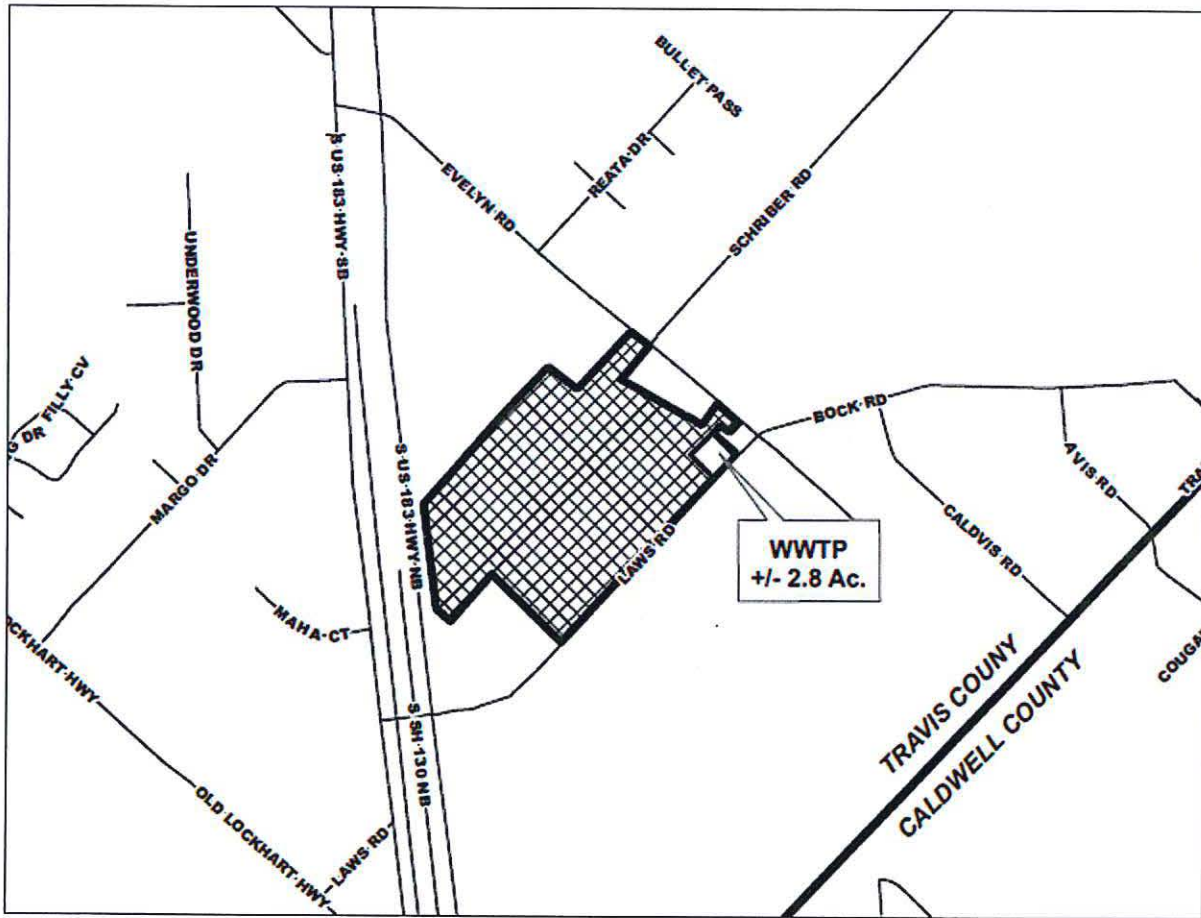


TPDES PERMIT APPLICATION



CONTINENTAL HOMES OF TEXAS, L.P. THE TRAILS AT MUSTANG RIDGE WWTP

TRAVIS COUNTY, TEXAS

NOVEMBER 2020

PREPARED BY



JONES | CARTER

Texas Board of Professional Engineers Registration No. F-439
6330 West Loop South, Suite 150 • Bellaire, TX 77401 • 713.777.5337

CHIEF CLERKS OFFICE

2022 APR 26 AM 9:53

TEXAS
COMMISSION
ON ENVIRONMENTAL
QUALITY



APPLICANT: Continental Homes of Texas, L.P.

Indicate if each of the following items is included in your application.

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



Section 1. Application Fees (Instructions Page 29)

Expiration Date: [REDACTED]

Section 3. Facility Owner (Applicant) and Co-Applclicant Information (Instructions Page 29)

A. The owner of the facility must apply for the permit.

What is the Legal Name of the entity (applicant) applying for this permit?

Continental Homes of Texas, L.P.

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)?
You may search for your CN on the TCEQ website at <http://www15.tceq.texas.gov/crpub/>

CN: 601213523

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in 30 TAC § 305.44.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Adib R. Khoury

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: President

B. Co-applclicant information. Complete this section only if another person or entity is required to apply as a co-permittee.

What is the Legal Name of the co-applclicant applying for this permit?

N/A

(The legal name must be spelled exactly as filed with the TX SOS, with the County, or in the legal documents forming the entity.)

If the co-applclicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:
<http://www15.tceq.texas.gov/crpub/>

CN: N/A

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in 30 TAC § 305.44.

Prefix (Mr., Ms., Miss): [REDACTED]

First and Last Name: [REDACTED]

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: [REDACTED]

Provide a brief description of the need for a co-permittee: [REDACTED]

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0.

Attachment: Attachment A

Section 4. Application Contact Information (Instructions Page 30)

This is the person(s) TCEQ will contact if additional information is needed about this application. Provide a contact for administrative questions and technical questions.

A. Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Jonathan Nguyen

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Permit Coordinator

Organization Name: JonesCarter

Mailing Address: 3100 Alvin Devane Blvd, Suite 150

City, State, Zip Code: Austin, TX 78741

Phone No.: 512-441-9493 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: jnguyen@jonescarter.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix (Mr., Ms., Miss): [REDACTED]

First and Last Name: [REDACTED]

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: [REDACTED]

Organization Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED] Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: [REDACTED]

Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

Provide two names of individuals that can be contacted throughout the permit term.

A. Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Adib R. Khoury

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: President

Organization Name: D.R. Horton

Mailing Address: 10700 Pecan Park Blvd, Suite 400

City, State, Zip Code: Austin, TX 78750

Phone No.: 512-533-1514 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: arkhoury@drhorton.com

B. Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Burl McClendon

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Vice President

Organization Name: D.R. Horton

Mailing Address: 10700 Pecan Park Blvd, Suite 400

City, State, Zip Code: Austin, TX 78750

Phone No.: 512-533-1417 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: [REDACTED]

Section 6. Billing Information (Instructions Page 30)

The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits *in effect on September 1 of each year*. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (using form TCEQ-20029).

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Dale Sines

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Bookkeeper

Organization Name: D.R. Horton

Mailing Address: 10700 Pecan Park Blvd, Suite 400

City, State, Zip Code: Austin, TX 78750

Phone No.: 512-533-1431 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: drsines@drhorton.com

Section 7. DMR/MER Contact Information (Instructions Page 31)

Provide the name and complete mailing address of the person delegated to receive and submit

Discharge Monitoring Reports (EPA 3320-1) or maintain Monthly Effluent Reports.

Prefix (Mr., Ms., Miss): operator will be selected prior to construction

First and Last Name: [REDACTED]

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: [REDACTED]

Organization Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED] Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: [REDACTED]

DMR data is required to be submitted electronically. Create an account at:

<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Jonathan Nguyen

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Permit Coordinator

Organization Name: JonesCarter

Mailing Address: 3100 Alvin Devane Blvd, Suite 150

City, State, Zip Code: Austin, TX 78741

Phone No.: 512-441-9493 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: jnguyen@jonescarter.com

B. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

Indicate by a check mark the preferred method for receiving the first notice and instructions:

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact person to be listed in the Notices

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Jonathan Nguyen

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Permit Coordinator

Organization Name: JonesCarter

Phone No.: 512-441-9493 Ext.: [REDACTED]

E-mail: jnguyen@jonescarter.com

D. Public Viewing Information

If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.

Public building name: JonesCarter Austin Office

Location within the building: Front Desk

Physical Address of Building: 3100 Alvin Devane Blvd, Suite 150

City: Austin

County: Travis

Contact Name: [REDACTED]

Phone No.: [REDACTED]

Ext.: [REDACTED]

E. Bilingual Notice Requirements:

This information is required for new, major amendment, and renewal applications. It is not required for minor amendment or minor modification applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are required.

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?

☒ Yes

☐ No

If **no**, publication of an alternative language notice is not required; **skip to** Section 9 below.

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

☒ Yes

☐ No

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: [REDACTED]

- F. Owner of sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant):

Prefix (Mr., Ms., Miss): [REDACTED]

First and Last Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: [REDACTED]

Section 10. TPDES Discharge Information (Instructions Page 34)

- A. Is the wastewater treatment facility location in the existing permit accurate?

☐ Yes ☐ No

If **no**, or a new permit application, please give an accurate description:

Approximately 0.81 miles northeast of the intersection of US Highway 183 and Laws Road, in Travis County, 78610

- B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

☐ Yes ☐ No

If **no**, or a new or amendment permit application, provide an accurate description of the point of discharge and the discharge route to the nearest classified segment as defined in 30 TAC Chapter 307:

To an unnamed tributary, thence to Cedar Creek, thence to the Colorado River Above La Grange in Segment No. 1434

City nearest the outfall(s): Mustang Ridge

County in which the outfalls(s) is/are located: Travis

Outfall Latitude: 30.063617

Longitude: -97.680330

- C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

☐ Yes ☒ No

If **yes**, indicate by a check mark if:

- ☐ Authorization granted ☐ Authorization pending

For **new and amendment** applications, provide copies of letters that show proof of contact and the approval letter upon receipt.

Attachment:

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge.

N/A

Section 11. TLAP Disposal Information (Instructions Page 36)

- A. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

- ☐ Yes ☐ No

If **no**, or a **new or amendment permit application**, provide an accurate description of the disposal site location:

N/A

- B. City nearest the disposal site: N/A

- C. County in which the disposal site is located: N/A

- D. Disposal Site Latitude: N/A Longitude: N/A

- E. For TLAPs, describe the routing of effluent from the treatment facility to the disposal site:

N/A

- F. For TLAPs, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

N/A

Section 12. Miscellaneous Information (Instructions Page 37)

- A. Is the facility located on or does the treated effluent cross American Indian Land?

- ☐ Yes ☒ No

- B. If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?

☐ Yes ☐ No ☒ Not Applicable

If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.

N/A

- C. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:

- D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: N/A

Amount past due: N/A

- E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: N/A

Amount past due: N/A

Section 13. Attachments (Instructions Page 38)

Indicate which attachments are included with the Administrative Report. Check all that apply:

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
- Applicant's property boundary
 - Treatment facility boundary
 - Labeled point of discharge for each discharge point (TPDES only)
 - Highlighted discharge route for each discharge point (TPDES only)
 - Onsite sewage sludge disposal site (if applicable)

- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify:

Section 14. Signature Page (Instructions Page 39)

If co-applicants are necessary, each entity must submit an original, separate signature page.

Permit Number:

Applicant: Continental Homes of Texas, L.P.

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Adib R. Khoury

Signatory title: President

Signature: _____

(Use blue ink)

Date: _____

1-7-2021

Subscribed and Sworn to before me by the said Adib Khoury - President

on this 7 day of January, 2021.

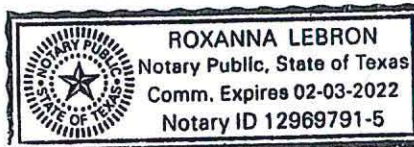
My commission expires on the 03 day of February, 2022.



