TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

For any questions about this form, please contact the Domestic Wastewater Permitting Team at 512-239-4671.

The following information is required for all renewal, new, and amendment applications.

Section 1. Permitted or Proposed Flows (Instructions Page 43)

1. **Existing/Interim I Phase**

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

1. **Interim II Phase**

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

1. **Final Phase**

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

1. **Current Operating Phase**

Provide the startup date of the facility: Click to enter text.

Section 2. Treatment Process (Instructions Page 43)

1. **Current Operating Phase**

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant’s head works and finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of** each phase **must be provided**.

|  |
| --- |
| Click to enter text. |

1. **Treatment Units**

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) **of each treatment unit, accounting for** all **phases of operation.**

Table 1.0(1) - Treatment Units

| **Treatment Unit Type** | **Number of Units** | **Dimensions (L x W x D)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Process Flow Diagram**

Provide flow diagrams for the existing facilities and **each** proposed phase of construction.

**Attachment**: Click to enter text.

Section 3. Site Information and Drawing (Instructions Page 44)

Provide the TPDES discharge outfall latitude and longitude. Enter N/A if not applicable.

* Latitude: Click to enter text.
* Longitude: Click to enter text.

Provide the TLAP disposal site latitude and longitude. Enter N/A if not applicable.

* Latitude: Click to enter text.
* Longitude: Click to enter text.

Provide a site drawing for the facility that shows the following:

* The boundaries of the treatment facility;
* The boundaries of the area served by the treatment facility;
* If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and
* If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

**Attachment**: Click to enter text.

Provide the name **and** a description of the area served by the treatment facility.

|  |
| --- |
| Click to enter text. |

Collection System Information **for wastewater TPDES permits only**: Provide information for each **uniquely owned** collection system, existing and new, served by this facility, including satellite collection systems. **Please see the instructions for a detailed explanation and examples.**

Collection System Information

| **Collection System Name** | **Owner Name** | **Owner Type** | **Population Served** |
| --- | --- | --- | --- |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |

Section 4. Unbuilt Phases (Instructions Page 45)

Is the application for a renewal of a permit that contains an unbuilt phase or phases?

  Yes    No

**If yes**, does the existing permit contain a phase that has not been constructed **within five years** of being authorized by the TCEQ?

  Yes    No

**If yes**, provide a detailed discussion regarding the continued need for the unbuilt phase. **Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases**.

|  |
| --- |
| Click to enter text. |

Section 5. Closure Plans (Instructions Page 45)

Have any treatment units been taken out of service permanently, or will any units be taken out of service in the next five years?

  Yes    No

**If yes**, was a closure plan submitted to the TCEQ?

  Yes    No

**If yes**, provide a brief description of the closure and the date of plan approval.

|  |
| --- |
| Click to enter text. |

Section 6. Permit Specific Requirements (Instructions Page 45)

**For applicants with an existing permit, check the Other Requirements or Special Provisions of the permit.**

1. **Summary transmittal**

Have plans and specifications been approved for the existing facilities and each proposed phase?

  Yes    No

**If yes**, provide the date(s) of approval for each phase: Click to enter text.

Provide information, including dates, on any actions taken to meet a requirement or provisionpertaining to the submission of a summary transmittal letter. **Provide a copy of an approval letter from the TCEQ, if applicable**.

|  |
| --- |
| Click to enter text. |

1. **Buffer zones**

Have the buffer zone requirements been met?

  Yes    No

Provide information below, including dates, on any actions taken to meet the conditions of the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.

|  |
| --- |
| Click to enter text. |

1. **Other actions required by the current permit**

Does the Other Requirements or *Special Provisions* section in the existing permit require submission of any other information or other required actions? Examples include Notification of Completion, progress reports, soil monitoring data, etc.

  Yes    No

**If yes**, provide information below on the status of any actions taken to meet the conditions of an Other Requirement or *Special Provision*.

|  |
| --- |
| Click to enter text. |

1. **Grit and grease treatment**
2. Acceptance of grit and grease waste

Does the facility have a grit and/or grease processing facility onsite that treats and decants or accepts transported loads of grit and grease waste that are discharged directly to the wastewater treatment plant prior to any treatment?

  Yes    No

**If No**, stop here and continue with Subsection E. Stormwater Management.

1. Grit and grease processing

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

|  |
| --- |
| Click to enter text. |

1. Grit disposal

Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?

  Yes    No

**If No**, contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

|  |
| --- |
| Click to enter text. |

1. Grease and decanted liquid disposal

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.

Describe how the decant and grease are treated and disposed of after grit separation.

|  |
| --- |
| Click to enter text. |

1. **Stormwater management**
2. Applicability

Does the facility have a design flow of 1.0 MGD or greater in any phase?

  Yes    No

Does the facility have an approved pretreatment program, under 40 CFR Part 403?

  Yes    No

**If no to both of the above**, then skip to Subsection F, Other Wastes Received.

1. MSGP coverage

Is the stormwater runoff from the WWTP and dedicated lands for sewage disposal currently permitted under the TPDES Multi-Sector General Permit (MSGP), TXR050000?

  Yes    No

**If yes**, please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:

TXR05 Click to enter text. or TXRNE Click to enter text.

**If no**, do you intend to seek coverage under TXR050000?

  Yes    No

1. Conditional exclusion

Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?

  Yes    No

**If yes**, please explain below then proceed to Subsection F, Other Wastes Received:

|  |
| --- |
| Click to enter text. |

1. Existing coverage in individual permit

Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?

  Yes    No

**If yes**, provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.

|  |
| --- |
| Click to enter text. |

1. Zero stormwater discharge

Do you intend to have no discharge of stormwater via use of evaporation or other means?

  Yes    No

**If yes**, explain below then skip to Subsection F. Other Wastes Received.

|  |
| --- |
| Click to enter text. |

Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.

1. Request for coverage in individual permit

Are you requesting coverage of stormwater discharges associated with your treatment plant under this individual permit?

  Yes    No

**If yes**, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

|  |
| --- |
| Click to enter text. |

Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require additional information during the technical review of your application.

1. **Discharges to the Lake Houston Watershed**

Does the facility discharge in the Lake Houston watershed?

  Yes    No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. Click to enter text.

1. **Other wastes received including sludge from other WWTPs and septic waste**
2. Acceptance of sludge from other WWTPs

Does or will the facility accept sludge from other treatment plants at the facility site?

  Yes    No

**If yes, attach sewage sludge solids management plan. See Example 5 of instructions.**

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD5 concentration of the sludge, and the design BOD5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

|  |
| --- |
| Click to enter text. |

Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

1. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

  Yes    No

**If yes**, does the facility have a Type V processing unit?

  Yes    No

**If yes**, does the unit have a Municipal Solid Waste permit?

  Yes    No

**If yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD5 concentration of the septic waste, and the design BOD5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

|  |
| --- |
| Click to enter text. |

Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

1. Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)

Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?

  Yes    No

**If yes**, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

|  |
| --- |
| Click to enter text. |

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 50)

Is the facility in operation?

  Yes    No

**If no**, this section is not applicable. Proceed to Section 8.

**If yes**, provide effluent analysis data for the listed pollutants. ***Wastewater treatment facilities*** complete Table 1.0(2). **Water treatment facilities** discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

Note: The sample date must be within 1 year of application submission.

