-8522		
Misty Richter	Operations Supervisor	poccompliance@pocid.org	361-983-2652	361-935-8527		
Mike Raby	Senior Operator		361-983-2652	361-935-8513		
Kevin Sprague	Crew Leader	pocid@pocid.org	361-983-2652	361-935-8525		

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? ***District Office Located at 39 Denman Drive, Port O'Connor, TX 77982***

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 Attachment

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
G0290065C	Well 2	HWY 185	YES ☐ NO ☒	200 gpm
G0290065D	Well 3	HWY 185/Adams	YES ☒ NO ☐	200 gpm
G0290065E	Well 5	HWY 185/Trevor	YES ☒ NO ☐	250 gpm
G0290065F	Well 6	Adams Ave & Trevor St	YES ☒ NO ☐	300 gpm
G0290065G	Well 7	N of Trevor St	YES ☒ NO ☐	300 gpm
G0290065H	Well 4	HWY 185/Denman DR	YES ☒ NO ☐	330 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
			YES ☐ NO ☐		
			YES ☐ NO ☐		gpm
			YES ☐ NO ☐		gpm

C. Does Your Water System Purchase (or Receive) Water? YES ☐ NO ☒ (If NO, go to 2.A)

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

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

Provider Name	PWS ID	Pressure Plane *(if more than 1 plane)*	Will You Rely on This Provider for Water During an Emergency?	Will You Rely on This Provider for Pressure at Your Customer's Connections During an Emergency?	Capacity	Normally Open or Closed Interconnect?
			YES ☐ NO ☐	YES ☐ NO ☐		
			YES ☐ NO ☐	YES ☐ NO ☐	gpm	
			YES ☐ NO ☐	YES ☐ NO ☐	gpm	

2. TREATMENT INFORMATION

A. Does Your Water System Disinfect the Water? YES ☒ NO ☐ **(If NO, go to 2.B)**

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 Disinfectant?
GASEOUS CHLORINATION	POCID Plant	YES ☒ NO ☐	Gas	300 lbs	15 Days	YES ☒ NO ☐
GASEOUS CHLORINATION	POCID Plant	YES ☒ NO ☐	Gas	300 lbs	15 Days	YES ☒ NO ☐
GASEOUS CHLORINATION	SANCTUARY-Arbor crest	YES ☒ NO ☐	Gas	300 lbs	15 Days	YES ☒ NO ☐

B. Does Your Water System Provide Treatment Other Than 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 ☐
		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
RO feed (4)	POCID Plant	YES ☒ NO ☐	Well Pumps (2-7) Raw Water Storage	High Pressure Pumps	750 gpm each
High Pressure Pump (2)	POCID Plant	YES ☒ NO ☐	RO Feed	RO Membrane-GST	750 gpm each
		YES ☐ NO ☐			gpm

3. DISTRIBUTION SYSTEM INFORMATION

A. Does Your Water System Have Distribution Pumps? YES ☒ NO ☐ **(If NO, go to 3.B)**

Pump	Location *(include pressure plane)*	Pump Used During an Emergency?	Equipment Directly Before Pump	Equipment Directly After Pump	Pump Capacity
PF1854	39 DENMAN DR	YES ☒ NO ☐	GST	EST	850 gpm
PF1855	39 DENMAN DR	YES ☒ NO ☐	GST	EST	850 gpm
PF1856	39 DENMAN DR	YES ☒ NO ☐	GST	EST	850 gpm
PF1857	39 DENMAN DR	YES ☒ NO ☐	GST	EST	850 gpm
PF0001	81 ARBOR CREST	YES ☒ NO ☐	GST	HPT	800 gpm
PF0002	81 ARBOR CREST	YES ☒ NO ☐	GST	HPT	800 gpm
PF0003	81 ARBOR CREST	YES ☒ NO ☐	GST	HPT	800 gpm
PF0004	81 ARBOR CREST	YES ☒ NO ☐	GST	HPT	800gpm