Notary Public

[SEAL]

Williamson
County, Texas



DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 41)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☒ The applicant's property boundaries
- ☒ The facility site boundaries within the applicant's property boundaries
- ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. Indicate by a check mark in which format the landowners list is submitted:

- ☒ Readable/Writeable CD ☐ Four sets of labels

D. Provide the source of the landowners' names and mailing addresses: Travis County Appraisal District

E. As required by *Texas Water Code* § 5.115, is any permanent school fund land affected by this application?

- ☐ Yes ☒ No

If **yes**, provide the location and foreseeable impacts and effects this application has on the land(s):

N/A

Section 2. Original Photographs (Instructions Page 44)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided.

- ☒ At least one original photograph of the new or expanded treatment unit location
- ☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site
- ☒ A plot plan or map showing the location and direction of each photograph

Section 3. Buffer Zone Map (Instructions Page 44)

A. Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.

- The applicant's property boundary;
- The required buffer zone; and
- Each treatment unit; and
- The distance from each treatment unit to the property boundaries.

B. Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.

- ☒ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

C. Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?

- ☒ Yes ☐ No

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:Application type: ☐ Renewal ☐ Major Amendment ☐ Minor Amendment ☐ New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:☐ Texas Historical Commission☐ U.S. Fish and Wildlife☐ Texas Parks and Wildlife Department☐ U.S. Army Corps of Engineers**This form applies to TPDES permit applications only.** (Instructions, Page 53)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: Continental Homes of Texas, L.P.

Permit No. WQ00 _____

EPA ID No. TX _____

Address of the project (or a location description that includes street/highway, city/vicinity, and county):

Approximately 0.81 miles northeast of the intersection of US Highway 183 and Laws Road, in Travis County, 78610

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Jonathan Nguyen

Credential (P.E, P.G., Ph.D., etc.):

Title: Permit Specialist

Mailing Address: 3100 Alvine Devane Blvd, Suite 150

City, State, Zip Code: Austin, TX 78741

Phone No.: 512-685-5156 Ext.:

Fax No.:

E-mail Address: jnguyen@jonescarter.com

2. List the county in which the facility is located: Travis
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

The permittee is the owner of the property, Continental Homes of Texas, L.P.

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

To an unnamed tributary, thence to Cedar Creek, thence to the Colorado River Above La Grange in Segment No. 1434

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- ☒ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☒ Vibration effects during construction or as a result of project design
- ☐ Additional phases of development that are planned for the future
- ☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

6. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

2.5 acres for treatment plant

7. Describe existing disturbances, vegetation, and land use:

Native grass, undeveloped grassland

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

8. List construction dates of all buildings and structures on the property:

None

9. Provide a brief history of the property, and name of the architect/builder, if known.

N/A



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications
Renewal, New, And Amendment

Section 1. Permitted or Proposed Flows (Instructions Page 51)

A. Existing/Interim I Phase

Design Flow (MGD): 0.20

2-Hr Peak Flow (MGD): 0.80

Estimated construction start date: August 2021

Estimated waste disposal start date: June 2022

B. Interim II Phase

Design Flow (MGD): [REDACTED]

2-Hr Peak Flow (MGD): [REDACTED]

Estimated construction start date: [REDACTED]

Estimated waste disposal start date: [REDACTED]

C. Final Phase

Design Flow (MGD): [REDACTED]

2-Hr Peak Flow (MGD): [REDACTED]

Estimated construction start date: [REDACTED]

Estimated waste disposal start date: [REDACTED]

D. Current operating phase: [REDACTED]

Provide the startup date of the facility: [REDACTED]

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

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 in the permit, a description of *each phase* must be provided.** Process description:

See Attachment H

Port or pipe diameter at the discharge point, in inches:

B. 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)
See Attachment H		

C. Process flow diagrams

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

Attachment: Attachment I

Section 3. Site Drawing (Instructions Page 52)

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: Attachment J

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

The Trails at Mustang Ridge residential development tract approximately 0.4 miles northeast of the intersection of US Highway 183 and Laws Road

Section 4. Unbuilt Phases (Instructions Page 52)

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.

N/A

Section 5. Closure Plans (Instructions Page 53)

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.

N/A

Section 6. Permit Specific Requirements (Instructions Page 53)

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

A. 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:

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

Will be submitted prior to construction

B. 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.

N/A

C. 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*.

N/A

D. Grit and grease treatment

1. 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.

2. 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.

N/A

3. 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 512-239-0000. 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.

N/A

4. 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 512-239-0000.

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

N/A

E. Stormwater management

1. 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.

2. 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 [REDACTED] or TXRNE [REDACTED]

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

Yes ☐ No ☐

3. 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:

4. 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.

5. 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.

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.

6. 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.

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.

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

If yes, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

G. Other wastes received including sludge from other WWTPs and septic waste

1. Acceptance of sludge from other WWTPs

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

Yes ☐ No ☒

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

In addition, provide the date that the plant started accepting sludge 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.

N/A

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

2. 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 a the date that the plant started accepting septic waste, 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.

N/A

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

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

Is the facility accepting or will it 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.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

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).

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

Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , 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					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml)					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu\text{mohs/cm}$, †					
Oil & Grease, mg/l					
Alkalinity (CaCO_3)*, mg/l					

*TPDES permits only

†TLAP permits only

Table 1.0(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 (CaCO_3), mg/l					

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: will be selected prior to construction

Facility Operator's License Classification and Level:

Facility Operator's License Number:

Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the

following list. Check all that apply.

- ☒ Permitted landfill
- ☒ Permitted or Registered land application site for beneficial use
- ☐ Land application for beneficial use authorized in the wastewater permit
- ☐ Permitted sludge processing facility
- ☐ Marketing and distribution as authorized in the wastewater permit
- ☐ Composting as authorized in the wastewater permit
- ☐ Permitted surface disposal site (sludge monofill)
- ☐ Surface disposal site (sludge monofill) authorized in the wastewater permit
- ☐ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.
- ☐ Other:

B. Sludge disposal site

Disposal site name: will be selected prior to construction

TCEQ permit or registration number:

County where disposal site is located:

C. Sludge transportation method

Method of transportation (truck, train, pipe, other): will be selected prior to construction

Name of the hauler:

Hauler registration number:

Sludge is transported as a:

Liquid ☐ semi-liquid ☐ semi-solid ☐ solid ☐

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

A. 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 ☐

B. 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 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

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

A. 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: [REDACTED]
- USDA Natural Resources Conservation Service Soil Map:
Attachment: [REDACTED]
- Federal Emergency Management Map:
Attachment: [REDACTED]
- Site map:
Attachment: [REDACTED]

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: [REDACTED]

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:

B. 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: [REDACTED]

Total Kjeldahl Nitrogen, mg/kg: [REDACTED]

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: [REDACTED]

Phosphorus, mg/kg: [REDACTED]

Potassium, mg/kg: [REDACTED]
pH, standard units: [REDACTED]
Ammonia Nitrogen mg/kg: [REDACTED]
Arsenic: [REDACTED]
Cadmium: [REDACTED]
Chromium: [REDACTED]
Copper: [REDACTED]
Lead: [REDACTED]
Mercury: [REDACTED]
Molybdenum: [REDACTED]
Nickel: [REDACTED]
Selenium: [REDACTED]
Zinc: [REDACTED]
Total PCBs: [REDACTED]

Provide the following information:

Volume and frequency of sludge to the lagoon(s): [REDACTED]

Total dry tons stored in the lagoons(s) per 365-day period: [REDACTED]
[REDACTED]

Total dry tons stored in the lagoons(s) over the life of the unit: [REDACTED]
[REDACTED]

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of 1×10^{-7} cm/sec?

Yes ☐ No ☐

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

[REDACTED]

D. Site development plan

Provide a detailed description of the methods used to deposit sludge in the

lagoon(s):

Attach the following documents to the application.

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

Attachment:

- Copy of the closure plan

Attachment:

- Copy of deed recordation for the site

Attachment:

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

Attachment:

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

Attachment:

- Procedures to prevent the occurrence of nuisance conditions

Attachment:

E. 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:

Section 12. Authorizations/Compliance/Enforcement

(Instructions Page 63)

A. 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:

B. 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:

Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

A. 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 ☒

B. 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 ☒

C. Details about wastes received

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

Attachment: 

Section 14. Laboratory Accreditation (Instructions Page 64)

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: Adib R. Khoury

Title: President

Signature: _____

Date: 11.18.20

DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

Section 1. Justification for Permit (Instructions Page 66)

A. 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.

See Attachment K

B. Regionalization of facilities

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: Mustang Ridge

If yes, attach correspondence from the city.

Attachment: Attachment M

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: N/A

2. *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:

3. *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 that includes the permittee's name and permit number, and an area map showing the location of these facilities.

Attachment: Attachment M

If yes, attach copies of your certified letters to these facilities and their response letters concerning connection with their system.

Attachment: Attachment M

Does a permitted domestic wastewater treatment facility or a collection system located within three (3) miles of the proposed facility currently have the capacity to accept or is willing to expand to accept the volume of wastewater proposed in this application?

Yes ☐ No ☐ No Responses Received

If yes, attach an analysis of expenditures required to connect to a permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion.

Attachment:

Section 2. Organic Loading (Instructions Page 67)

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

A. Current organic loading

Facility Design Flow (flow being requested in application): [REDACTED]

Average Influent Organic Strength or BOD₅ Concentration in mg/l: [REDACTED]

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): [REDACTED]

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

[REDACTED]

B. 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 BOD ₅ Concentration (mg/l)
Municipality	0.20	250
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria,		

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
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	0.20	
AVERAGE BOD ₅ from all sources		250

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 68)

A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l: 4

Other: [REDACTED]

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [REDACTED]

Total Suspended Solids, mg/l: [REDACTED]

Ammonia Nitrogen, mg/l: [REDACTED]

Total Phosphorus, mg/l: [REDACTED]

Dissolved Oxygen, mg/l: [REDACTED]

Other: [REDACTED]

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [REDACTED]

Total Suspended Solids, mg/l: [REDACTED]

Ammonia Nitrogen, mg/l: [REDACTED]

Total Phosphorus, mg/l: [REDACTED]

Dissolved Oxygen, mg/l: [REDACTED]

Other: [REDACTED]

D. Disinfection Method

Identify the proposed method of disinfection.

- ☒ Chlorine: 1.0 mg/l after 20 minutes detention time at peak flow
Dechlorination process: [REDACTED]
- ☐ Ultraviolet Light: [REDACTED] seconds contact time at peak flow
- ☐ Other: [REDACTED]

Section 4. Design Calculations (Instructions Page 68)

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

Attachment: Attachment H

Section 5. Facility Site (Instructions Page 68)

A. 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.

N/A

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

FEMA Map No. 48453C0720H

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: N/A

If **no**, provide the approximate date you anticipate submitting your application to the Corps: N/A

B. Wind rose

Attach a wind rose. **Attachment:** Attachment O

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 69)

A. 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)

Attachment: N/A

B. 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 a completed DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056).

Attachment: N/A

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 69)

Attach a solids management plan to the application.

Attachment: Attachment L

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 TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

Section 1. Domestic Drinking Water Supply (Instructions Page 73)

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 yes, provide the following:

Owner of the drinking water supply:

Distance and direction to the intake:

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

Attachment:

Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet:

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☐

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

<input type="text"/>

C. 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).

Section 3. Classified Segments (Instructions Page 73)

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 75)

Name of the immediate receiving waters: unnamed tributary

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

Average depth of water body within a 500-foot radius of discharge point, in feet:

☐ Man-made Channel or Ditch

- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify:

B. 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:

C. Downstream perennial confluences

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

Cedar Creek

D. 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.

E. Normal dry weather characteristics

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

Dry, undefined stream 32

Date and time of observation: 11/11/2020; 11:30 AM

Was the water body influenced by stormwater runoff during observations?