Table1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities

| **Pollutant** | **Average Conc.** | **Max Conc.** | **No. of Samples** | **Sample Type** | **Sample Date/Time** |
| CBOD5, mg/l |  |  |  |  |  |
| Total Suspended Solids, mg/l |  |  |  |  |  |
| Ammonia Nitrogen, mg/l |  |  |  |  |  |
| Nitrate Nitrogen, mg/l |  |  |  |  |  |
| Total Kjeldahl Nitrogen, mg/l |  |  |  |  |  |
| Sulfate, mg/l |  |  |  |  |  |
| Chloride, mg/l |  |  |  |  |  |
| Total Phosphorus, mg/l |  |  |  |  |  |
| pH, standard units |  |  |  |  |  |
| Dissolved Oxygen\*, mg/l |  |  |  |  |  |
| Chlorine Residual, mg/l |  |  |  |  |  |
| *E.coli* (CFU/100ml) freshwater |  |  |  |  |  |
| Entercocci (CFU/100ml) saltwater |  |  |  |  |  |
| Total Dissolved Solids, mg/l |  |  |  |  |  |
| Electrical Conductivity, µmohs/cm, † |  |  |  |  |  |
| Oil & Grease, mg/l |  |  |  |  |  |
| Alkalinity (CaCO3)\*, mg/l |  |  |  |  |  |

\*TPDES permits only

†TLAP permits only

Table1.0(3) – Pollutant Analysis for Water Treatment Facilities

| **Pollutant** | **Average Conc.** | **Max Conc.** | **No. of Samples** | **Sample Type** | **Sample Date/Time** |
| --- | --- | --- | --- | --- | --- |
| Total Suspended Solids, mg/l |  |  |  |  |  |
| Total Dissolved Solids, mg/l |  |  |  |  |  |
| pH, standard units |  |  |  |  |  |
| Fluoride, mg/l |  |  |  |  |  |
| Aluminum, mg/l |  |  |  |  |  |
| Alkalinity (CaCO3), mg/l |  |  |  |  |  |

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Click to enter text.

Facility Operator's License Classification and Level: Click to enter text.

Facility Operator's License Number: Click to enter text.

Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 51)

1. **WWTP’s Biosolids Management Facility Type**

Check all that apply. See instructions for guidance

  Design flow>= 1 MGD

  Serves >= 10,000 people

  Class I Sludge Management Facility (per 40 CFR § 503.9)

  Biosolids generator

  Biosolids end user – land application (onsite)

  Biosolids end user – surface disposal (onsite)

  Biosolids end user – incinerator (onsite)

1. **WWTP’s Biosolids Treatment Process**

Check all that apply. See instructions for guidance.

   Aerobic Digestion

   Air Drying (or sludge drying beds)

   Lower Temperature Composting

   Lime Stabilization

   Higher Temperature Composting

   Heat Drying

   Thermophilic Aerobic Digestion

   Beta Ray Irradiation

   Gamma Ray Irradiation

   Pasteurization

   Preliminary Operation (e.g. grinding, de-gritting, blending)

   Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)

   Sludge Lagoon

   Temporary Storage (< 2 years)

   Long Term Storage (>= 2 years)

   Methane or Biogas Recovery

   Other Treatment Process: Click to enter text.

1. **Biosolids Management**

Provide information on the intended biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

| **Management Practice** | **Handler or Preparer Type** | **Bulk or Bag Container** | **Amount (dry metric tons)** | **Pathogen Reduction Options** | **Vector Attraction Reduction Option** |
| --- | --- | --- | --- | --- | --- |
| Choose an item. | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |

**If “Other” is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP):** Click to enter text.

1. **Disposal site**

Disposal site name: Click to enter text.

TCEQ permit or registration number: Click to enter text.

County where disposal site is located: Click to enter text.

1. **Transportation method**

Method of transportation (truck, train, pipe, other): Click to enter text.

Name of the hauler: Click to enter text.

Hauler registration number: Click to enter text.

Sludge is transported as a:

Liquid     semi-liquid     semi-solid     solid

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 53)

1. **Beneficial use authorization**

Does the existing permit include authorization for land application of sewage sludge for beneficial use?

  Yes    No

**If yes**, are you requesting to continue this authorization to land apply sewage sludge for beneficial use?

  Yes    No

**If yes**, is the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)** attached to this permit application (see the instructions for details)?

  Yes    No

1. **Sludge processing authorization**

Does the existing permit include authorization for any of the following sludge processing, storage or disposal options?

Sludge Composting    Yes    No

Marketing and Distribution of sludge    Yes    No

Sludge Surface Disposal or Sludge Monofill    Yes    No

Temporary storage in sludge lagoons    Yes    No

**If yes** to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)** attached to this permit application?

  Yes    No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

  Yes    No

If yes, complete the remainder of this section. If no, proceed to Section 12.

1. **Location information**

The following maps are required to be submitted as part of the application. For each map, provide the Attachment Number.

* Original General Highway (County) Map:

**Attachment**: Click to enter text.

* USDA Natural Resources Conservation Service Soil Map:

**Attachment**: Click to enter text.

* Federal Emergency Management Map:

**Attachment**: Click to enter text.

* Site map:

**Attachment**: Click to enter text.

Discuss in a description if any of the following exist within the lagoon area. Check all that apply.

  Overlap a designated 100-year frequency flood plain

  Soils with flooding classification

  Overlap an unstable area

  Wetlands

  Located less than 60 meters from a fault

  None of the above

**Attachment**: Click to enter text.

If a portion of the lagoon(s) is located within the 100-year frequency flood plain, provide the protective measures to be utilized including type and size of protective structures:

|  |
| --- |
| Click to enter text. |

1. **Temporary storage information**

Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in Section 7 of Technical Report 1.0.

Nitrate Nitrogen, mg/kg: Click to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click to enter text.

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: Click to enter text.

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

Volume and frequency of sludge to the lagoon(s): Click to enter text.

Total dry tons stored in the lagoons(s) per 365-day period: Click to enter text.

Total dry tons stored in the lagoons(s) over the life of the unit: Click to enter text.

1. **Liner information**

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of 1x10-7 cm/sec?

  Yes    No

**If yes**, describe the liner below. Please note that a liner is required.

|  |
| --- |
| Click to enter text. |

1. **Site development plan**

Provide a detailed description of the methods used to deposit sludge in the lagoon(s):

|  |
| --- |
| Click to enter text. |

Attach the following documents to the application.

* Plan view and cross-section of the sludge lagoon(s)

**Attachment**: Click to enter text.

* Copy of the closure plan

**Attachment**: Click to enter text.

* Copy of deed recordation for the site

**Attachment**: Click to enter text.

* Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

**Attachment**: Click to enter text.

* Description of the method of controlling infiltration of groundwater and surface water from entering the site

**Attachment**: Click to enter text.

* Procedures to prevent the occurrence of nuisance conditions

**Attachment**: Click to enter text.

1. **Groundwater monitoring**

Is groundwater monitoring currently conducted at this site, or are any wells available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)?

  Yes    No

If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.

**Attachment:** Click to enter text.

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 55)

1. **Additional authorizations**

Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?

  Yes    No

**If yes**, provide the TCEQ authorization number and description of the authorization:

|  |
| --- |
| Click to enter text. |

1. **Permittee enforcement status**

Is the permittee currently under enforcement for this facility?

  Yes    No

Is the permittee required to meet an implementation schedule for compliance or enforcement?

  Yes    No

**If yes** to either question, provide a brief summary of the enforcement, the implementation schedule, and the current status:

|  |
| --- |
| Click to enter text. |

Section 13. RCRA/CERCLA Wastes (Instructions Page 55)

1. **RCRA hazardous wastes**

Has the facility received in the past three years, does it currently receive, or will it receive RCRA hazardous waste?

  Yes    No

1. **Remediation activity wastewater**

Has the facility received in the past three years, does it currently receive, or will it receive CERCLA wastewater, RCRA remediation/corrective action wastewater or other remediation activity wastewater?

  Yes    No

1. **Details about wastes received**

**If yes** to either Subsection A or B above, provide detailed information concerning these wastes with the application.

**Attachment:** Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

All laboratory tests performed must meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

* The laboratory is an in-house laboratory and is:
  + periodically inspected by the TCEQ; or
  + located in another state and is accredited or inspected by that state; or
  + performing work for another company with a unit located in the same site; or
  + performing pro bono work for a governmental agency or charitable organization.
* The laboratory is accredited under federal law.
* The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
* The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review 30 TAC Chapter 25 for specific requirements.

The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.

Printed Name: Click to enter text.

Title: Click to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

The following information is required for new and amendment major applications.

