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Texas Commission on Environmental Quality

Protecting Texas by Reducing and Preventing Pollution

April 3, 2018

BROWNSVILLE PUBLIC UTILITIES BOARD
EDNA OCEGUERA BOARD MEMBER
PO BOX 3270
BROWNSVILLE, TX 78523-3270

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Subject: **Wholesale Provider Requirements Consumer Confidence Report (CCR)**
BROWNSVILLE PUBLIC UTILITIES BOARD - PWS # 0310001
CAMERON County, TX

Attention Public Water System Owner / Manager / Operator:

Texas Commission on Environmental Quality (TCEQ) data show that your public water system (PWS) provided treated water to one or more community PWSs or that your PWS is available as an interconnection. As described in 30 Texas Administrative Code (TAC) Chapter 290 Subchapter H: Consumer Confidence Reports, you are required to provide your most recent water quality data (chemical analysis results) to PWSs that were provided water by your system in 2017. **The data are due to the receiving PWS by April 1, 2018** to allow the receiving PWS to produce their 2017 Consumer Confidence Report (CCR).

If copies of your chemical analysis results are needed, please contact the laboratory below that analyzed your water samples.

- Lower Colorado River Authority at 1-877-362-5272
- Texas Department of State Health Services at (512) 776-7587

To view the information the TCEQ has for your PWS, please visit Texas Drinking Water Watch (DWW) website at <http://dww2.tceq.texas.gov/DWW/>. For corrections to these data please contact the PWS Inventory team at (512) 239-4691 or email PWSInven@tceq.texas.gov.

You do not need to include chemical analysis results collected from your own distribution system such as bacteriological, lead and copper, disinfection byproducts, or disinfectant level results in the report to the receiving PWS. The receiving PWS must provide their own data to their customers for these distribution samples.

If your PWS produces treated surface water, you must supply turbidity data from the Surface Water Monthly Operational Reports. For total organic carbon (TOC), you must include TOC on your own report but you do not need to provide TOC data to your receiving PWSs.

P.O. Box 13087 • Austin, Texas 78711-3087 • 512-239-1000 • www.tceq.texas.gov

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April 3, 2018

In order for your system to receive credit for having provided chemical analysis results for the year 2017, you must fill out the enclosed CCR Provider Certification of Delivery and **mail** it to the TCEQ. **The enclosed form must be returned to the TCEQ by May 1, 2018.** If you are interconnected to a community PWS but you did not provide water in 2017 you must still fill out the enclosed CCR Provider Certification of Delivery form and **mail** it to TCEQ. On the form there is a check box where you can indicate that you did not provide water to another PWS.

If you have questions concerning the CCR or Certification of Delivery form please contact:

Kent Steelman, CCR Compliance Coordinator
PWSCCR@tceq.texas.gov
(512) 239-5143

Sincerely,



Michele Risko, Section Manager
Drinking Water Special Functions Section
Water Supply Division
Texas Commission on Environmental Quality

MR/ks/av

Enclosure: TCEQ 2017 CCR Provider Certification of Delivery form

cc: TCEQ Region 15 Attention Water Section Manager
ALBERT JR GOMEZ, PO BOX 3270 BROWNSVILLE TX 78523-3270

BROWNSVILLE PUBLIC UTILITIES BOARD - PWS # 0310001
2017 CCR Provider Certification of Delivery
Drinking Water Quality Data

I certify that as a representative of **BROWNSVILLE PUBLIC UTILITIES BOARD** (provider), that our system has given the appropriate drinking water quality data to the community water system(s) (receiver) we provided water to in 2017 by **April 1, 2018** as described in 30 TAC §290.274(g). This will ensure that they can create and deliver their 2017 Consumer Confidence Report to their customers. This certification form must be returned to the TCEQ by **May 1, 2018**.

Date of Delivery to receiver(s): _____

OR (if you did not provide water to any other systems during the year of 2017):

☐ I certify that as a representative of this water system that this system did not provide water to another system by any means in the previous calendar year.

Certified by:

Name: _____

Title: _____

Employer: _____

Phone number (include area code): _____

Signature: _____

Date: _____

If submitting by certified mail:	If submitting by regular mail:
TCEQ DWSF Section - MC 155, Attn CCR 12100 Park 35 Circle Austin, Texas 78753	TCEQ DWSF Section - MC 155, Attn CCR PO BOX 13087 Austin, TX 78711-3087