Yes ☐

No ☒

Section 5. General Characteristics of the Waterbody (Instructions Page 74)

A. 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.

- | | |
|---|---|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff |
| <input type="checkbox"/> Upstream discharges | <input type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input checked="" type="checkbox"/> Other(s), specify <u>stream undefined</u> |

B. Waterbody uses

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

- | | |
|--|---|
| <input type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |

- ☐ Domestic water supply ☐ Industrial water supply
☐ Park activities ☒ Other(s), specify pond drainage

C. 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

LIST OF ATTACHMENTS
CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT

- Attachment A – Core Data Form (Admin Report 1.0, Section 3.C)
- Attachment C – USGS Map (Admin. Report 1.0, Section 13)
- Attachment C – Adjacent and Downstream Landowners (Admin. Report 1.1, Section 1.A and C)
- Attachment D – Original Photographs (Admin Report 1.1, Section 2)
- Attachment E – Buffer Zone Map (Admin Report 1.1, Section 3.A)
- Attachment F – Area Water Wells (Admin Report 1.1, Section 3.C)
- Attachment G – Wetlands Map (Admin Report 1.1, Section 3.C and Tech. Report 1.1, Section 5.A)
- Attachment H – Supplemental Technical Reports (Tech Report 1.0, Section 2.A and B and Tech Report 1.1, Section 4)
- Attachment I – Flow Schematics (Tech Report 1.0, Section 2.C)
- Attachment J – Site Drawing (Tech Report 1.0, Section 3)
- Attachment K – Justification for Plant Construction (Tech Report 1.1, Section 1.A)
- Attachment L – Sewage Sludge Management Plan (Tech. Report 1.1, Item 7)
- Attachment M – Regionalization Surveys (Tech Report 1.1, Section 1.B.3)
- Attachment N – FEMA Flood Map (Tech Rep 1.1, Section 5.A)
- Attachment O – Wind Rose (Tech Report 1.1, Section 5.B)

ATTACHMENT A

CORE DATA FORM

**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



JONES | CARTER

Texas Board of Professional Engineers Registration No. F-439
6330 West Loop South, Suite 150 • Bellaire, TX 77401 • 713.777.5337



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)	
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)	
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	3. Regulated Entity Reference Number (if issued)
CN 601213523	RN

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		7/17/1996	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
Continental Homes of Texas, L.P.					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
0009022810		17427919042		10. DUNS Number (if applicable)	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited			
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees		<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		13. Independently Owned and Operated?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:	
15. Mailing Address:					
10700 Pecan Park Blvd					
Suite 400					
City		Austin		State TX ZIP 78750 ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(512) 533-1514				() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
The Trails at Mustang Ridge Wastewater Treatment Plant	

23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County	Travis						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	Approximately 0.81 miles northeast of the intersection of US Highway 183 and Laws Road						
26. Nearest City	Mustang Ridge				State	TX	Nearest ZIP Code
							78610
27. Latitude (N) In Decimal:	30.063983			28. Longitude (W) In Decimal:	-97.680071		
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds	
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4952			221310				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
wastewater treatment							
34. Mailing Address:	10700 Pecan Park Blvd						
	Suite 400						
	City	Austin	State	TX	ZIP	78750	ZIP + 4
35. E-Mail Address:	arkhoury@drhorton.com						
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(512) 533-1514				() -			

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

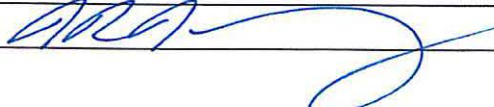
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	Jonathan Nguyen		41. Title:	Permit Specialist
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(512) 441-9493		() -	jnguyen@jonescarter.com	

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	D.R. Horton	Job Title:	President
Name (In Print):	Adib R. Khoury	Phone:	(512) 533- 1514
Signature:			Date:
			11-18-20

ATTACHMENT B

USGS MAP

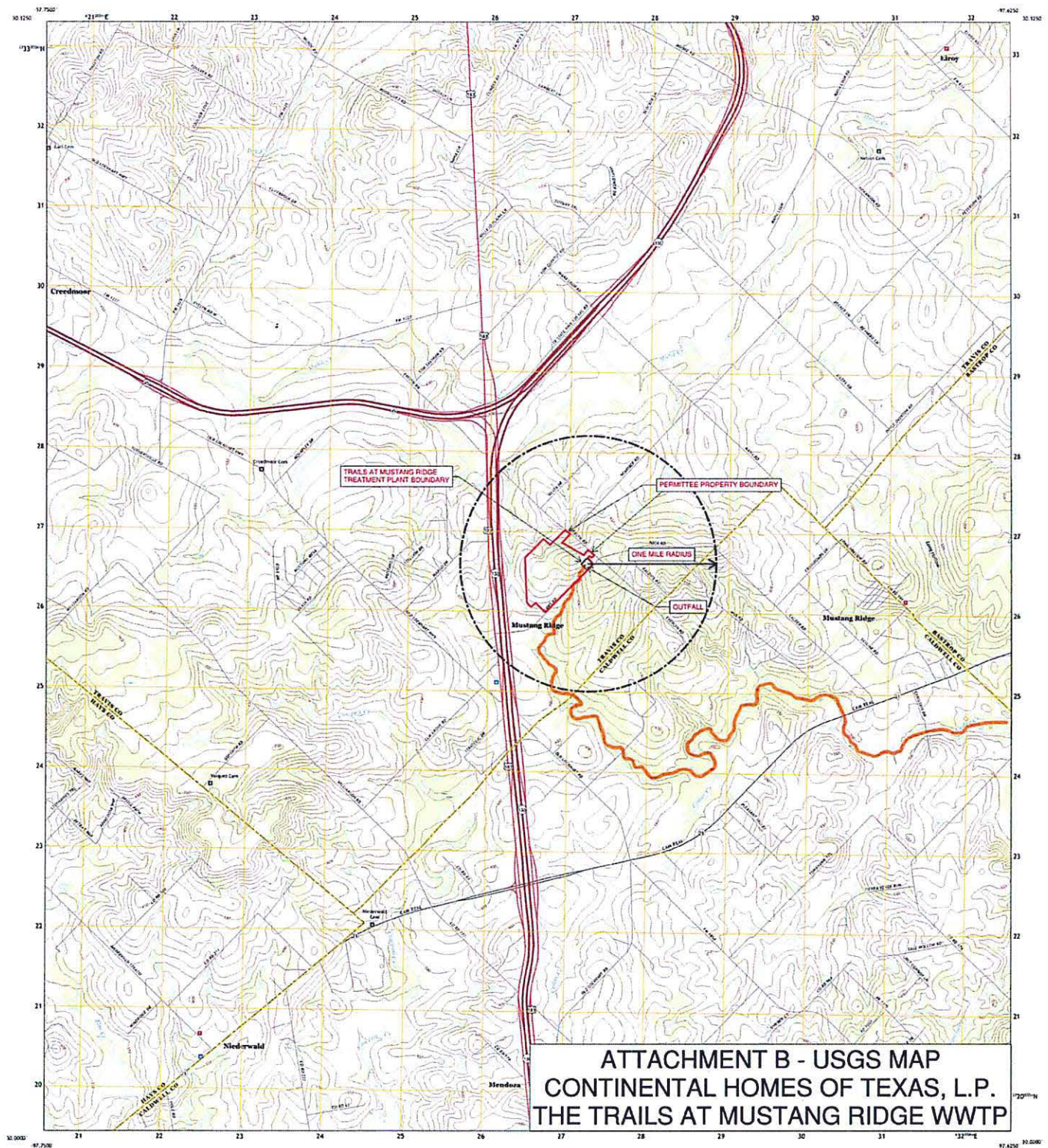
**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



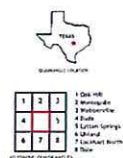
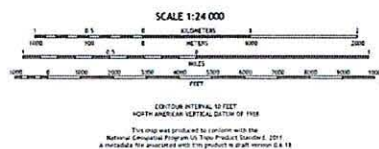
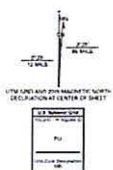
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Produced by the United States Geological Survey
 World Geologic Datum of 1984 (WGD84)
 North American Datum of 1983 (NAD83). Projections and
 UTM zone not indicated. To receive more data, Zone 14B
 This map is not a legal document. Boundaries may be
 generalized for this map scale. Private lands within government
 reservations may not be shown. Obtain permission before
 entering private lands.

Imagery	MS	NAIP	Satellite
Names			CNNA
Hydrography		National Hydrography Data	
Contours		National Contour Data	
Boundaries	Multiple	Source	see metadata
Metadata	FWS	National Wetlands Inventory	



ROAD CLASSIFICATION

Expressway	Local Connector
Secondary Way	Local Road
Ramp	etc.

 Interstate Route  US Route  State Route

CREEDMOOR, TX
2019

ATTACHMENT C

ADJACENT AND DOWNSTREAM LANDOWNERS

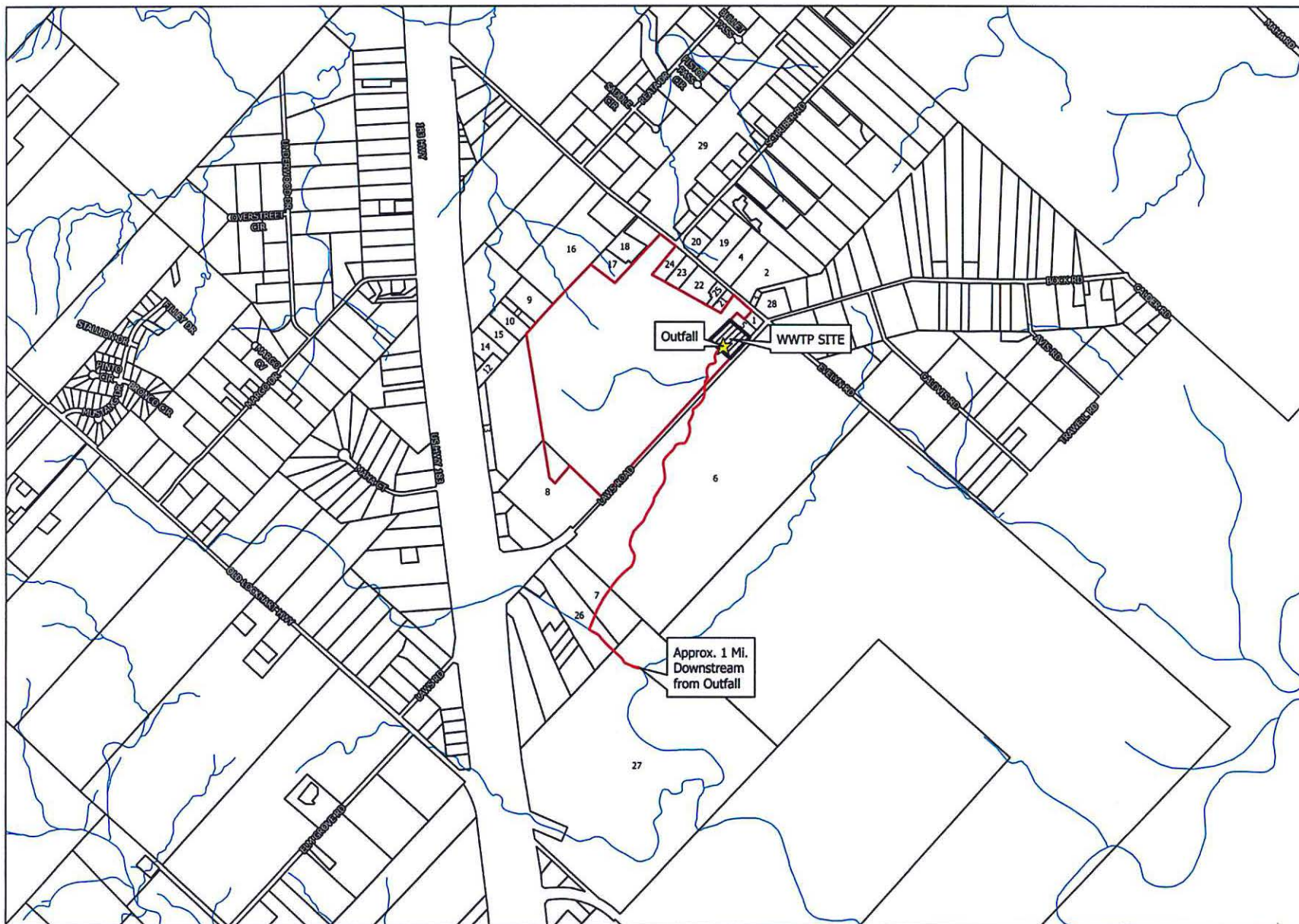
**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



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VICINITY MAP
1 Inch = 10 Miles

Legend

- ★ Outfall
- Discharge Route
- Streams
- ▭ Trails at Mustang Ridge
- ▨ WWTP
- ▭ Parcels

AREA LANDOWNER'S

MUSTANG RIDGE
TRAVIS COUNTY, TEXAS

0 1200
1 INCH : 1,200 FEET

Disclaimer: This product is offered for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and represents only the approximate relative locations of property, governmental and/or political boundaries or related locations to said boundary. No express warranties are made by Jones & Carter, Inc. concerning the accuracy, completeness, reliability, or usability of the information included within this exhibit.