Section 1. Justification for Permit (Instructions Page 57)

1. **Justification of permit need**

Provide a detailed discussion regarding the need for any phase(s) not currently permitted. Failure to provide sufficient justification may result in the Executive Director recommending denial of the proposed phase(s) or permit.

|  |
| --- |
| Click to enter text. |

1. **Regionalization of facilities**

For additional guidance, please review [TCEQ’s Regionalization Policy for Wastewater Treatment](https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater)[[1]](#footnote-1).

Provide the following information concerning the potential for regionalization of domestic wastewater treatment facilities:

1. Municipally incorporated areas

If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.

Is any portion of the proposed service area located in an incorporated city?

  Yes    No    Not Applicable

**If yes**, within the city limits of: Click to enter text.

**If yes**, attach correspondence from the city.

**Attachment:** Click to enter text.

If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.

**Attachment:** Click to enter text.

1. Utility CCN areas

Is any portion of the proposed service area located inside another utility’s CCN area?

  Yes    No

**If yes**, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.

**Attachment**: Click to enter text.

1. Nearby WWTPs or collection systems

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

  Yes    No

**If yes**, attach a list of these facilities and collection systems that includes each permittee’s name and permit number, and an area map showing the location of these facilities and collection systems.

**Attachment**: Click to enter text.

**If yes**, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

**Attachment**: Click to enter text.

If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.

**Attachment:** Click to enter text.

Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

  Yes    No

**If no**, proceed to Item B, Proposed Organic Loading.

**If yes**, provide organic loading information in Item A, Current Organic Loading

1. **Current organic loading**

Facility Design Flow (flow being requested in application): Click to enter text.

Average Influent Organic Strength or BOD5 Concentration in mg/l: Click to enter text.

Average Influent Loading (lbs/day = total average flow X average BOD5 conc. X 8.34): Click to enter text.

Provide the source of the average organic strength or BOD5 concentration.

|  |
| --- |
| Click to enter text. |

1. **Proposed organic loading**

This table must be completed if this application is for a facility that is not in operation or if this application is to request an increased flow that will impact organic loading.

Table 1.1(1) – Design Organic Loading

| **Source** | **Total Average Flow (MGD)** | **Influent BOD5 Concentration (mg/l)** |
| --- | --- | --- |
| Municipality |  |  |
| Subdivision |  |  |
| Trailer park – transient |  |  |
| Mobile home park |  |  |
| School with cafeteria and showers |  |  |
| School with cafeteria, no showers |  |  |
| Recreational park, overnight use |  |  |
| Recreational park, day use |  |  |
| Office building or factory |  |  |
| Motel |  |  |
| Restaurant |  |  |
| Hospital |  |  |
| Nursing home |  |  |
| Other |  |  |
| TOTAL FLOW from all sources |  |  |
| AVERAGE BOD5 from all sources |  |  |

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 59)

1. **Existing/Interim I Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: Click to enter text.

Total Suspended Solids, mg/l: Click to enter text.

Ammonia Nitrogen, mg/l: Click to enter text.

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: Click to enter text.

Other: Click to enter text.

1. **Interim II Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: Click to enter text.

Total Suspended Solids, mg/l: Click to enter text.

Ammonia Nitrogen, mg/l: Click to enter text.

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: Click to enter text.

Other: Click to enter text.

1. **Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: Click to enter text.

Total Suspended Solids, mg/l: Click to enter text.

Ammonia Nitrogen, mg/l: Click to enter text.

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: Click to enter text.

Other: Click to enter text.

1. **Disinfection Method**

Identify the proposed method of disinfection.

  Chlorine: Click to enter text. mg/l after Click to enter text. minutes detention time at peak flow

Dechlorination process: Click to enter text.

  Ultraviolet Light: Click to enter text. seconds contact time at peak flow

  Other: Click to enter text.

Section 4. Design Calculations (Instructions Page 59)

Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.

**Attachment**: Click to enter text.

Section 5. Facility Site (Instructions Page 60)

1. **100-year floodplain**

Will the proposed facilities be located above the 100-year frequency flood level?

  Yes    No

**If no**, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.

|  |
| --- |
| Click to enter text. |

Provide the source(s) used to determine 100-year frequency flood plain.

|  |
| --- |
| Click to enter text. |

For a new or expansion of a facility, will a wetland or part of a wetland be filled?

  Yes    No

**If yes**, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?

  Yes    No

**If yes**, provide the permit number: Click to enter text.

**If no,** provide the approximate date you anticipate submitting your application to the Corps: Click to enter text.

1. **Wind rose**

Attach a wind rose: Click to enter text.

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

1. **Beneficial use authorization**

Are you requesting to include authorization to land apply sewage sludge for beneficial use on property located adjacent to the wastewater treatment facility under the wastewater permit?

  Yes    No

**If yes**, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**: Click to enter text.

1. **Sludge processing authorization**

Identify the sludge processing, storage or disposal options that will be conducted at the wastewater treatment facility:

  Sludge Composting

  Marketing and Distribution of sludge

  Sludge Surface Disposal or Sludge Monofill

**If any of the above**, sludge options are selected, attach the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)**: Click to enter text.

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 61)

Attach a solids management plan to the application.

**Attachment:** Click to enter text.

The sewage sludge solids management plan must contain the following information:

* Treatment units and processes dimensions and capacities
* Solids generated at 100, 75, 50, and 25 percent of design flow
* Mixed liquor suspended solids operating range at design and projected actual flow
* Quantity of solids to be removed and a schedule for solids removal
* Identification and ownership of the ultimate sludge disposal site
* For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 64)

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

  Yes    No

If **no**, proceed it Section 2. **If yes**, provide the following:

Owner of the drinking water supply: Click to enter text.

Distance and direction to the intake: Click to enter text.

Attach a USGS map that identifies the location of the intake.

**Attachment**: Click to enter text.

Section 2. Discharge into Tidally Affected Waters (Instructions Page 64)

Does the facility discharge into tidally affected waters?

  Yes    No

If **no**, proceed to Section 3. **If yes**, complete the remainder of this section. If no, proceed to Section 3.

1. **Receiving water outfall**

Width of the receiving water at the outfall, in feet: Click to enter text.

1. **Oyster waters**

Are there oyster waters in the vicinity of the discharge?

  Yes    No

**If yes**, provide the distance and direction from outfall(s).

|  |
| --- |
| Click to enter text. |

1. **Sea grasses**

Are there any sea grasses within the vicinity of the point of discharge?

  Yes    No

**If yes**, provide the distance and direction from the outfall(s).

|  |
| --- |
| Click to enter text. |

Section 3. Classified Segments (Instructions Page 64)

Is the discharge directly into (or within 300 feet of) a classified segment?

  Yes    No

**If yes**, this Worksheet is complete.

**If no**, complete Sections 4 and 5 of this Worksheet.

Section 4. Description of Immediate Receiving Waters (Instructions Page 65)

Name of the immediate receiving waters: Click to enter text.

1. **Receiving water type**

Identify the appropriate description of the receiving waters.

  Stream

   Freshwater Swamp or Marsh

  Lake or Pond

Surface area, in acres: Click to enter text.

Average depth of the entire water body, in feet: Click to enter text.

Average depth of water body within a 500-foot radius of discharge point, in feet: Click to enter text.

   Man-made Channel or Ditch

  Open Bay

  Tidal Stream, Bayou, or Marsh

  Other, specify: Click to enter text.

1. **Flow characteristics**

If a stream, man-made channel or ditch was checked above, provide the following. For existing discharges, check one of the following that best characterizes the area upstream of the discharge. For new discharges, characterize the area downstream of the discharge (check one).

  Intermittent - dry for at least one week during most years

  Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

  Perennial - normally flowing

Check the method used to characterize the area upstream (or downstream for new dischargers).

  USGS flow records

  Historical observation by adjacent landowners

  Personal observation

  Other, specify: Click to enter text.

1. **Downstream perennial confluences**

List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point.

|  |
| --- |
| Click to enter text. |

1. **Downstream characteristics**

Do the receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)?

