Texas Water Development Board Wastewater Project Information									
A. Applicant Name:		B. Project Name:					C. Project No:		
D. Program(s):		Group (A-P):			F. Count(ies):		G. Date:	G. Date:	
H. Wastewater Project Description: (multiphase project, new, expansion, expansion of collection system, etc.) Attach map of service area affected by Project or other documentation.									
I. Wastewater Receiving Stream					jment No.	Long. & Lat. of Discharge Location			
J. Projected Wastewater Flow									
1. Design Flow MGD	2. 2-Hour Peak MGD								
K. Proposed Permit Parameters									
1. CBOD5 mg/l: 2. BOD			5			3. TSS mg/l:			
4. NH3-N mg/l:	5. DO mg/l:	ç				6. Other:			
L. Projected Population	opulation Projec			ted Population					
for at least a <b>20-year</b> period:	Year:	20	2030		2035	2040	2045	2050	
	Population:								
Area projected for: (Check one)	ject service area □			Projection data source and method:					
Project Design Year: Design Population:   (For which project will be sized) 20 (Served by project on the design year)									
M. Please select all that apply to the proposed project: Reuse 🗆 Water Supply 🗆 Conservation 🗆 Water Loss Reduction 🗆									
N. Current Water Supply Information									
Surface Water Supply Name			Certificate No.			Annual Amount Used and Unit			
Groundwater Supply Aquifer				County					
Well Field Location				Annual Amount Used and Unit					
Reuse Water	Certificate No.			Annual Amount Used and Unit					
O. Proposed Water Supply In Surface Water Supply Name				Annual Amou	Annual Amount Used and Unit				
Groundwater Supply Aquifer				County					
Well Field Location						Annual Amount Used and Unit			
Reuse Water	Certificate No.			Annual Amount Used and Unit					
P. Consulting Engineer Name	Telephone No.			E-mail address					
Q. Applicant Contact Name,	Telephone No.			E-mail addres	E-mail address				

All boxes on this form must be filled out for the application to be administratively complete. Items may be marked as N/A if appropriate.