JONES & CARTER
Texas Board of Professional Engineers Registration No. 1-431

Attachment C – Adjacent and Downstream Landowners

Continental Homes of Texas, L.P.

The Trails at Mustang Ridge WWTP

Parcel	Landowner	Mailing Address
1	CREEDMOOR MAHA WATER SUPPLY IN	PO BOX 3 AUSTIN TX 78767
2	LUNA MARY V ETAL	9306 EVELYN RD BUDA TX 78610
3	CEMETERY	TX 00000
4	LEE DANIEL	9112 EVELYN RD BUDA TX 78610
5	DORSETT BLAKE L	12106 LAWS RD BUDA TX 78610
6	FLORES FELICIANO	12221 LAWS RD BUDA TX 78610
7	DEWS FLORENCE	12513 LAWS RD BUDA TX 78610
8	LAWS CHARLES P & GLORIA	19185 HARBER RD HOLLAND TX 76534
9	SALINAS JOSE	7609 MARBLE CREST DR AUSTIN TX 78747
10	JONES CAROLYN LOUISE	6701 KINGS PT W AUSTIN TX 78723
11	L4S LLC	1101 W 34TH ST #308 AUSTIN TX 78705
12	GUERRERO JOSE	PO BOX 150903 AUSTIN TX 78715
13	CREEDMOOR INVESTMENTS LLC	12414 LAWS RD BUDA TX 78610
14	MEDRANO CASSANDRA	4919 MANCHESTER CIR AUSTIN TX 78745
15	CASTILLA ANGEL & JUANY C TELLEZ	7020 ONDANTRA BEND AUSTIN TX 78744
16	HEJL LAVERNE H & JOHN B III & WILLIAM D HEJL	9501 N CAPITAL OF TX HWY STE 102 AUSTIN TX 78759
17	TALLMAN MARY ELIZABETH	8809 EVELYN RD BUDA TX 78610
18	RIFE MICHAEL A	8817 EVELYN RD MUSTANG RIDGE TX 78610
19	OLIVO ROBERT & YVONNE	9100 EVELYN RD BUDA TX 78610
20	TORRES ISIDRO & CECILIA CORDOVA	10524 THAXTON RD AUSTIN TX 78747
21	ROMERO RUDY R	9201 EVELYN RD BUDA TX 78610
22	HERNANDEZ ALICIA RODRIGUEZ	9115 EVELYN RD BUDA TX 78610
23	HERNANDEZ ALICIA RODRIGUEZ	9115 EVELYN RD BUDA TX 78610
24	HERNANDEZ ALICIA RODRIGUEZ	9115 EVELYN RD BUDA TX 78610
25	HERNANDEZ ALICIA RODRIGUEZ	9115 EVELYN RD BUDA TX 78610
26	DEWS FLORENCE MITCHELL	12513 LAWS RD A BUDA TX 78610
27	OLLE TERRELL LEE & LORI OLLE S	10681 US HIGHWAY 183 S BUDA TX 78610
28	LUNA MARY V ETAL	9306 EVELYN RD BUDA TX 78610
29	WILKS MARY J	8802 EVELYN RD BUDA TX 78610

MARY LUNA
9306 EVELYN RD
BUDATX78610

DANIEL LEE
9112 EVELYN RD
BUDATX78610

BLAKE L DORSETT
12106 LAWS RD
BUDATX78610

FELICIANO FLORES
12221 LAWS RD
BUDATX78610

FLORENCE DEWS
12513 LAWS RD
BUDATX78610

CHARLES P & GLORIA LAWS
19185 HARBER RD
HOLLANDTX76534

JOSE SALINAS
7609 MARBLE CREST DR
AUSTINTX78747

CAROLYN LOUISE JONES
6701 KINGS PT W
AUSTINTX78723

L4S LLC
1101 W 34TH ST #308
AUSTINTX78705

JOSE GUERRERO
PO BOX 150903
BUDATX78715

CREEDMOOR INVESTMENTS LLC
12414 LAWS RD
AUSTINTX78610

CASSANDRA MEDRANO
4919 MANCHESTER CIR
AUSTINTX78745

ANGEL CASTILLA & JUANY C TELLEZ
7020 ONDANTRA BEND
AUSTINTX78744

LAVERNE H HEJL & JOHN B III &
WILLIAM D HEJL
9501 N CAPITAL OF TX HWY STE 102
AUSTINTX78759

MARY ELIZABETH TALLMAN
8809 EVELYN RD
BUDATX78610

MICHAEL A RIFE
8817 EVELYN RD
MUSTANG RIDGETX78610

ROBERT & YVONNE OLIVO
9100 EVELYN RD
BUDATX78610

ISIDRO & CECILIA CORDOVA TORRES
10524 THAXTON RD
BUDATX78747

RUDY R ROMERO
9201 EVELYN RD
BUDATX78610

ALICIA RODRIGUEZ HERNANDEZ
9115 EVELYN RD
BUDATX78610

MARY J WILKS
8802 EVELYN RD
BUDATX78610

TERRELL LEE OLLE & LORI OLLE
10681 US HIGHWAY 183 S
BUDATX78610

CREEDMORE MAHA WATER SUPPLY
PO BOX 3
AUSTIN TX 78767

ATTACHMENT D

ORIGINAL PHOTOGRAPHS

**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

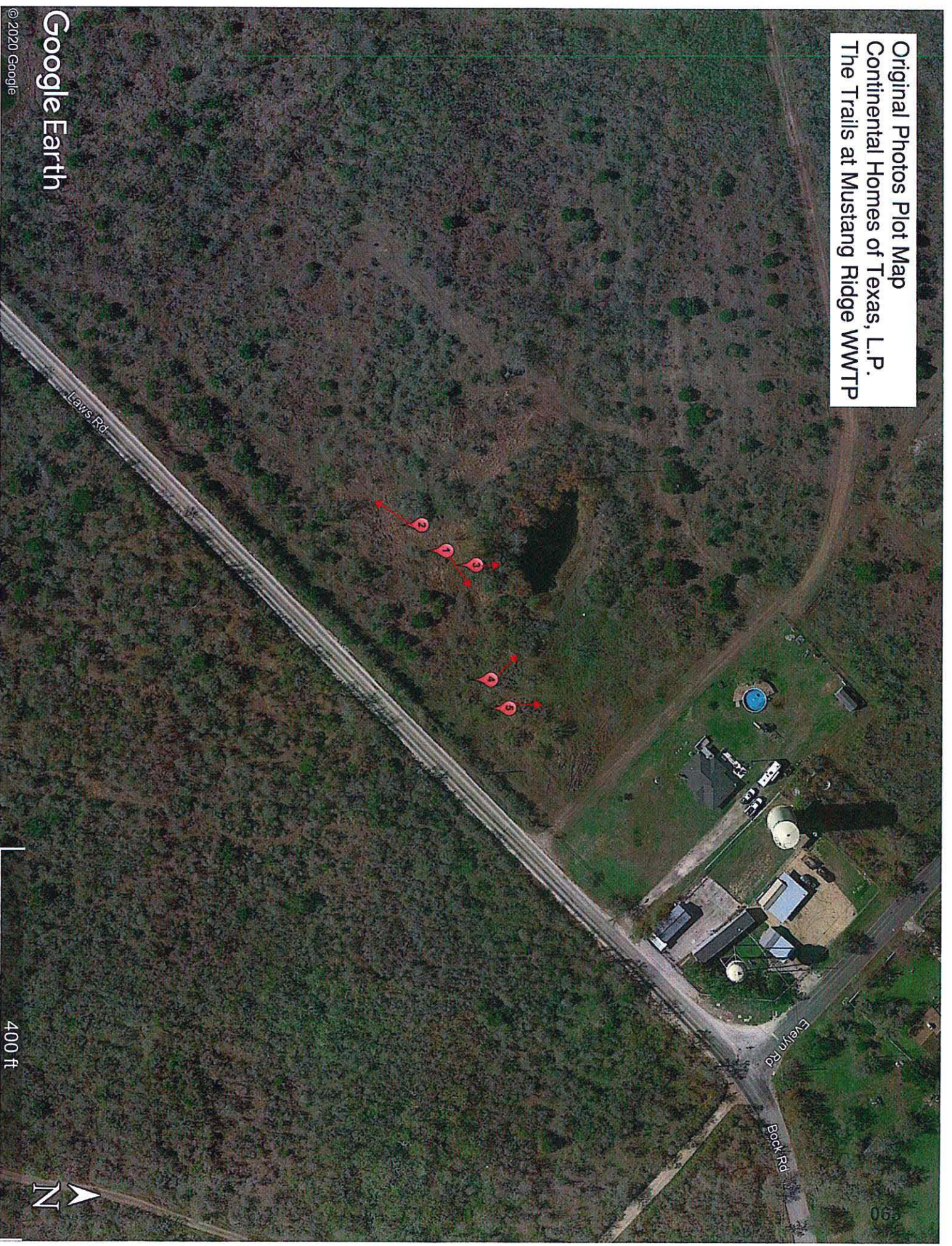
NOVEMBER 2020



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Original Photos Plot Map
Continental Homes of Texas, L.P.
The Trails at Mustang Ridge WWTP



Google Earth

© 2020 Google

400 ft



Photo 1: Plant site from the southeast corner



Photo 2: Downstream of proposed outfall



Photo 3: Upstream of proposed outfall. Pond over the ridge



Photo 4: Plant site from eastern boundary



Photo 5: Plant site from eastern boundary



ATTACHMENT E

BUFFER ZONE

**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



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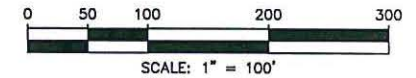
WILLIAM CHARLES HOLCOMBE et al
200 ACRES
CAUSE NO. PR 11274
ORDER ADMITTING WILL TO PROBATE
AS A MUNIMENT OF TITLE
NO. 2017069141, O.P.R.T.C.T.
296, PG. 601
1021, PG. 278
5676, PGS. 1733, 1736 & 1739
D.R.T.C.T.

THE TRAILS AT MUSTANG
RIDGE WASTEWATER TREATMENT
PLANT SITE
(3.61 AC)

150' Buffer Zone
(Portion Outside
of Boundary to
be With Future
50' ROW)

BLAKE L. DORSETT
1.00 ACRE
GENERAL WARRANTY DEED
DOC. NO. 2006172113 O.P.R.T.C.T.

LAWS ROAD
(PUBLIC R.O.W. VARIES)



CREEDMOOR MAHA
WATER SUPPLY
CORP.
0.50 ACRES
WARRANTY DEED
VOL. 9058, PG.
82 D.R.T.C.T.

CREEDMOOR MAHA
WATER SUPPLY CORP.
0.23 ACRES
DEED 4047, PG. 2096
D.R.T.C.T.

ATTACHMENT E

THE TRAILS AT MUSTANG RIDGE
WASTEWATER TREATMENT PLANT
FOR
CONTINENTAL HOMES OF TEXAS, L.P.

