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| --- | --- | --- | --- |
| **Name of Entity:** |  | **PWS ID No.:** | TX |

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| --- | --- |
| If this project **HAS NOT** received a funding commitment, provide the associated Project Information Form number(s) (PIF #) for this update. |  |
| If the project **HAS** received a funding commitment, provide the associated five-digit Project number for this update. |  |

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| **Section 4. PROJECT DESCRIPTION** | |
| **Briefly describe the proposed project and how it will address the items in Section 5 to which the entity responds “Yes.” A project may consist of one or more projects that are intended to address specific system conditions.** | |
| **Current Health and Compliance Factor and/or Maximum Contaminant Level (MCL) Violations and Physical Deficiencies** | **Proposed Project Description** |
|  |  |
| **Urgent Need. If the entity is requesting Urgent Need funding, please provide a description of circumstances that justify urgent need support, and a timeline of expected project activity. For more information on Urgent Need funding requirements, please refer to TWDB’s guidance document “Urgent Need Funding from the Drinking Water State Revolving Fund” that can be found at [twdb.texas.gov/publications/shells/1pagers.asp](https://www.twdb.texas.gov/publications/shells/1pagers.asp).** | |
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