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?**	**Equipment Directly Before Tank**	**Equipment Directly After Tank**	**Tank Capacity**
Ground	39 Denman Dr.	YES ☒ NO ☐	RO Treatment	Service Pumps	0.5 MG
Elevated	16th and Harrison	YES ☒ NO ☐	Service Pumps	Distribution	0.25 MG
Hydropneumatic	81 ARBOR CREST	YES ☒ NO ☐	Service Pumps	Distribution	0.025 MG
Ground	81 ARBOR CREST	YES ☒ NO ☐	EST	Service Pumps	0.3 MG gal

4. PRESSURE PLANES

Does Your Water System Have More Than One Pressure Plane? YES ☐ NO ☒ **(If NO, go to 5)**

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

5. SYSTEM DEMAND

Emergency Operation means the demand in MGD from highest usage within last 3 years, exclude fire events and large water main breaks.

Demand Information	Normal Operation	Emergency Operation
Average Daily Demand:	0.919 MGD	1.495 MGD
Maximum Daily Demand:	1.120 MGD	1.897 MGD
System Capacity:	1.95 MG	1.95 MG

6. SYSTEM SIZE

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

YES ☐ NO ☒ (If NO, go to 6.B)

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

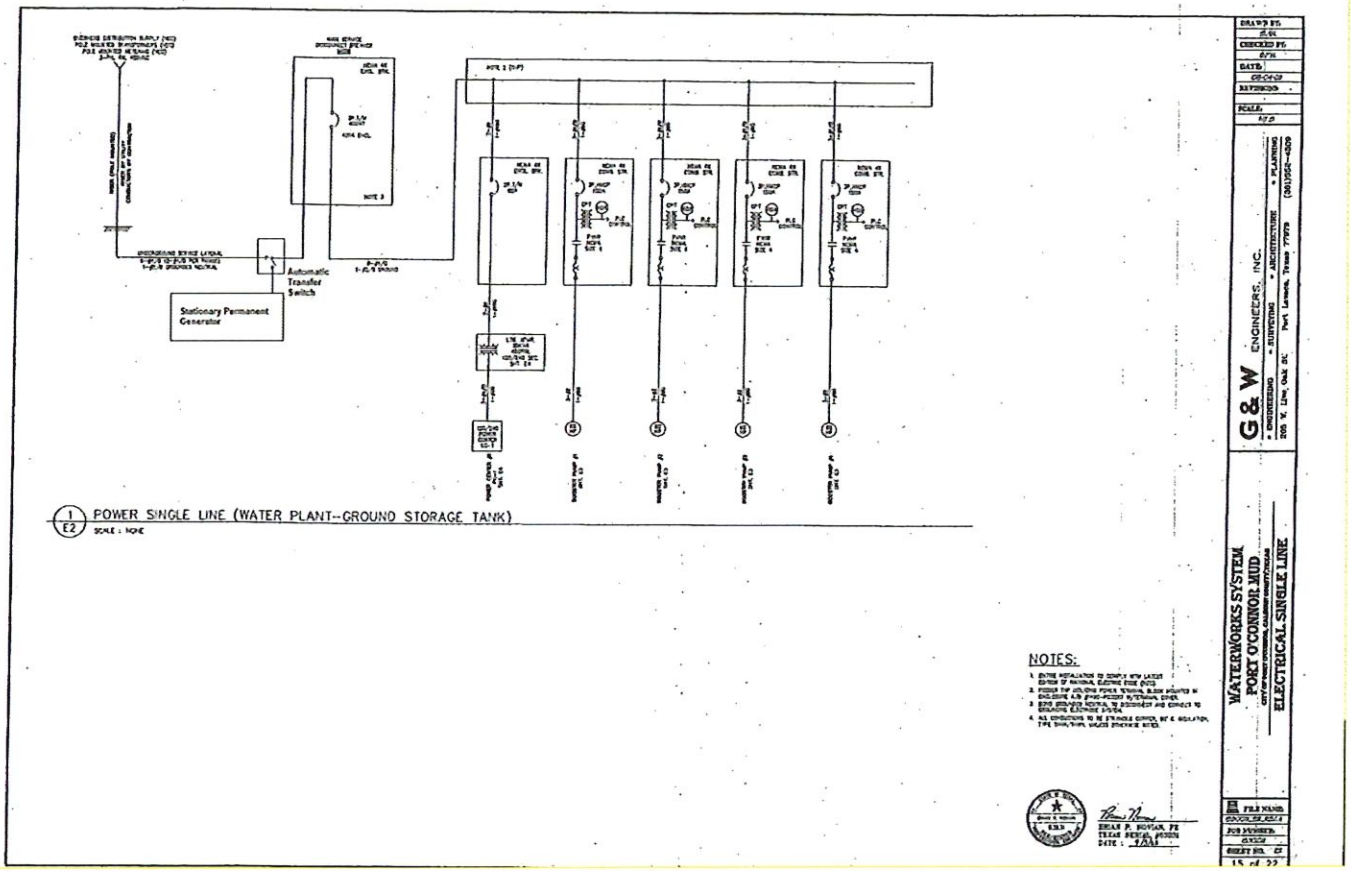
Pressure Plane *(if applicable)*	Number of Connections	Population
One Pressure Plane	2027	1500