TRAVIS COUNTY, TEXAS
NOVEMBER 2020

J/C JONES | CARTER
Texas Board of Professional Engineers Registration No. F-439
6330 West Loop South, Suite 150 • Bellaire, TX 77401 • 713.777.5337

070

ATTACHMENT F

AREA WATER WELLS

**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

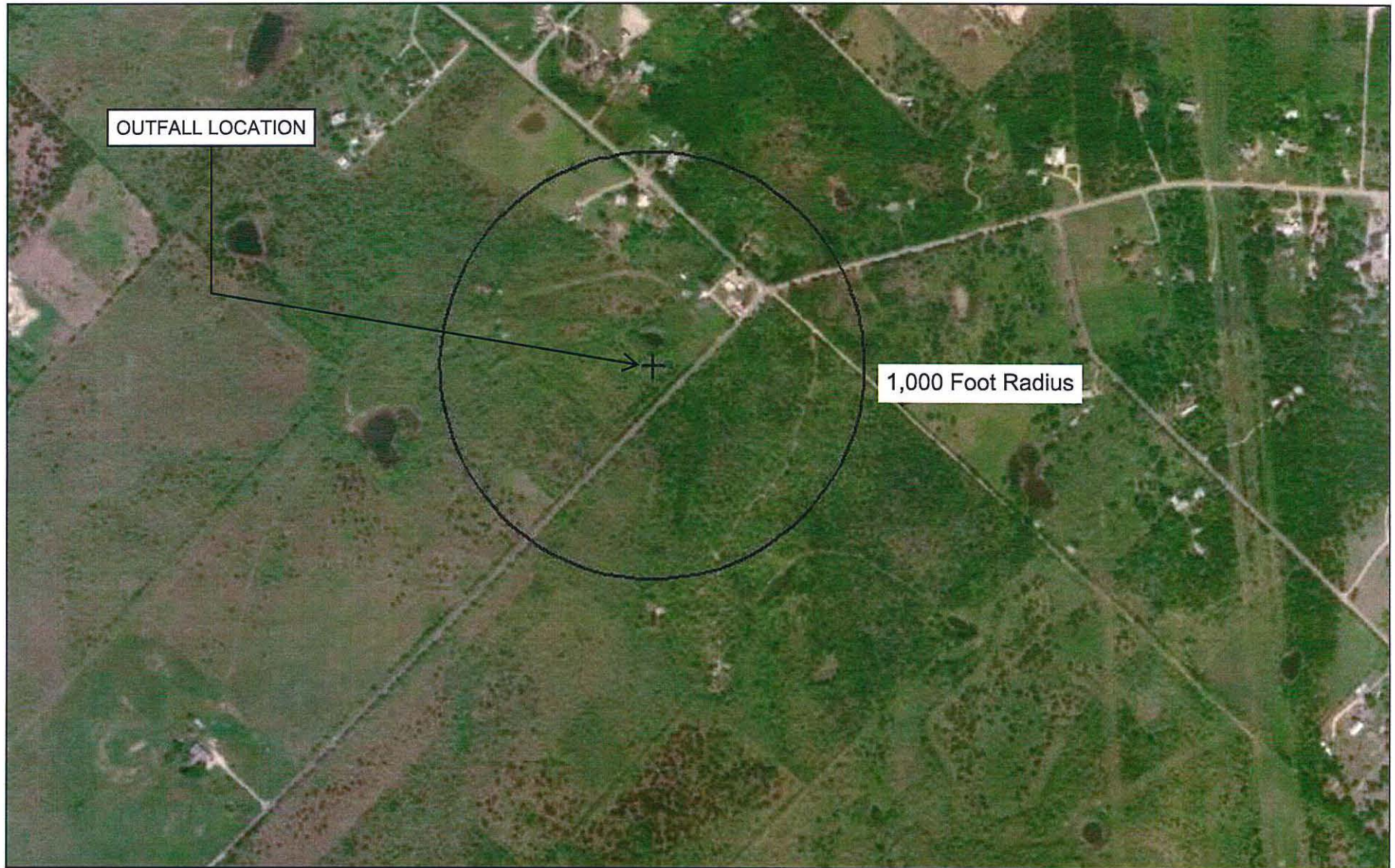
NOVEMBER 2020



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6330 West Loop South, Suite 150 • Bel Aire, TX 77401 • 713.777.5337

Attachment F - Area Water Wells Map Continental Homes of Texas, L.P.

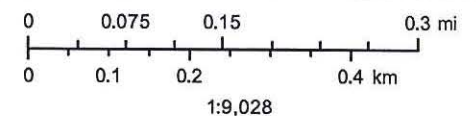


Texas Water
Development Board

November 11, 2020

No public or private water well located within 500 feet from the proposed wastewater treatment plant.

The data in Water Data Interactive represents the best available information provided by the TWDB and third-party cooperators of the TWDB. The TWDB provides information via this web site as a public service. Neither the State of Texas nor the TWDB assumes any legal liability or responsibility or makes any guarantees or warranties as to the accuracy, completeness or suitability of the information for any particular purpose. The TWDB systematically revises or removes data discovered to be incorrect. If you find inaccurate information or have questions, please contact WDI-Support@twdb.texas.gov.



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

072

TEXAS WATER DEVELOPMENT BOARD

ATTACHMENT G

WETLANDS MAP

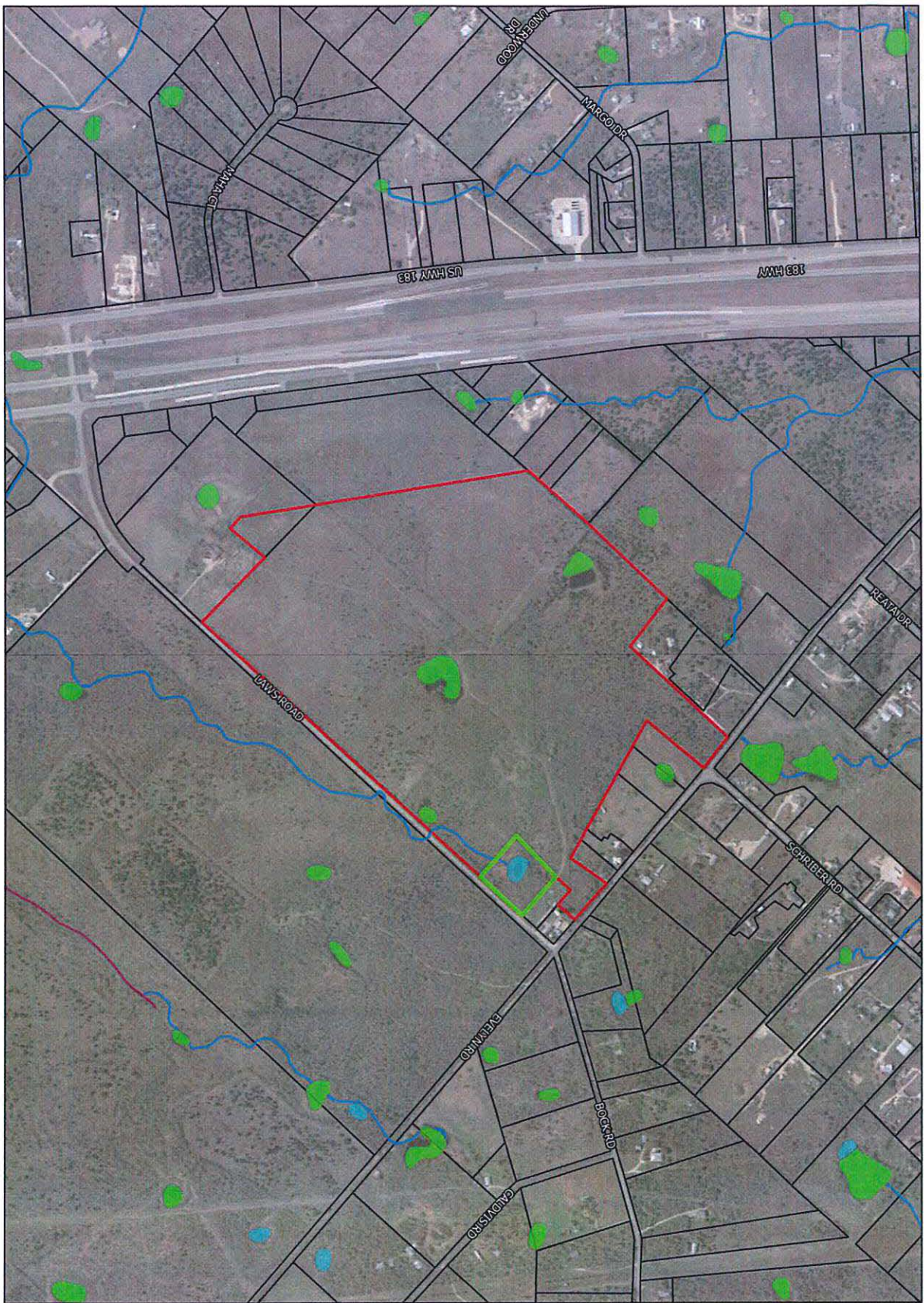
**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



JONES | CARTER

Texas Board of Professional Engineers Registration No. F-439
6330 West Loop South, Suite 150 • Bellaire, TX 77401 • 713.777.5337



VICINITY MAP
1 inch = 10 Miles

- Legend**
- Wetlands
 - Premise Property Boundary
 - Parcel
 - Estuarine and Marine Deepwater
 - Estuarine and Marine Wetland
 - Freshwater Emergent Wetland
 - Freshwater Forest/Shrub Wetland
 - Freshwater Pond
 - Other
 - Unknown

WETLANDS MAP

MUSTANG RIDGE
TRAVIS COUNTY, TEXAS

0 600
1 INCH = 600 FEET
N

JONES CARTER

State Board of Professional Engineers License No. 1-2439

ATTACHMENT H

SUPPLEMENTAL TECHNICAL REPORT

**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

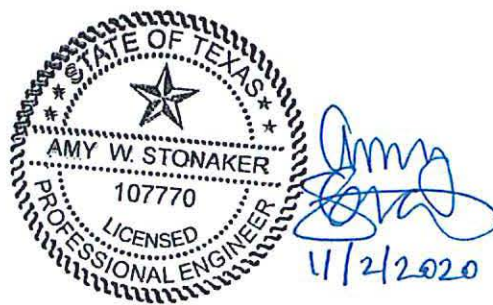
NOVEMBER 2020



JONES | CARTER

Texas Board of Professional Engineers Registration No. F-439
6330 West Loop South, Suite 150 • Bellaire, TX 77401 • 713.777.5337

**SUPPLEMENTAL TECHNICAL REPORT
FOR THE WASTEWATER TREATMENT PLANT
DOMESTIC WASTEWATER PERMIT
FOR
CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT
IN
TRAVIS COUNTY, TEXAS**



NOVEMBER 2020
JC Job No. 05539-0130-00



I. INTRODUCTION

The purpose of this report is to provide additional information pertaining to items in the Domestic Administrative Report and The Domestic Technical Report for the permit application to the Trails at Mustang Ridge Wastewater Treatment Facility in Travis County. The proposed facility will be constructed to treat 0.20 million gallons per day (MGD).

II. LOCATION INFORMATION

Please see Section 10 of the Domestic Admin. Report 1.0 for specific location information. The proposed facility will be located 0.8 miles northeast of the intersection of US Highway 183 and Laws Road. A USGS Map with the required site information is provided as Attachment A.

III. TREATMENT UNITS

(For Section 2 of Technical Report 1.0)

The proposed facility will be constructed in with a design flow of 0.20 MGD. A detailed description of the treatment process is presented below:

The proposed plant consists of package plant facilities that will be designed and constructed to treat 0.20 MGD and operate as suspended growth activated sludge process in a single-stage nitrification mode. An influent force main flows to the headworks passing through a manual bar screen. The influent then mixes with return activated sludge to create mixed liquor and flows through the aeration basin operated in the single-stage nitrification mode to consume organics and breakdown ammonia. From the aeration basin, the mixed liquor flows to the secondary clarifier for clarification. After clarification, the treated effluent flows to cloth-media disk filters. From the cloth-media disk filters, the effluent flow to the chlorine contact basin for disinfection. The effluent then flows over a weir for flow measurement and into the receiving stream. Additional facilities include blowers, a non-potable water system, chemical disinfection system, and a stand-by generator.