  Yes    No

**If yes**, discuss how.

|  |
| --- |
| Click to enter text. |

1. **Normal dry weather characteristics**

Provide general observations of the water body during normal dry weather conditions.

|  |
| --- |
| Click to enter text. |

Date and time of observation: Click to enter text.

Was the water body influenced by stormwater runoff during observations?

  Yes    No

Section 5. General Characteristics of the Waterbody (Instructions Page 66)

1. **Upstream influences**

Is the immediate receiving water upstream of the discharge or proposed discharge site influenced by any of the following? Check all that apply.

  Oil field activities    Urban runoff

  Upstream discharges    Agricultural runoff

  Septic tanks    Other(s), specify: Click to enter text.

1. **Waterbody uses**

Observed or evidences of the following uses. Check all that apply.

  Livestock watering    Contact recreation

  Irrigation withdrawal    Non-contact recreation

  Fishing    Navigation

  Domestic water supply    Industrial water supply

  Park activities    Other(s), specify: Click to enter text.

1. **Waterbody aesthetics**

Check one of the following that best describes the aesthetics of the receiving water and the surrounding area.

  Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional

  Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored

  Common Setting: not offensive; developed but uncluttered; water may be colored or turbid

  Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

**Required for new applications, major facilities, and applications adding an outfall.**

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

Section 1. General Information (Instructions Page 66)

Date of study: Click to enter text. Time of study: Click to enter text.

Stream name: Click to enter text.

Location: Click to enter text.

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

  Perennial    Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: Click to enter text.

Number of stream bends that are moderately defined: Click to enter text.

Number of stream bends that are poorly defined: Click to enter text.

Number of riffles: Click to enter text.

Evidence of flow fluctuations (check one):

  Minor    moderate    severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

|  |
| --- |
| Click to enter text. |

**Stream transects**

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

Table 2.1(1) - Stream Transect Records

| **Stream type at transect**  Select riffle, run, glide, or pool. See Instructions, Definitions section. | **Transect location** | **Water surface width (ft)** | **Stream depths (ft)**  at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas. |
| --- | --- | --- | --- |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

Section 3. Summarize Measurements (Instructions Page 66)

Streambed slope of entire reach, from USGS map in feet/feet: Click to enter text.

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): Click to enter text.

Length of stream evaluated, in feet: Click to enter text.

Number of lateral transects made: Click to enter text.

Average stream width, in feet: Click to enter text.

Average stream depth, in feet: Click to enter text.

Average stream velocity, in feet/second: Click to enter text.

Instantaneous stream flow, in cubic feet/second: Click to enter text.

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): Click to enter text.

Size of pools (large, small, moderate, none): Click to enter text.

Maximum pool depth, in feet: Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

**The following is required for renewal, new, and amendment permit applications.**

Section 1. Type of Disposal System (Instructions Page 68)

Identify the method of land disposal:

  Surface application    Subsurface application

  Irrigation    Subsurface soils absorption

  Drip irrigation system    Subsurface area drip dispersal system

  Evaporation    Evapotranspiration beds

  Other (describe in detail): Click to enter text.

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

**For existing authorizations, provide Registration Number:** Click to enter text.

Section 2. Land Application Site(s) (Instructions Page 68)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

Table 3.0(1) – Land Application Site Crops

| **Crop Type & Land Use** | **Irrigation Area (acres)** | **Effluent Application (GPD)** | **Public Access? Y/N** |
| --- | --- | --- | --- |
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Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 68)

Table 3.0(2) – Storage and Evaporation Ponds

| **Pond Number** | **Surface Area (acres)** | **Storage Volume (acre-feet)** | **Dimensions** | **Liner Type** |
| --- | --- | --- | --- | --- |
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Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

**Attachment**: Click to enter text.

Section 4. Flood and Runoff Protection (Instructions Page 68)

Is the land application site within the 100-year frequency flood level?

  Yes    No

**If yes**, describe how the site will be protected from inundation.

|  |
| --- |
| Click to enter text. |

Provide the source used to determine the 100-year frequency flood level:

|  |
| --- |
| Click to enter text. |

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

|  |
| --- |
| Click to enter text. |

Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment**: Click to enter text.

* Soils map with crops
* Cool and warm season plant species
* Crop yield goals
* Crop growing season
* Crop nutrient requirements
* Additional fertilizer requirements
* Minimum/maximum harvest height (for grass crops)
* Supplemental watering requirements
* Crop salt tolerances
* Harvesting method/number of harvests
* Justification for not removing existing vegetation to be irrigated

Section 6. Well and Map Information (Instructions Page 69)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment**: Click to enter text.

* The boundaries of the land application site(s)
* Waste disposal or treatment facility site(s)
* On-site buildings
* Buffer zones
* Effluent storage and tailwater control facilities
* All water wells within 1-mile radius of the disposal site or property boundaries
* All springs and seeps onsite and within 500 feet of the property boundaries
* All surface waters in the state onsite and within 500 feet of the property boundaries
* All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

Table 3.0(3) – Water Well Data

| **Well ID** | **Well Use** | **Producing?Y/N** | **Open, cased, capped, or plugged?** | **Proposed Best Management Practice** |
| --- | --- | --- | --- | --- |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

**Attachment**: Click to enter text.

Section 7. Groundwater Quality (Instructions Page 69)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

**Attachment**: Click to enter text.

Are groundwater monitoring wells available onsite?    Yes    No

Do you plan to install ground water monitoring wells or lysimeters around the land application site?    Yes    No

**If yes**, provide the proposed location of the monitoring wells or lysimeters on a site map.

**Attachment**: Click to enter text.

Section 8. Soil Map and Soil Analyses (Instructions Page 70)

1. **Soil map**

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

**Attachment**: Click to enter text.

1. **Soil analyses**

Attach the laboratory results sheets from the soil analyses. **Note**: for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

**Attachment**: Click to enter text.

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

Table 3.0(4) – Soil Data

| **Soil Series** | **Depth from Surface** | **Permeability** | **Available Water Capacity** | **Curve Number** |
| --- | --- | --- | --- | --- |
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Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

  Yes    No

**If no**, this section is not applicable and the worksheet is complete.

**If yes**, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

Table 3.0(5) – Effluent Monitoring Data

| **Date** | **30 Day Avg Flow MGD** | **BOD5 mg/l** | **TSS mg/l** | **pH** | **Chlorine Residual mg/l** | **Acres irrigated** |
| --- | --- | --- | --- | --- | --- | --- |
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Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

| Click to enter text. |
| --- |

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

**The following is required for new and major amendment permit applications.** **Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.**

Section 1. Surface Disposal (Instructions Page 72)

Complete the item that applies for the method of disposal being used.

1. **Irrigation**

Area under irrigation, in acres: Click to enter text.

Design application frequency:

hours/day Click to enter text. **And** days/week Click to enter text.

Land grade (slope):

average percent (%): Click to enter text.

maximum percent (%): Click to enter text.

Design application rate in acre-feet/acre/year: Click to enter text.

Design total nitrogen loading rate, in lbs N/acre/year: Click to enter text.

Soil conductivity (mmhos/cm): Click to enter text.

Method of application: Click to enter text.

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

**Attachment:** Click to enter text.

1. **Evaporation ponds**

Daily average effluent flow into ponds, in gallons per day: Click to enter text.

Attach a separate engineering report with the water balance and storage volume calculations.

**Attachment:** Click to enter text.

1. **Evapotranspiration beds**

Number of beds: Click to enter text.

Area of bed(s), in acres: Click to enter text.

Depth of bed(s), in feet: Click to enter text.

Void ratio of soil in the beds: Click to enter text.

Storage volume within the beds, in acre-feet: Click to enter text.

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

**Attachment:** Click to enter text.

1. **Overland flow**

Area used for application, in acres: Click to enter text.

Slopes for application area, percent (%): Click to enter text.

Design application rate, in gpm/foot of slope width: Click to enter text.

Slope length, in feet: Click to enter text.