7. POWER PROVIDER(s)

Electric Utility or Retail Electrical Provider(s)	Victoria Electric Cooperative, Inc

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:

System in process of installing RO System and bringing additional wells online by September 30, 2025.

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

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

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

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**
Kohler 275REOZJE-CP1 POCID Plant	275	1 ☐ 2 ☐ 3 ☒	Diesel	YES ☒ NO ☐	YES ☐ NO ☒	*Booster pump 1	37 KW
						*Booster pump 2	37 KW
						*Booster pump 3	37 KW
						*Booster pump 4	37 KW
						Disinfection Equipment	.121 KW
						Treatment Equipment	.121 KW
						Disinfection Equipment	.121 kW
Kohler 125REOZID Sanctuary Water Plant	125	1 ☐ 2 ☐ 3 ☒	Diesel	YES ☒ NO ☐	YES ☐ NO ☒	*Booster pump 1	11 KW
						*Booster pump 2	11 KW
						*Booster pump 3	11 KW
						*Booster pump 4	11 KW
						Disinfection	.121KW
Kohler 600REOZVB POCID Plant	600	1 ☐ 2 ☐ 3 ☒	Diesel	YES ☒ NO ☐	YES ☐ NO ☒	Well 4	18.5KW
						RO System	260KW
Kohler 50REOZK POCID Plant	50	1 ☐ 2 ☐ 3 ☒	Diesel	YES ☒ NO ☐	YES ☐ NO ☒	Well 3	15KW
Kohler 50REOZK	50	1 ☐ 2 ☐ 3 ☒	Diesel	YES ☒ NO ☐	YES ☐ NO ☒	Well 5	15KW
Kohler 60REOZK POCID Plant	60	1 ☐ 2 ☐ 3 ☒	Diesel	YES ☒ NO ☐	YES ☐ NO ☒	Well 6	22.5KW

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**
Kohler 50REOZK POCID Plant	50	1 ☐ 2 ☐ 3 ☒	Diesel	YES ☒ NO ☐	YES ☐ NO ☒	Well 7	18.5kW
*Booster Pumps will alternate							
**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):181 DENMAN RD, Port O'Connor, TX 77982

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? 4.353 onsite and additional 900 gal in storage

ii. How much fuel does the generator use per hour? (Attachment C may assist in determining that amount)
275KW Gen @ ¼ Load- 5gph (Full load 20gph)
125KW Gen @ ¼ Load- 2.5gph (Full load 10gph)
600KW Gen @ ½ Load 21gph (Full load 42gph)
50KW Gen @ ½ Load 2.5gph (Full load 5gph)
50KW Gen @ ½ Load 2.5gph (Full load 5gph)
60KW Gen @ ½ Load 3gph (Full load 6gph)
50KW Gen @ ½ Load 2.5gph (Full load 5gph)

iii. Does the water system have access to diesel additive to prevent fuel from freezing? Yes

OPTION 13: USE EMERGENCY WATER DEMAND RULES TO MAINTAIN EMERGENCY OPERATIONS (See Drought Contingency Plan Included)

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 to be combined with another option to ensure 20 psi during a water outage lasting more than 24 hours since just reducing water demand will not be adequate to provide water during an extended power outage.

A. How will you communicate with your customers that you have instituted your Drought Contingency Plan during an extended power outage? (e.g. Utility website, Social Media, Radio, TV, reverse 911, door tags, signs posted at Subdivision entrances) Instant Alert System.