The discharge of the Trails at Mustang Ridge Wastewater Treatment Facility is to an unnamed tributary, thence to Cedar Creek, thence to the Colorado River Above La Grange in Segment No. 1434.

IV. DESIGN CALCULATIONS AND FEATURES

(For Section 2 of Technical Report 1.0 & Section 4 of Technical Report 1.1)

Design calculations are provided as part of this report on the following pages for all phases of construction.

I. SCOPE

The proposed plant will consist of facilities that are designed and constructed to treat 0.20 MGD and operate as suspended growth activated sludge process in a single-stage nitrification mode. Construction includes one manual bar screen, two aeration basins, one clarifier, cloth media disk filters, two multi-stage aerobic digesters, one chlorine contact basin, three centrifugal blowers, a non-potable water system, and a chlorine disinfection system.

II. PROPOSED WASTEWATER TREATMENT PLANT DESIGN

A. DESIGN CRITERIA

1. Proposed Effluent Limits.

- a. BOD₅ = 10 mg/l (daily average)
- b. TSS = 15 mg/l (daily average)
- c. NH₃-N = 3 mg/l (daily average)
- d. *E. coli* = 126 CFU
- d. DO = 4 mg/l (weekly grab)

2. Process Criteria. The process criteria are taken from 30 TAC §217, Design Criteria for Domestic Wastewater Systems.

- a. Maximum Aeration Basin Organic Loading
(lb BOD₅/day/1,000 ft³) = 35
- b. Maximum Clarifier Surface Loading at Peak Flow
(gal/day/ft²) = 1,200
- c. Minimum Clarifier Detention Time
(hours) = 1.8
- d. Maximum Clarifier Weir Loading at Peak Flow
(gal/day/ft) = 20,000
- e. Minimum Chlorine Contact Detention Time at Peak Flow
(minutes) = 20
- f. Mean Cell Residence Time in Aerobic Digester*
(days) = 28*
- g. Minimum Air Required for Digester
(scfm/1,000 ft³) = 20

*28-day SRT utilized instead of a 40-day SRT for use of a multi-stage digester per EPA publication "Control of Pathogens and Vector Attraction in Sewage Sludge."

B. PROPOSED TREATMENT FACILITIES

1. Flow.

- a. Average (Design) = 1.0Q = 200,000 gpd = 139 gpm
- b. Peak (2 hour) = 4.0Q = 800,000 gpd = 556 gpm

2. Influent Composition

The following influent wastewater compositions are based on wastewater influent analysis.

- BOD₅ = 250 mg/L
- TSS = 250 mg/L
- NH₃-N = 40 mg/L

3. Organic Loadings.

- BOD₅ = (0.20 MGD)(8.34)(250 mg/L) = 417 lbs BOD₅/day
- TSS = (0.20 MGD)(8.34)(250 mg/L) = 417 lbs TSS/day
- NH₃-N = (0.20 MGD)(8.34)(40 mg/L) = 67 lbs NH₃-N/day

4. Process Equipment.

- a. Aeration Basin. The proposed plant will consist of two proposed aeration basins, sized at 12' wide by 52' long. The average water depth is assumed at 10.5'.
 - i. Total Required Volume
 - Required Volume Using Traditional Design Method (30 TAC §217 Guidelines)
 - $(0.20 \text{ MGD})(8.34)(250 \text{ mg/L}) / (35 \text{ lb BOD}_5 / 1,000 \text{ ft}^3)$
 - = 11,914 ft³
 - ii. Proposed Volume
 - $(2)(12 \text{ ft})(52 \text{ ft})(10.5 \text{ ft})$
 - = 13,104 ft³
 - iii. Actual Organic Loading
 - $(417 \text{ lb BOD}_5 / \text{day}) / (13,104 \text{ ft}^3 / 1,000 \text{ ft}^3)$
 - = 31.8 lb BOD₅ / day/1,000 ft³

- b. Secondary Clarifier. The proposed plant will consist of one proposed 45' diameter clarifier with a side water depth of 10'.

- i. Required Surface Area at Peak Flow
 $(800,000 \text{ gpd}) / (1,200 \text{ gpd/ft}^2) = 667 \text{ ft}^2$
- ii. Proposed Surface Area
 $(\pi/4)(48 \text{ ft})^2 = 1,810 \text{ ft}^2$
- iii. Surface Loading
 1. At Design Flow
 $(200,000 \text{ gpd}) / (1,810 \text{ ft}^2) = 111 \text{ gpd/ft}^2$
 2. At Peak Flow
 $(800,000 \text{ gpd}) / (1,810 \text{ ft}^2) = 442 \text{ gpd/ft}^2$
- iv. Proposed Clarifier Weir Length
 (Includes Launder Allowance)
 $(\pi)(48 \text{ ft} - 2 \text{ ft}) = 145 \text{ ft}$
- v. Proposed Weir Loading at Peak Flow
 $(800,000 \text{ gpd}) / (145 \text{ ft}) = 5,536 \text{ gpd/ft}$
- vi. Proposed Clarifier Side Water Depth (to top of grout)
 1. Proposed Clarifier Side Water Depth = 10 ft
- vii. Hydraulic Detention Times at Peak Flow
 1. Proposed Hydraulic Detention Time at Peak Flow
 $(1,810 \text{ ft}^2)(10 \text{ ft})(7.48 \text{ gal/ft}^3) / (556 \text{ gal/min})$
 $= 244 \text{ minutes}$
 $= 4.06 \text{ hours}$

- c. Aerobic Digesters. The proposed plant will consist of two multi-stage digesters sized at 12' wide by 52' long. The average water depth is assumed at 10.5'.

Assume one (1) pound of solids produced per pound of BOD₅ applied; solids are 70% volatile organics; 30% of the volatiles are destroyed during digestion; 15,000 mg/l MLSS concentration in the digester on average.

- i. Digester Sizing
 1. Solids Production
 $(417 \text{ lb BOD}_5 / \text{day}) / (1 \text{ lb solids/1 lb BOD}_5) = 356 \text{ lb solids/day}$
 2. Digested Solids Production
 $(356 \text{ lb solid/day})(1 - (0.3)(0.7)) = 329 \text{ lb solids/day}$

3. Average Solids in Digester
 $(329 \text{ lb solids/day} + 417 \text{ lb solids/day})/2 = 373 \text{ lb solids/day}$
4. Total Solids in Digester for 28-day SRT*
 $(373 \text{ lb solids/day})(28 \text{ days}) = 10,444 \text{ lb solids}$
- ii. Required Volume
 $(10,444 \text{ lb solids})(10^6)/((8.34)(15,000 \text{ mg/l MLSS in digester})(7.48)) = 11,168 \text{ ft}^3$
- iii. Proposed Volume
 $(2)(12 \text{ ft})(52 \text{ ft})(10.5 \text{ ft}) = 13,104 \text{ ft}^3$

*28-day SRT utilized instead of 40-day SRT for use of a multi-stage digester per EPA publication "Control of Pathogens and Vector Attraction in Sewage Sludge."

d. Cloth-Media Disk Filters. The filters will be installed for full redundancy.

- i. Surface Area Loading Rate at Peak Flow
 $= 6.50 \text{ gpm/ft}^2$
- ii. Required Surface Area
 $(0.80 \text{ MGD})(10^6)/(6.50 \text{ gpm/ft}^2)(1440 \text{ min/day}) = 85 \text{ ft}^2$
- iii. Surface Area Per Cell
 $= 25 \text{ ft}^2$
- iv. Required Number of cells at Peak Flow
 $(85 \text{ ft}^2)/(25 \text{ ft}^2) = 3.4 \text{ cells}$
- v. Required Surface Area
 $(139 \text{ gpm}/85 \text{ ft}^2) = 1.63 \text{ gpm/ft}^2$
- vi. Required Surface Area
 $(556 \text{ gpm}/6.50 \text{ ft}^2) = 6.50 \text{ gpm/ft}^2$

e. Chlorine Contact Basin. The proposed plant will consist of one proposed chlorine contact basin sized at 12' wide by 30' long. The maximum water depth is assumed to be 9 ft.

- i. Required Volume at Peak Flow
 $(556 \text{ gpm})(20 \text{ min})/(7.48) = 1,485 \text{ ft}^3$
- ii. Proposed Volume
 $(12 \text{ ft})(30 \text{ ft})(9 \text{ ft}) = 3,240 \text{ ft}^3$
- iii. Actual Detention Time at Peak Flow
 $(3,240 \text{ ft}^3)(7.48)/(556 \text{ gpm}) = 43.6 \text{ minutes}$

f. Air Requirements.

i. The proposed plant will utilize coarse bubble aeration.

$$\begin{aligned} &1. \text{ Air Required for Treatment} \\ &\quad \frac{(1.2)(250 \text{ mg/l BOD}_5) + (4.3)(40 \text{ mg/l NH}_3\text{-N})}{(250 \text{ mg/l BOD}_5)} = 1.9 \text{ lb O}_2/\text{lb BOD}_5 \end{aligned}$$

* 2.2 lb O₂/lb BOD₅ used instead per TCEQ minimum oxygen requirement for systems intended to nitrify.

2. Coarse Bubble Requirements

$$\begin{aligned} &\frac{(250 \text{ mg/l BOD}_5)(8.34)(0.20 \text{ MGD})(2.2 \text{ lb O}_2/\text{lb BOD}_5)(1.69)**}{(0.0507*)(0.23)(0.075)(1440)} \\ &= 1,231 \text{ scfm} \end{aligned}$$

* TCEQ Wastewater Oxygen Transfer Efficiency for Coarse Bubble aeration (0.65%/ft x (12) ft of submergence)

** TCEQ Chapter 217 Table F.5 Submergence Correction Factor

$$\begin{aligned} &\text{ii. Aerobic Digester} \\ &\quad (13,104 \text{ ft}^3)(20 \text{ scfm}/1000 \text{ ft}^3) = 262 \text{ scfm} \end{aligned}$$

$$\begin{aligned} &\text{iii. Chlorine Contact Basin} \\ &\quad (3,240 \text{ ft}^3)(20 \text{ scfm}/1000 \text{ ft}^3) = 65 \text{ scfm} \end{aligned}$$

$$\begin{aligned} &\text{iv. Miscellaneous Air Lifts} \\ &\quad (4)(40 \text{ scfm}) = 160 \text{ scfm} \end{aligned}$$

$$\begin{aligned} &\text{v. Total Air Requirements (Coarse Bubble)} \\ &\quad 1,231 \text{ scfm} + 262 \text{ scfm} + 65 \text{ scfm} + 160 \text{ scfm} = 1,718 \text{ scfm} \end{aligned}$$

g. Blower Capacities. The proposed plant will include three proposed centrifugal blowers. The capacity is calculated at 5.5 psig discharge pressure at 100°F, 80% RH, and 14.64 psia inlet conditions.

$$\begin{aligned} &\text{i. Proposed Blower Capacity} \\ &\quad (3)(1,000 \text{ scfm}) = 3,000 \text{ scfm} \end{aligned}$$

$$\begin{aligned} &\text{ii. Firm Blower Capacity with Largest Unit out of Service} \\ &\quad (2)(1,000 \text{ scfm}) = 2,000 \text{ scfm} \end{aligned}$$

h. Chlorination Equipment.

$$\begin{aligned} &\text{i. Chlorine Dosage Rate} = 8 \text{ mg/l} \end{aligned}$$

$$\begin{aligned} &\text{ii. Required Chlorine Feed Rate at Average Daily Flow} \\ &\quad (0.20 \text{ MGD})(8.34)(8 \text{ mg/L}) = 13.3 \text{ lbs/day} \end{aligned}$$

- iii. Required Chlorine Feed Rate at Peak Flow
(0.80 MGD)(8.34)(8 mg/L) = 53.4 lbs/day
- iv. Proposed Chlorine Dosage Capacity
(1 - 150-lb cylinder)(65°F)(1 lb Cl₂/°F/day) = 65 lbs/day

One (1) 150-lb cylinder is required for treatment. One (1) additional cylinder will be kept on site at all times to comply with 30 TAC §217 requirements.