Design BOD5 loading rate, in lbs BOD5/acre/day: Click to enter text.

Design application frequency:

hours/day: Click to enter text. **And** days/week: Click to enter text.

Attach a separate engineering report with the method of application and design requirements according to 30 TAC Chapter 217.

**Attachment:** Click to enter text.

Section 2. Edwards Aquifer (Instructions Page 73)

Is the facility subject to 30 TAC Chapter 213, Edwards Aquifer Rules?

  Yes    No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

  Yes    No

**If yes**, attach a geological report addressing potential recharge features.

**Attachment:** Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** permit applications**.** **Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.**

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **does not meet** the definition of a subsurface area drip dispersal system as defined in 30 TAC Chapter 222, Subsurface Area Drip Dispersal System.

Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

  Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)

  Low Pressure Dosing

  Other, specify: Click to enter text.

Application area, in acres: Click to enter text.

Area of drainfield, in square feet: Click to enter text.

Application rate, in gal/square foot/day: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

Area of trench, in square feet: Click to enter text.

Dosing duration per area, in hours: Click to enter text.

Number of beds: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

Infiltration rate, in inches/hour: Click to enter text.

Storage volume, in gallons: Click to enter text.

Area of bed(s), in square feet: Click to enter text.

Soil Classification: Click to enter text.

Attach a separate engineering report with the information required in 30 TAC § 309.20, excluding the requirements of § 309.20 b(3)(A) and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

**Attachment:** Click to enter text.

Section 2. Edwards Aquifer (Instructions Page 74)

Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

  Yes    No

Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?

  Yes    No

**If yes to either question**, the subsurface system may be prohibited by 30 TAC §213.8. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** subsurface area drip dispersal system permit applications**.** **Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.**

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **meets** the definition of a subsurface area drip dispersal system as defined in 30 TAC Chapter 222, Subsurface Area Drip Dispersal System.

Section 1. Administrative Information (Instructions Page 75)

1. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:
2. Click to enter text. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

  Yes    No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

Click to enter text.

1. Owner of the subsurface area drip dispersal system: Click to enter text.
2. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

  Yes    No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

Click to enter text.

1. Owner of the land where the subsurface area drip dispersal system is located: Click to enter text.
2. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

  Yes    No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

Click to enter text.

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 75)

1. **Type of system**

  Subsurface Drip Irrigation

  Surface Drip Irrigation

  Other, specify: Click to enter text.

1. **Irrigation operations**

Application area, in acres: Click to enter text.

Infiltration Rate, in inches/hour: Click to enter text.

Average slope of the application area, percent (%): Click to enter text.

Maximum slope of the application area, percent (%): Click to enter text.

Storage volume, in gallons: Click to enter text.

Major soil series: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

1. **Application rate**

Is the facility located **west** of the boundary shown in 30 TAC § 222.83 **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

  Yes    No

**If yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in 30 TAC § 222.83 **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

  Yes    No

If **yes**, the facility must use the formula in 30 TAC §222.83 to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

  Yes    No

Hydraulic application rate, in gal/square foot/day: Click to enter text.

Nitrogen application rate, in lbs/gal/day: Click to enter text.

1. **Dosing information**

Number of doses per day: Click to enter text.

Dosing duration per area, in hours: Click to enter text.

Rest period between doses, in hours: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

Number of zones: Click to enter text.

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

  Yes    No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

**Attachment:** Click to enter text.

Section 3. Required Plans (Instructions Page 75)

1. **Recharge feature plan**

Attach a Recharge Feature Plan with all information required in 30 TAC §222.79.

**Attachment:** Click to enter text.

1. **Soil evaluation**

Attach a Soil Evaluation with all information required in 30 TAC §222.73.

**Attachment:** Click to enter text.

1. **Site preparation plan**

Attach a Site Preparation Plan with all information required in 30 TAC §222.75.

**Attachment:** Click to enter text.

1. **Soil sampling/testing**

Attach soil sampling and testing that includes all information required in 30 TAC §222.157.

**Attachment:** Click to enter text.

Section 4. Floodway Designation (Instructions Page 76)

1. **Site location**

Is the existing/proposed land application site within a designated floodway?

  Yes    No

1. **Flood map**

Attach either the FEMA flood map or alternate information used to determine the floodway.

**Attachment:** Click to enter text.

Section 5. Surface Waters in the State (Instructions Page 76)

1. **Buffer Map**

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

**Attachment:** Click to enter text.

1. **Buffer variance request**

Do you plan to request a buffer variance from water wells or waters in the state?

  Yes    No

**If yes**, then attach the additional information required in 30 TAC § 222.81(c).

**Attachment:** Click to enter text.

Section 6. Edwards Aquifer (Instructions Page 76)

1. Is the SADDS located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

  Yes    No

1. Is the SADDS located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

  Yes    No

**If yes to either question**, then the SADDS may be prohibited by 30 TAC §213.8. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

The following **is required** for facilities with a permitted or proposed flow of **1.0 MGD or greater**, facilities with an approved **pretreatment** program, or facilities classified as a **major** facility. See instructions for further details.

This worksheet is not required **minor amendments without renewal.**

Section 1. Toxic Pollutants (Instructions Page 78)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab     Composite

Date and time sample(s) collected: Click to enter text.