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.

Please provide other option(s) 1 then complete that section of the EPP.

C. Explanation and Authority

During periods of drought, a major leak, a system failure, or excessive consumption beyond the capacity of the system, etc., the POCID *(e.g. PWS name, owner name, owner representative, Operator, etc.*) has the capability to conserve and restrict water use based upon the local water system regulations found in POCID (Drought contingency plan, rental agreement, city ordinance, etc.). During times of drought or other problems that limit the availability of water, public notice of water use restrictions will be issued by: POCID *(e.g. PWS name, owner name, owner representative, operator, etc.)*.

D. WATER RESTRICTION STAGES (See Attached DCP) ☒

Fill in the levels or stages of restrictions that will be applied, the conditions that generally will trigger them and the types of restrictions that will be applied. The conditions that trigger various restriction stages could be based upon critical source water levels and other conditions such as imminent loss of water or pressure.

Restriction Stage	Stage Trigger(s)	Restrictions
I		
II		
III		

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	Port O'cpnnor Fire Department in Texas | fire-departments.org
Police Department	911	911	Sheriff's Office – Calhoun County Texas (calhouncotx.org)
Emergency Medical Service	911	911	Port O Connor Volunteer Fire And Emergency Medical Services - Port Lavaca, TX (Address and Phone) (countyoffice.org)
TCEQ Water Homeland Security	888/777-3186	888/777-3186	Homeland Security and the TCEQ - Texas Commission on Environmental Quality - www.tceq.texas.gov
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	(361) 553-4411	(361) 553-4411	Email: vern.lyssy@calhouncotx.org ; Website:County Judge – Calhoun County Texas (calhouncotx.org)
County Office of Emergency Management	361-553-4400 Phone	361-553-4400 Phone	Email: ladonna.thigpen@calhouncotx.org Website: Calhoun County Texas (calhouncotx.org)
County Sheriff's Office	(361) 553-4646	(361) 553-4646	Email:sheriff@calcoso.org Website:Home - Calhoun County Sheriff's Office (calcoso.org)
County Public Health & Environmental Services	(361) 552-1140	(361) 552-1140	Email: dustin.jenkins@calhouncotx.org <dustin.jenkins@calhouncotx.org>;

Organization	Phone Numbers (include area code)		E-Mail or Website
	Day	Evening	
			Website:Calhoun County Texas (calhouncotx.org)
City Mayor's Office	361-552-9793 Ext 221	361-552-9793 Ext 221	Email: jwhitlow@portlavaca.org Website: Mayor – City of Port Lavaca
Local Public Health & Environmental Services	Phone 361.552.1140	Phone 361.552.1140	Email: dustin.jenkins@calhouncotx.org Website:Calhoun County Texas (calhouncotx.org)
Local Office of Emergency Management	361-553-4400 Phone	(361) 552 - 4400	Email: ladonna.thigpen@calhouncotx.org <ladonna.thigpen@calhouncotx.org>; Website: Calhoun County Texas (calhouncotx.org)
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	Port O' Connor Elementary		361-983-2341			
	Coast Guard		361-983-2617			
Hospitals served by the Affected Utility	**NONE**					
Nursing Homes served by the Affected Utility	**NONE**					
Pharmacies	**NONE**					
Priority Water Users (Those that are critically dependent upon water including schools, dialysis centers, institutions,	**NONE**					
	Port O' Connor Elementary		361-983-2341	361-920-6221	361-920-6221	**wehmeyer@calcoisd.org**
	Coast Guard		361-983-2617			

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	Speedy Stop		361-983-4411			

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 Gas	DXI INDUSTRIES, INC		281-457-4848	281-457-4848		
Sodium Hypochloride	DXI INDUSTRIES, INC		281-457-4848	281-457-4848		

D. Certified Laboratory Information

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

			Phone Numbers (include area code)			
Organization	**Contact Name**	**Title**	**Day**	**Evening**	**Cellular/Pager**	**E-Mail**
Chemtex	Hari R. Chinnasani	Techinal Manager	361-299-9900	361-299-9900		cc@chemtexas.com
Pace Analytical	Lori Vahrenkamp	Project Manager II	361-572-8224	361-572-8224		Lori.Vahrenkamp@pacelabs.com