ATTACHMENT I

FLOW SCHEMATICS

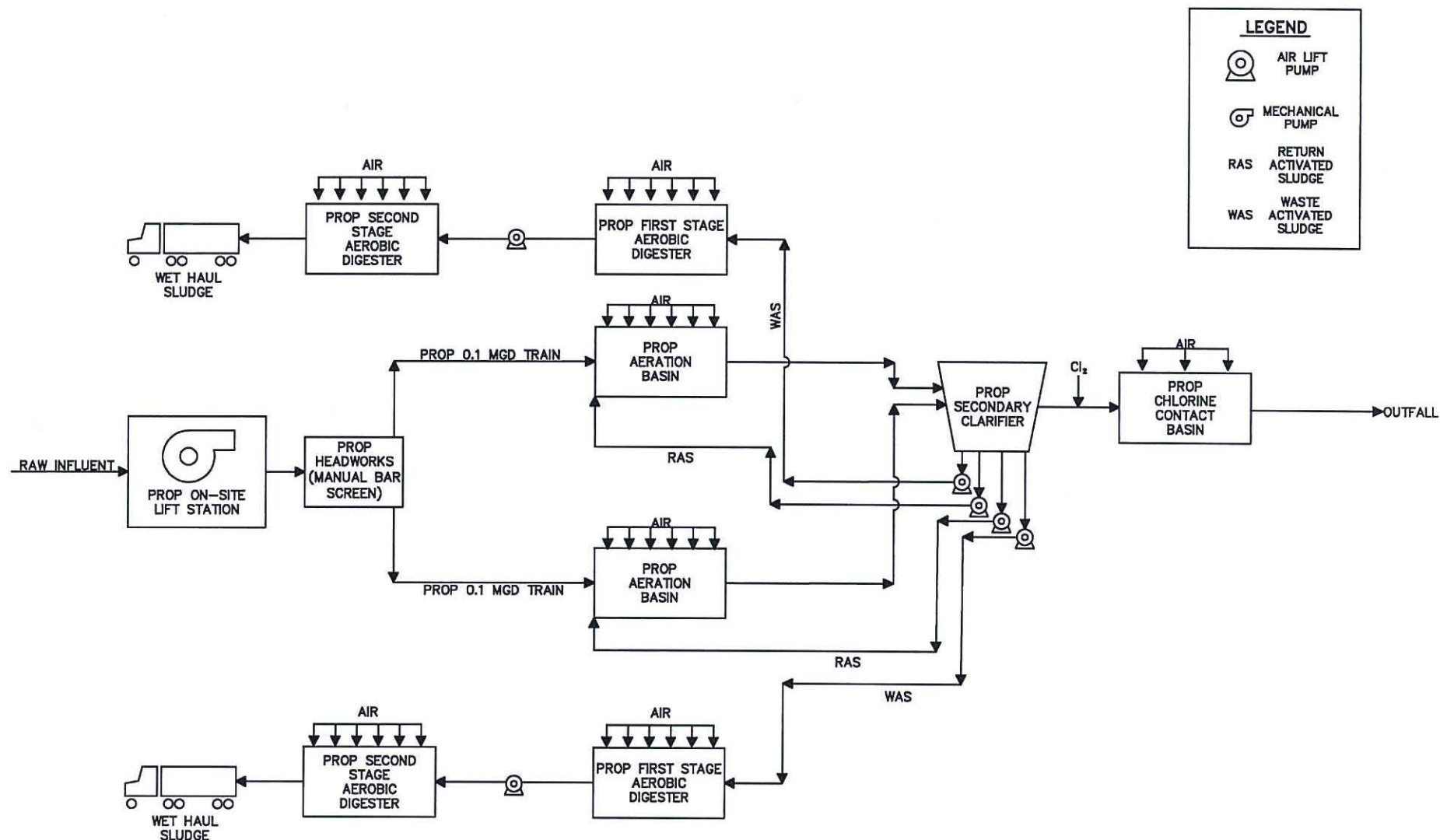
**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



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Attachment I - Flow Schematic
 Continental Homes of Texas, L.P.
 The Trails at Mustang Ridge WWTP - 0.20 MGD
 Travis County, Texas



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ATTACHMENT J

SITE DRAWING

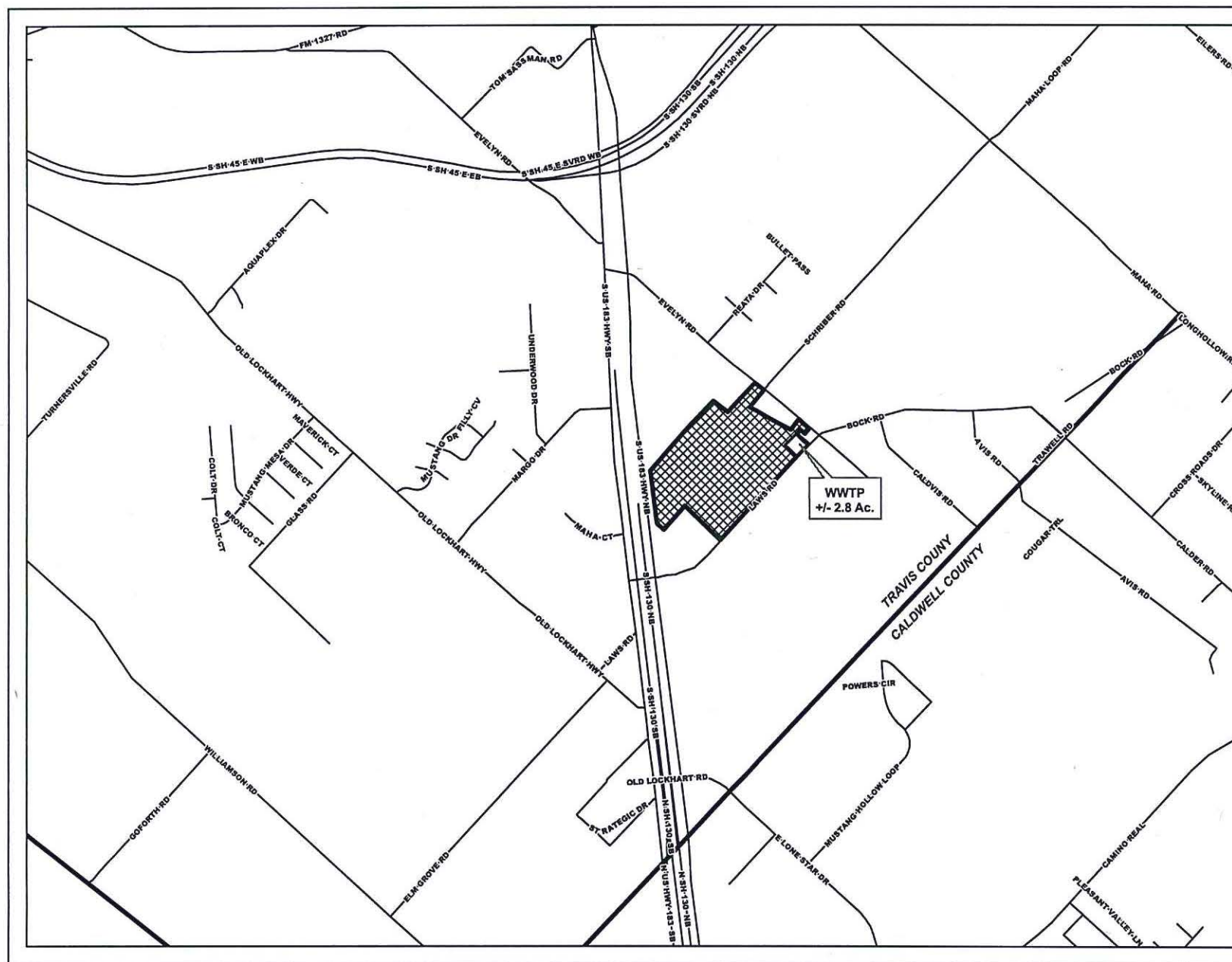
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ATTACHMENT K

JUSTIFICATION

**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



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**JUSTIFICATION FOR PLANT EXPANSION
CONTINENTAL HOMES OF TEXAS, L.P.**

The Trails at Mustang Ridge Wastewater Treatment Plant will serve the Trails at Mustang Ridge located approximately 0.4 miles northeast of the intersection of US Highway 183 and Laws Road.

At build out, there will be 798 single-family residential connections. For design purposes, the wastewater flow for a single-family residential connection is 250 gallons per day per connection.

Following is the connection and flow projection for Continental Homes of Texas, L.P. to complete build out:

Month / yr	connections	flow (gpd)
June 2022	14	3,500
January 2023	122	28,000
January 2024	280	70,000
January 2025	448	112,000
January 2026	616	154,000
January 2027	784	196,000
February 2027	798	200,000

Following is the construction schedule:

Design Flow (MGD)	0.20
2-Hr Peak Flow (MGD)	0.80
Date construction to commence	August 2021
Date construction completed and discharge begins	June 2022

ATTACHMENT L

SLUDGE MANAGEMENT PLAN

**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



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**SLUDGE MANAGEMENT AND DISPOSAL PLAN
CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT
NOVEMBER 2020**

INTRODUCTION

This sludge management and disposal plan is being submitted as an attachment to the TPDES permit application for Continental Homes of Texas, L.P.

The Trails at Mustang Ridge Wastewater Treatment Plant will be a 0.20 MGD single stage nitrification activated sludge plant with effluent limits of 10 mg/l CBOD, 15 mg/l TSS, and 3.0 mg/l NH₃-N.

DIMENSIONS AND CAPACITIES

Excess solids generated from the activated plant will be wasted to an aerobic digester for further treatment. The liquid stabilized sludge will then be hauled away to a TCEQ permitted land application site for disposal by a licensed sludge hauler. The digester will have a volume of at least 13,104 cubic feet (ft³).

SOLIDS GENERATION

Solids to be wasted from the activated sludge process is based on 1.0 pounds of TSS produced per pound of BOD applied. Following is the amount of solids generated by the wastewater treatment plant at design flow and at 75 percent, 50 percent and 25 percent of design flow:

Percent of Design Flow	Flow (MGD)	Solids Generated (lb/day)
25	0.05	104
50	0.10	209
75	0.15	313
100	0.20	417

OPERATING PARAMETERS

The single stage nitrification activated sludge process works best between mixed liquor suspended solids (MLSS) concentrations of 2,000 – 6,000 mg/l. The operator will determine the mixed liquor concentration that produces the highest quality effluent taking into consideration factors such as hydraulic and organic loading, available air capacity, and solids handling. Field testing and laboratory analysis will be done to monitor the MLSS and maintain the appropriate solids concentration.

SOLIDS REMOVAL PROCEDURE

Laboratory analysis and field testing will be conducted to determine the solids concentration in the aeration basin. To maintain an appropriate solids inventory, the amount of solids to be wasted per day is equal to the amount of solids generated per day. This amount is stated in the SOLIDS GENERATION section of this plan. Excess solids will then be wasted from the bottom of the clarifier directly to the aerobic digester to maintain the appropriate solids concentration in the aeration basin.

SOLIDS REMOVAL SCHEDULE

It is assumed that 70% of the solids wasted to the digester are volatile solids and the volatile solids reduction is 30%. For every pound of solids wasted to the digester, 0.79 pounds of solids will need to be disposed of by land application. In addition, it is assumed that the solids can be thickened to 15,000 mg/l in the digester. At this concentration, an 13,104 ft³ digester will hold 12,262 pounds of solids. The capacity of the digester divided by the pounds per day of solids to be disposed of will give the sludge hauling schedule.