*Table 4.0(1) – Toxics Analysis*

| **Pollutant** | **AVG Effluent Conc. (μg/l)** | **MAX Effluent Conc. (μg/l)** | **Number of Samples** | **MAL (μg/l)** |
| --- | --- | --- | --- | --- |
| Acrylonitrile |  |  |  | 50 |
| Aldrin |  |  |  | 0.01 |
| Aluminum |  |  |  | 2.5 |
| Anthracene |  |  |  | 10 |
| Antimony |  |  |  | 5 |
| Arsenic |  |  |  | 0.5 |
| Barium |  |  |  | 3 |
| Benzene |  |  |  | 10 |
| Benzidine |  |  |  | 50 |
| Benzo(a)anthracene |  |  |  | 5 |
| Benzo(a)pyrene |  |  |  | 5 |
| Bis(2-chloroethyl)ether |  |  |  | 10 |
| Bis(2-ethylhexyl)phthalate |  |  |  | 10 |
| Bromodichloromethane |  |  |  | 10 |
| Bromoform |  |  |  | 10 |
| Cadmium |  |  |  | 1 |
| Carbon Tetrachloride |  |  |  | 2 |
| Carbaryl |  |  |  | 5 |
| Chlordane\* |  |  |  | 0.2 |
| Chlorobenzene |  |  |  | 10 |
| Chlorodibromomethane |  |  |  | 10 |
| Chloroform |  |  |  | 10 |
| Chlorpyrifos |  |  |  | 0.05 |
| Chromium (Total) |  |  |  | 3 |
| Chromium (Tri) (\*1) |  |  |  | N/A |
| Chromium (Hex) |  |  |  | 3 |
| Copper |  |  |  | 2 |
| Chrysene |  |  |  | 5 |
| p-Chloro-m-Cresol |  |  |  | 10 |
| 4,6-Dinitro-o-Cresol |  |  |  | 50 |
| p-Cresol |  |  |  | 10 |
| Cyanide (\*2) |  |  |  | 10 |
| 4,4'- DDD |  |  |  | 0.1 |
| 4,4'- DDE |  |  |  | 0.1 |
| 4,4'- DDT |  |  |  | 0.02 |
| 2,4-D |  |  |  | 0.7 |
| Demeton (O and S) |  |  |  | 0.20 |
| Diazinon |  |  |  | 0.5/0.1 |
| 1,2-Dibromoethane |  |  |  | 10 |
| m-Dichlorobenzene |  |  |  | 10 |
| o-Dichlorobenzene |  |  |  | 10 |
| p-Dichlorobenzene |  |  |  | 10 |
| 3,3'-Dichlorobenzidine |  |  |  | 5 |
| 1,2-Dichloroethane |  |  |  | 10 |
| 1,1-Dichloroethylene |  |  |  | 10 |
| Dichloromethane |  |  |  | 20 |
| 1,2-Dichloropropane |  |  |  | 10 |
| 1,3-Dichloropropene |  |  |  | 10 |
| Dicofol |  |  |  | 1 |
| Dieldrin |  |  |  | 0.02 |
| 2,4-Dimethylphenol |  |  |  | 10 |
| Di-n-Butyl Phthalate |  |  |  | 10 |
| Diuron |  |  |  | 0.09 |
| Endosulfan I (alpha) |  |  |  | 0.01 |
| Endosulfan II (beta) |  |  |  | 0.02 |
| Endosulfan Sulfate |  |  |  | 0.1 |
| Endrin |  |  |  | 0.02 |
| Ethylbenzene |  |  |  | 10 |
| Fluoride |  |  |  | 500 |
| Guthion |  |  |  | 0.1 |
| Heptachlor |  |  |  | 0.01 |
| Heptachlor Epoxide |  |  |  | 0.01 |
| Hexachlorobenzene |  |  |  | 5 |
| Hexachlorobutadiene |  |  |  | 10 |
| Hexachlorocyclohexane (alpha) |  |  |  | 0.05 |
| Hexachlorocyclohexane (beta) |  |  |  | 0.05 |
| gamma-Hexachlorocyclohexane  (Lindane) |  |  |  | 0.05 |
| Hexachlorocyclopentadiene |  |  |  | 10 |
| Hexachloroethane |  |  |  | 20 |
| Hexachlorophene |  |  |  | 10 |
| Lead |  |  |  | 0.5 |
| Malathion |  |  |  | 0.1 |
| Mercury |  |  |  | 0.005 |
| Methoxychlor |  |  |  | 2 |
| Methyl Ethyl Ketone |  |  |  | 50 |
| Mirex |  |  |  | 0.02 |
| Nickel |  |  |  | 2 |
| Nitrate-Nitrogen |  |  |  | 100 |
| Nitrobenzene |  |  |  | 10 |
| N-Nitrosodiethylamine |  |  |  | 20 |
| N-Nitroso-di-n-Butylamine |  |  |  | 20 |
| Nonylphenol |  |  |  | 333 |
| Parathion (ethyl) |  |  |  | 0.1 |
| Pentachlorobenzene |  |  |  | 20 |
| Pentachlorophenol |  |  |  | 5 |
| Phenanthrene |  |  |  | 10 |
| Polychlorinated Biphenyls (PCB's) (\*3) |  |  |  | 0.2 |
| Pyridine |  |  |  | 20 |
| Selenium |  |  |  | 5 |
| Silver |  |  |  | 0.5 |
| 1,2,4,5-Tetrachlorobenzene |  |  |  | 20 |
| 1,1,2,2-Tetrachloroethane |  |  |  | 10 |
| Tetrachloroethylene |  |  |  | 10 |
| Thallium |  |  |  | 0.5 |
| Toluene |  |  |  | 10 |
| Toxaphene |  |  |  | 0.3 |
| 2,4,5-TP (Silvex) |  |  |  | 0.3 |
| Tributyltin (see instructions for explanation) |  |  |  | 0.01 |
| 1,1,1-Trichloroethane |  |  |  | 10 |
| 1,1,2-Trichloroethane |  |  |  | 10 |
| Trichloroethylene |  |  |  | 10 |
| 2,4,5-Trichlorophenol |  |  |  | 50 |
| TTHM (Total Trihalomethanes) |  |  |  | 10 |
| Vinyl Chloride |  |  |  | 10 |
| Zinc |  |  |  | 5 |

**(\*1) Determined by subtracting hexavalent Cr from total Cr.**

**(\*2) Cyanide, amenable to chlorination or weak-acid dissociable.**

**(\*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.**

Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab     Composite

Date and time sample(s) collected: Click to enter text.

*Table 4.0(2)A – Metals, Cyanide, and Phenols*

| **Pollutant** | **AVG Effluent Conc. (µg/l)** | **MAX Effluent Conc. (µg/l)** | **Number of Samples** | **MAL (µg/l)** |
| --- | --- | --- | --- | --- |
| Antimony |  |  |  | 5 |
| Arsenic |  |  |  | 0.5 |
| Beryllium |  |  |  | 0.5 |
| Cadmium |  |  |  | 1 |
| Chromium (Total) |  |  |  | 3 |
| Chromium (Hex) |  |  |  | 3 |
| Chromium (Tri) **(\*1)** |  |  |  | N/A |
| Copper |  |  |  | 2 |
| Lead |  |  |  | 0.5 |
| Mercury |  |  |  | 0.005 |
| Nickel |  |  |  | 2 |
| Selenium |  |  |  | 5 |
| Silver |  |  |  | 0.5 |
| Thallium |  |  |  | 0.5 |
| Zinc |  |  |  | 5 |
| Cyanide **(\*2)** |  |  |  | 10 |
| Phenols, Total |  |  |  | 10 |

**(\*1) Determined by subtracting hexavalent Cr from total Cr.**

**(\*2) Cyanide, amenable to chlorination or weak-acid dissociable**

*Table 4.0(2)B – Volatile Compounds*

| **Pollutant** | **AVG Effluent Conc. (µg/l)** | **MAX Effluent Conc. (µg/l)** | **Number of Samples** | **MAL (µg/l)** |
| --- | --- | --- | --- | --- |
| Acrolein |  |  |  | 50 |
| Acrylonitrile |  |  |  | 50 |
| Benzene |  |  |  | 10 |
| Bromoform |  |  |  | 10 |
| Carbon Tetrachloride |  |  |  | 2 |
| Chlorobenzene |  |  |  | 10 |
| Chlorodibromomethane |  |  |  | 10 |
| Chloroethane |  |  |  | 50 |
| 2-Chloroethylvinyl Ether |  |  |  | 10 |
| Chloroform |  |  |  | 10 |
| Dichlorobromomethane [Bromodichloromethane] |  |  |  | 10 |
| 1,1-Dichloroethane |  |  |  | 10 |
| 1,2-Dichloroethane |  |  |  | 10 |
| 1,1-Dichloroethylene |  |  |  | 10 |
| 1,2-Dichloropropane |  |  |  | 10 |
| 1,3-Dichloropropylene  [1,3-Dichloropropene] |  |  |  | 10 |
| 1,2-Trans-Dichloroethylene |  |  |  | 10 |
| Ethylbenzene |  |  |  | 10 |
| Methyl Bromide |  |  |  | 50 |
| Methyl Chloride |  |  |  | 50 |
| Methylene Chloride |  |  |  | 20 |
| 1,1,2,2-Tetrachloroethane |  |  |  | 10 |
| Tetrachloroethylene |  |  |  | 10 |
| Toluene |  |  |  | 10 |
| 1,1,1-Trichloroethane |  |  |  | 10 |
| 1,1,2-Trichloroethane |  |  |  | 10 |
| Trichloroethylene |  |  |  | 10 |
| Vinyl Chloride |  |  |  | 10 |

*Table 4.0(2)C – Acid Compounds*

| **Pollutant** | **AVG Effluent Conc. (µg/l)** | **MAX Effluent Conc. (µg/l)** | **Number of Samples** | **MAL (µg/l)** |
| --- | --- | --- | --- | --- |
| 2-Chlorophenol |  |  |  | 10 |
| 2,4-Dichlorophenol |  |  |  | 10 |
| 2,4-Dimethylphenol |  |  |  | 10 |
| 4,6-Dinitro-o-Cresol |  |  |  | 50 |
| 2,4-Dinitrophenol |  |  |  | 50 |
| 2-Nitrophenol |  |  |  | 20 |
| 4-Nitrophenol |  |  |  | 50 |
| P-Chloro-m-Cresol |  |  |  | 10 |
| Pentalchlorophenol |  |  |  | 5 |
| Phenol |  |  |  | 10 |
| 2,4,6-Trichlorophenol |  |  |  | 10 |