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	CRC Custom Svcs. LLC	Randall Cain	361-237-7789	361-237-7789		Melissacrc20@gmail.com

F. Utilities Contact Information

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

				Phone Numbers (include area code)			
Organization	**N/A**	**Contact Name**	**Title**	**Day**	**Evening**	**Cellular/Pager**	**E-Mail**
Electric Utility Company	VEC			361-573-2428			
Gas Utility Company	N/A						
Sewer Utility Company	POCID	Oscar Pena	District Manager	361-983-2652		361-935-8522	
Telephone Utility Company	Infinium			361-582-5550			
Wholesale Water Provider	N/A						
Wholesale Water Provider							
Other							

G. Bulk Water Suppliers

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

			Phone Numbers (include area code)			
Organization	**Contact Name**	**Title**	**Day**	**Evening**	**Cellular/Pager**	**E-Mail**
Bulk Water Haulers	**NONE**					
Bottle Water Sources	Speedy Stop		361-983-4411	361-983-4411		
	Dollar General #17519		361-339-0110	361-339-0110		

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	Danny Mcguire	Pres.	POCID Office			
Newspaper - Local	Dolphin Talk		361-983-4667			
Newspaper – Regional State	Victoria Advocate		361-575-1451			
Radio	98.7 Jack FM		361-573-0108			
Television	KAVU		361-572 - 0050			
Other						

Revised EPP submitted via email to the Texas Commission on Environmental Quality to: PDWEPP@tceq.texas.gov

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	Email: vern.lyssy@calhouncotx.org Website:County Judge – Calhoun County Texas (calhouncotx.org)	
County Office of Emergency Management	Anna Goodman – Email - anna.goodman@calhouncotx.org	
Public Utility Commission Filing	Use the **weblinks** provided: 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 2. http://puc.texas.gov/agency/rulesnlaws/procrules/pre/22.71/22.71.pdf **Address:** Public Utility Commission of Texas Central Records 1701 N Congress PO Box 13326 Austin, Texas 78711-3326 For additional questions contact the PUC Central Records office at (512)-936-7180.	
Texas Division of Emergency Management (TDEM)	Submit to TDEM via email at: TechHaz@tdem.texas.gov **Address:** Texas Division of Emergency Management 1033 La Posada, Ste 300 Austin, Texas 78752 For additional questions contact the TDEM (512)-424-2208	

ATTACHMENT D – RECOVERY CHECKLIST

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 determine long-term effects of damaged areas (use assessment form below).

☐ Notify TCEQ of system operational status and situation.

☐ Will there be a need to use mutual aid agreements and/or implement standby contracts or other emergency agreements for equipment and operations?

☐ Prepare written documentation of emergency work performed for possible compensation by emergency agencies. Make sure that crews make a record of work effort, written logs (see Work Order Log) and take pictures. This will all be helpful in recovery of funds.

☐ Notify appropriate insurance carriers. Provide written and photo 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:

☐ Determine need to repair, replace, or abandon facilities

☐ Estimate cost to repair damage

☐ Evacuate buildings in danger of collapse

B. Treatment Plants:

☐ Check if power is available and condition of mechanical and electrical equipment

☐ Check for chemical spills or releases

C. Confirm that field crew does the following:

☐ Check for structural damage

☐ Closes and tags damaged facilities and equipment

D. Tanks:

☐ Check for evidence of failure of subbase

E. Reservoirs:

Check for:

☐ Leaks and Seepage

☐ Cracks

☐ Broken inlet/outlet pipes, underdrains

☐ Landslides or Embankment slump

☐ Buckling

F. Distribution System:

Check for:

☐ Leaks

☐ Breaks

☐ Pressure loss in lines

☐ Cross-connections

☐ Check mechanical couplings

☐ Lower water levels to reduce possibility of structural damage

G. Wells:

☐ Check for physical damage to facilities

☐ Test for contamination

☐ Name, address, phone # for private lab

☐ Check for pump or motor failure

☐ Check power source

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 Texas Division of Emergency Management using the steps outlined in the STAR Process.