Percent of Design Flow	Solids Disposed (lb/day)	Hauling Schedule (days)
25	82	149
50	165	74
75	247	50
100	329	37

ULTIMATE SLUDGE DISPOSAL

Sludge will be liquid hauled from the plant by a TCEQ registered sludge transporter to a TCEQ permitted land application site or another wastewater treatment plant.

A manifest will be issued with each load of sludge that is hauled from the plant. The following information will be on the manifest to document ultimate disposal of the sludge:

1. Date of sludge hauling
2. Generator Name
3. Generator's address
4. Volume of sludge hauled
5. Name of transporter
6. TCEQ transporter registration number
7. Driver's name
8. Name of disposal site
9. TCEQ Site permit number
10. Date of disposal
11. Volume of sludge disposed

This information, along with laboratory and field data will be used to determine the amount of solids disposed of in dry weight form.

ATTACHMENT M

REGIONALIZATION SURVEYS

**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

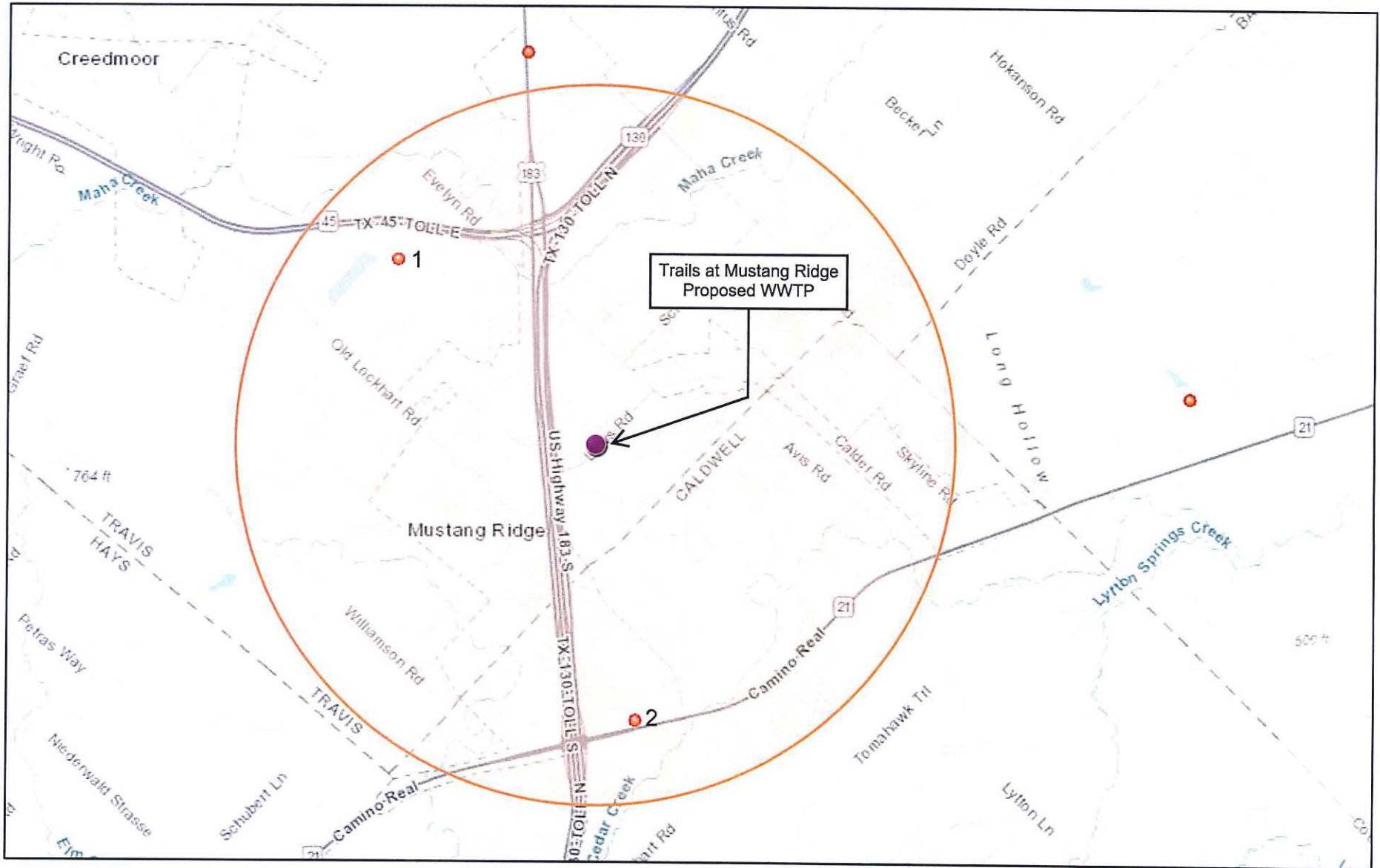
NOVEMBER 2020



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The Trails at Mustang Ridge - Nearby Treatment Plants



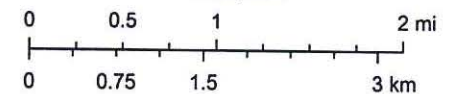
9/23/2020, 8:03:09 AM

1. MRC Utility CO LLC
WQ0015822001, new permit
currently in permitting process

2. Aus-Tex Parts and Services Inc.
WQ0014104001

*Located within the City of Mustang
Ridge

1:72,224



Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS,

The initial regionalization letters were mailed on October 13, 2020 with the facility design flow of 0.15 MGD in mind. We recently revised the design and are now applying for 0.20 MGD and had to resend the regionalization letters on November 2, 2020. No responses were received for the October letters and if any responses are received for the November letters, they (and any applicable attachments) will be submitted to the TCEQ. Please see the attached regionalization letters.



3100 Alvin Devane Blvd, Suite 150
Austin, Texas 78741
Tel: 512.441.9493
Fax: 512.445.2286
www.jonescarter.com

November 2, 2020

Mr. Joseph Etzler, P.E.
Aus-Tex Parts & Services, Ltd.
P.O. Box 17547
Austin, Texas 78760

Re: Wastewater Treatment Plant Regionalization Inquiry
Continental Homes of Texas, L.P.
Travis County, Texas

Dear Mr. Etzler:

Continental Homes of Texas, L.P. is applying for a TPDES permit and is seeking to determine if there are any wastewater treatment plants or collection systems within three (3) miles of the service area have capacity or are willing to expand to provide capacity for the ultimate needs of the proposed wastewater treatment plant. You have been identified as operating a wastewater collection system and possibly a wastewater treatment plant within three (3) miles of the service area for the Trails at Mustang Ridge wastewater treatment plant. It would be greatly appreciated if you could complete the attached survey and either fax, e-mail (jnguyen@jonescarter.com) or mail this questionnaire to me no later than November 16, 2020.

Please feel free to call or email should you have any questions.

Sincerely,

Jonathan Nguyen

JN

Attachment

[K:\05539\05539-0130-00 TPDES Permit - Trails at Mustang Ridge\2 Design Phase\001 - TPDES Permit\01 - Submit Application\Attachment P - Regionalization Surveys\CapacitySurvCvr AusTex.doc](#)



3100 Alvin Devane Blvd, Suite 150
Austin, Texas 78741
Tel: 512.441.9493
Fax: 512.445.2286
www.jonescarter.com

November 2, 2020

City of Mustang Ridge
12800 US HWY 183 South
Mustang Ridge, Texas 78610-9407

Re: Wastewater Treatment Plant Regionalization Inquiry
Continental Homes of Texas, L.P.
Travis County, Texas

To whom it may concern:

Continental Homes of Texas, L.P. is applying for a TPDES permit and is seeking to determine if the City of Mustang Ridge has capacity or are willing to expand to provide capacity for the ultimate needs of the proposed wastewater treatment plant. It would be greatly appreciated if you could complete the attached survey and either fax, e-mail (jnguyen@jonescarter.com) or mail this questionnaire to me no later than November 16, 2020.

Please feel free to call or email should you have any questions.

Sincerely,

Jonathan Nguyen

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**WASTEWATER TREATMENT CAPACITY
AVAILABILITY SURVEY**

Continental Homes of Texas, L.P. ("applicant") is seeking to determine if the City of Mustang Ridge has capacity or is willing to expand to provide capacity for the ultimate needs of Continental Homes of Texas, L.P. Following is the projected flow for the applicant.

Month/Year	Flow (gpd)
June 2022	3,500
January 2023	28,000
January 2024	70,000
January 2025	112,000
January 2026	154,000
January 2027	196,000
February 2027	200,000

Yes No

1. Do you currently have wastewater treatment plant capacity available to serve the ultimate needs of the applicant? ✓
2. Are you willing to expand your wastewater treatment plant to provide capacity to serve the ultimate needs of the applicant? ✓
3. If you are willing to expand your wastewater treatment plant provide capacity to serve the ultimate needs of the applicant, can you meet the time constraints outlined in the above table? ✓

Evelyn Vega
Signature

11-16-2020
Date

Evelyn Vega
Print Name

City Clerk
Title

(512) 243-1775
Phone Number



3100 Alvin Devane Blvd, Suite 150
Austin, Texas 78741
Tel: 512.441.9493
Fax: 512.445.2286
www.jonescarter.com

October 13, 2020

Mr. Joseph Etzler, P.E.
Aus-Tex Parts & Services, Ltd.
P.O. Box 17547
Austin, Texas 78760

Re: Wastewater Treatment Plant Regionalization Inquiry
Continental Homes of Texas, L.P.
Travis County, Texas

Dear Mr. Etzler:

Continental Homes of Texas, L.P. is applying for a TPDES permit and is seeking to determine if there are any wastewater treatment plants or collection systems within three (3) miles of the service area have capacity or are willing to expand to provide capacity for the ultimate needs of the proposed wastewater treatment plant. You have been identified as operating a wastewater collection system and possibly a wastewater treatment plant within three (3) miles of the service area for the Trails at Mustang Ridge wastewater treatment plant. It would be greatly appreciated if you could complete the attached survey and either fax, e-mail (jnguyen@jonescarter.com) or mail this questionnaire to me no later than October 27, 2020.

Please feel free to call or email should you have any questions.

Sincerely,

Jonathan Nguyen

JN

Attachment

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October 13, 2020

City of Mustang Ridge
12800 US HWY 183 South
Mustang Ridge, Texas 78610-9407

Re: Wastewater Treatment Plant Regionalization Inquiry
Continental Homes of Texas, L.P.
Travis County, Texas

To whom it may concern:

Continental Homes of Texas, L.P. is applying for a TPDES permit and is seeking to determine if the City of Mustang Ridge has capacity or are willing to expand to provide capacity for the ultimate needs of the proposed wastewater treatment plant. It would be greatly appreciated if you could complete the attached survey and either fax, e-mail (jnguyen@jonescarter.com) or mail this questionnaire to me no later than October 27, 2020.

Please feel free to call or email should you have any questions.

Sincerely,

Jonathan Nguyen

JN

Attachment

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ATTACHMENT N

FEMA FLOOD MAP

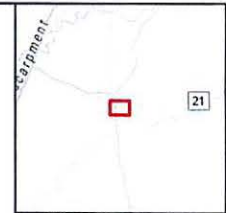
**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



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VICINITY MAP
1 inch = 10 Miles

- Legend**
- WWTP
 - Permittee Property Boundary
 - Parcels
 - Floodway
 - Zone A (100 Year)
 - Zone AE (100 Year)
 - Zone X (500 Year)

FLOODPLAIN MAP

MUSTANG RIDGE
TRAVIS COUNTY, TEXAS



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ATTACHMENT O

WINDROSE

**CONTINENTAL HOMES OF TEXAS, L.P.
THE TRAILS AT MUSTANG RIDGE WASTEWATER TREATMENT PLANT**

NOVEMBER 2020



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