*Table 4.0(2)D – Base/Neutral Compounds*

| **Pollutant** | **AVG Effluent Conc. (µg/l)** | **MAX Effluent Conc. (µg/l)** | **Number of Samples** | **MAL (µg/l)** |
| --- | --- | --- | --- | --- |
| Acenaphthene |  |  |  | 10 |
| Acenaphthylene |  |  |  | 10 |
| Anthracene |  |  |  | 10 |
| Benzidine |  |  |  | 50 |
| Benzo(a)Anthracene |  |  |  | 5 |
| Benzo(a)Pyrene |  |  |  | 5 |
| 3,4-Benzofluoranthene |  |  |  | 10 |
| Benzo(ghi)Perylene |  |  |  | 20 |
| Benzo(k)Fluoranthene |  |  |  | 5 |
| Bis(2-Chloroethoxy)Methane |  |  |  | 10 |
| Bis(2-Chloroethyl)Ether |  |  |  | 10 |
| Bis(2-Chloroisopropyl)Ether |  |  |  | 10 |
| Bis(2-Ethylhexyl)Phthalate |  |  |  | 10 |
| 4-Bromophenyl Phenyl Ether |  |  |  | 10 |
| Butyl benzyl Phthalate |  |  |  | 10 |
| 2-Chloronaphthalene |  |  |  | 10 |
| 4-Chlorophenyl phenyl ether |  |  |  | 10 |
| Chrysene |  |  |  | 5 |
| Dibenzo(a,h)Anthracene |  |  |  | 5 |
| 1,2-(o)Dichlorobenzene |  |  |  | 10 |
| 1,3-(m)Dichlorobenzene |  |  |  | 10 |
| 1,4-(p)Dichlorobenzene |  |  |  | 10 |
| 3,3-Dichlorobenzidine |  |  |  | 5 |
| Diethyl Phthalate |  |  |  | 10 |
| Dimethyl Phthalate |  |  |  | 10 |
| Di-n-Butyl Phthalate |  |  |  | 10 |
| 2,4-Dinitrotoluene |  |  |  | 10 |
| 2,6-Dinitrotoluene |  |  |  | 10 |
| Di-n-Octyl Phthalate |  |  |  | 10 |
| 1,2-Diphenylhydrazine (as Azo-benzene) |  |  |  | 20 |
| Fluoranthene |  |  |  | 10 |
| Fluorene |  |  |  | 10 |
| Hexachlorobenzene |  |  |  | 5 |
| Hexachlorobutadiene |  |  |  | 10 |
| Hexachlorocyclo-pentadiene |  |  |  | 10 |
| Hexachloroethane |  |  |  | 20 |
| Indeno(1,2,3-cd)pyrene |  |  |  | 5 |
| Isophorone |  |  |  | 10 |
| Naphthalene |  |  |  | 10 |
| Nitrobenzene |  |  |  | 10 |
| N-Nitrosodimethylamine |  |  |  | 50 |
| N-Nitrosodi-n-Propylamine |  |  |  | 20 |
| N-Nitrosodiphenylamine |  |  |  | 20 |
| Phenanthrene |  |  |  | 10 |
| Pyrene |  |  |  | 10 |
| 1,2,4-Trichlorobenzene |  |  |  | 10 |

*Table 4.0(2)E - Pesticides*

| **Pollutant** | **AVG Effluent Conc. (µg/l)** | **MAX Effluent Conc. (µg/l)** | **Number of Samples** | **MAL (µg/l)** |
| --- | --- | --- | --- | --- |
| Aldrin |  |  |  | 0.01 |
| alpha-BHC (Hexachlorocyclohexane) |  |  |  | 0.05 |
| beta-BHC (Hexachlorocyclohexane) |  |  |  | 0.05 |
| gamma-BHC (Hexachlorocyclohexane) |  |  |  | 0.05 |
| delta-BHC (Hexachlorocyclohexane) |  |  |  | 0.05 |
| Chlordane |  |  |  | 0.2 |
| 4,4-DDT |  |  |  | 0.02 |
| 4,4-DDE |  |  |  | 0.1 |
| 4,4,-DDD |  |  |  | 0.1 |
| Dieldrin |  |  |  | 0.02 |
| Endosulfan I (alpha) |  |  |  | 0.01 |
| Endosulfan II (beta) |  |  |  | 0.02 |
| Endosulfan Sulfate |  |  |  | 0.1 |
| Endrin |  |  |  | 0.02 |
| Endrin Aldehyde |  |  |  | 0.1 |
| Heptachlor |  |  |  | 0.01 |
| Heptachlor Epoxide |  |  |  | 0.01 |
| PCB-1242 |  |  |  | 0.2 |
| PCB-1254 |  |  |  | 0.2 |
| PCB-1221 |  |  |  | 0.2 |
| PCB-1232 |  |  |  | 0.2 |
| PCB-1248 |  |  |  | 0.2 |
| PCB-1260 |  |  |  | 0.2 |
| PCB-1016 |  |  |  | 0.2 |
| Toxaphene |  |  |  | 0.3 |

\* For PCBS, if all are non-detects, enter the highest non-detect preceded by a “<”.

Section 3. Dioxin/Furan Compounds

1. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

   2,4,5-trichlorophenoxy acetic acid

Common Name 2,4,5-T, CASRN 93-76-5

   2-(2,4,5-trichlorophenoxy) propanoic acid

Common Name Silvex or 2,4,5-TP, CASRN 93-72-1

   2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate

Common Name Erbon, CASRN 136-25-4

   0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate

Common Name Ronnel, CASRN 299-84-3

   2,4,5-trichlorophenol

Common Name TCP, CASRN 95-95-4

   hexachlorophene

Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

|  |
| --- |
| Click to enter text. |

1. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

  Yes    No

If **yes**, provide a brief description of the conditions for its presence.

|  |
| --- |
| Click to enter text. |

1. If any of the compounds in Subsection A **or** B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab     Composite

Date and time sample(s) collected: Click to enter text.

*Table 4.0(2)F – Dioxin/Furan Compounds*

| **Compound** | **Toxic Equivalency Factors** | **Wastewater Concentration (ppq)** | **Wastewater Equivalents (ppq)** | **Sludge Concentration (ppt)** | **Sludge Equivalents (ppt)** | **MAL (ppq)** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,3,7,8 TCDD | 1 |  |  |  |  | 10 |
| 1,2,3,7,8 PeCDD | 0.5 |  |  |  |  | 50 |
| 2,3,7,8 HxCDDs | 0.1 |  |  |  |  | 50 |
| 1,2,3,4,6,7,8 HpCDD | 0.01 |  |  |  |  | 50 |
| 2,3,7,8 TCDF | 0.1 |  |  |  |  | 10 |
| 1,2,3,7,8 PeCDF | 0.05 |  |  |  |  | 50 |
| 2,3,4,7,8 PeCDF | 0.5 |  |  |  |  | 50 |
| 2,3,7,8 HxCDFs | 0.1 |  |  |  |  | 50 |
| 2,3,4,7,8 HpCDFs | 0.01 |  |  |  |  | 50 |
| OCDD | 0.0003 |  |  |  |  | 100 |
| OCDF | 0.0003 |  |  |  |  | 100 |
| PCB 77 | 0.0001 |  |  |  |  | 0.5 |
| PCB 81 | 0.0003 |  |  |  |  | 0.5 |
| PCB 126 | 0.1 |  |  |  |  | 0.5 |
| PCB 169 | 0.03 |  |  |  |  | 0.5 |
| Total |  |  |  |  |  |  |

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of**1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See instructions for further details.

This worksheet is not required **minor amendments without renewal.**

Section 1. Required Tests (Instructions Page 88)

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application.

7-day Chronic: Click to enter text.

48-hour Acute: Click to enter text.

Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

  Yes    No

**If yes**, describe the progress to date, if applicable, in identifying and confirming the toxicant.

|  |
| --- |
| Click to enter text. |

Section 3. Summary of WET Tests

If the required biomonitoring test information has not been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), provide a summary of the testing results for all valid and invalid tests performed over the past four and one-half years. Make additional copies of this table as needed.

*Table 5.0(1) Summary of WET Tests*

| **Test Date** | **Test Species** | **NOEC Survival** | **NOEC Sub-lethal** |
| --- | --- | --- | --- |
|  |  |  |  |
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DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works**.

Section 1. All POTWs (Instructions Page 89)

1. **Industrial users (IUs)**

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each user. See the Instructions for definitions of Categorical IUs, Significant IUs – non-categorical, and Other IUs.

**If there are no users, enter 0 (zero).**

Categorical IUs:

Number of IUs: Click to enter text.

Average Daily Flows, in MGD: Click to enter text.

Significant IUs – non-categorical:

Number of IUs: Click to enter text.

Average Daily Flows, in MGD: Click to enter text.

Other IUs:

Number of IUs: Click to enter text.

Average Daily Flows, in MGD: Click to enter text.

1. **Treatment plant interference**

In the past three years, has your POTW experienced treatment plant interference (see instructions)?

  Yes    No

**If yes**, identify the dates, duration, description of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IUs that may have caused the interference.

|  |
| --- |
| Click to enter text. |

1. **Treatment plant pass through**

In the past three years, has your POTW experienced pass through (see instructions)?

  Yes    No

**If yes**, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

|  |
| --- |
| Click to enter text. |

1. **Pretreatment program**

Does your POTW have an approved pretreatment program?

  Yes    No

**If yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

  Yes    No

**If yes**, complete Section 2.c. and 2.d. only, and skip Section 3.

**If no to either question above**, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 90)

1. **Substantial modifications**

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to 40 CFR §403.18?

  Yes    No

**If yes**, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

|  |
| --- |
| Click to enter text. |

1. **Non-substantial modifications**

Have there been any **non-substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

  Yes    No

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

|  |
| --- |
| Click to enter text. |

1. **Effluent parameters above the MAL**

In Table 6.0(1), list all parameters measured above the MAL in the POTW’s effluent monitoring during the last three years. Submit an attachment if necessary.

Table 6.0(1) – Parameters Above the MAL

| **Pollutant** | **Concentration** | **MAL** | **Units** | **Date** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Industrial user interruptions**

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

  Yes    No

**If yes**, identify the industry, describe each episode, including dates, duration, description of the problems, and probable pollutants.

|  |
| --- |
| Click to enter text. |

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 90)

1. **General information**

Company Name: Click to enter text.

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Telephone number: Click to enter text.

Email address: Click to enter text.

1. **Process information**

Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

|  |
| --- |
| Click to enter text. |

1. **Product and service information**

Provide a description of the principal product(s) or services performed.

|  |
| --- |
| Click to enter text. |

1. **Flow rate information**

See the Instructions for definitions of “process” and “non-process wastewater.”

Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type:    Continuous    Batch    Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type:    Continuous    Batch    Intermittent

1. **Pretreatment standards**

Is the SIU or CIU subject to technically based local limits as defined in the instructions?

  Yes    No

Is the SIU or CIU subject to categorical pretreatment standards found in 40 CFR Parts 405-471?

  Yes    No

**If subject to categorical pretreatment standards**, indicate the applicable category and subcategory for each categorical process.

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

1. **Industrial user interruptions**

Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

  Yes    No

**If yes**, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

|  |
| --- |
| Click to enter text. |

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

For TCEQ Use Only

Reg. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received\_\_\_\_\_\_\_\_\_\_\_

Date Authorized\_\_\_\_\_\_\_\_\_\_

TCEQ

IUC Permits Team

Radioactive Materials Division

MC-233

PO Box 13087

Austin, Texas 78711-3087

512-239-6466

Section 1. General Information (Instructions Page 92)

1. **TCEQ Program Area**

Program Area (PST, VCP, IHW, etc.): Click to enter text.

Program ID: Click to enter text.

Contact Name: Click to enter text.

Phone Number: Click to enter text.

1. **Agent/Consultant Contact Information**

Contact Name: Click to enter text.

Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Phone Number: Click to enter text.

1. **Owner/Operator Contact Information**

  Owner    Operator

Owner/Operator Name: Click to enter text.

Contact Name: Click to enter text.

Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Phone Number: Click to enter text.

1. **Facility Contact Information**

Facility Name: Click to enter text.

Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Location description (if no address is available): Click to enter text.

Facility Contact Person: Click to enter text.

Phone Number: Click to enter text.

1. **Latitude and Longitude, in degrees-minutes-seconds**

Latitude: Click to enter text.

Longitude: Click to enter text.

Method of determination (GPS, TOPO, etc.): Click to enter text.

Attach topographic quadrangle map as attachment A.

1. **Well Information**

Type of Well Construction, select one:

  Vertical Injection

  Subsurface Fluid Distribution System

  Infiltration Gallery

  Temporary Injection Points

  Other, Specify: Click to enter text.

Number of Injection Wells: Click to enter text.

1. **Purpose**

Detailed Description regarding purpose of Injection System:

|  |
| --- |
| Click to enter text. |

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

1. **Water Well Driller/Installer**

Water Well Driller/Installer Name: Click to enter text.

City, State, and Zip Code: Click to enter text.

Phone Number: Click to enter text.

License Number: Click to enter text.

Section 2. Proposed Down Hole Design

**Attach a diagram signed and sealed by a licensed engineer as Attachment C.**

Table 7.0(1) – Down Hole Design Table

| **Name of String** | **Size** | **Setting Depth** | **Sacks Cement/Grout – Slurry Volume – Top of Cement** | **Hole Size** | **Weight**  **(lbs/ft) PVC/Steel** |
| --- | --- | --- | --- | --- | --- |
| Casing |  |  |  |  |  |
| Tubing |  |  |  |  |  |
| Screen |  |  |  |  |  |

Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

**Attach a diagram signed and sealed by a licensed engineer as Attachment D.**

System(s) Dimensions: Click to enter text.

System(s) Construction: Click to enter text.

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: Click to enter text.
2. Receiving Formation Name of Injection Zone: Click to enter text.
3. Well/Trench Total Depth: Click to enter text.
4. Surface Elevation: Click to enter text.
5. Depth to Ground Water: Click to enter text.
6. Injection Zone Depth: Click to enter text.
7. Injection Zone vertically isolated geologically?    Yes    No

Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: Click to enter text.

Thickness: Click to enter text.

1. Provide a list of contaminants and the levels (ppm) in contaminated aquifer

Attach as Attachment E.

1. Horizontal and Vertical extent of contamination and injection plume

Attach as Attachment F.

1. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.

Attach as Attachment G.

1. Injection Fluid Chemistry in PPM at point of injection

Attach as Attachment H.

1. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: Click to enter text.
2. Maximum injection Rate/Volume/Pressure: Click to enter text.
3. Water wells within 1/4 mile radius (attach map as Attachment I): Click to enter text.
4. Injection wells within 1/4 mile radius (attach map as Attachment J): Click to enter text.
5. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): Click to enter text.
6. Sampling frequency: Click to enter text.
7. Known hazardous components in injection fluid: Click to enter text.

Section 5. Site History

1. Type of Facility: Click to enter text.
2. Contamination Dates: Click to enter text.
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): Click to enter text.
4. Previous Remediation (attach results of any previous remediation as attachment M): Click to enter text.

**NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.**

***Class V Injection Well Designations***

5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)

5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)

5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)

5D02 Storm Water Drainage (IW designed for the disposal of rain water)

5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)

5F01 Agricultural Drainage (IW that receive agricultural runoff)

5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)

5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)

5W09 Untreated Sewage

5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)

5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)

5W12 WTTP disposal

5W20 Industrial Process Waste Disposal Wells

5W31 Septic System (Well Disposal method)

5W32 Septic System Drainfield Disposal

5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)

5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)

5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)

5X27 Other Wells

5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)

5X29 Abandoned Drinking Water Wells (waste disposal)

1. <https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater> [↑](#footnote-ref-1)