



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**DOMESTIC WASTEWATER PERMIT APPLICATION
 CHECKLIST**



Complete and submit this checklist with the application.

APPLICANT: SJWTX, Inc. dba Canyon Lake Water Service Company

PERMIT NUMBER:

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**APPLICATION FOR A DOMESTIC WASTEWATER PERMIT
ADMINISTRATIVE REPORT 1.0**

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 29)

Indicate the amount submitted for the application fee (check only one).

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input checked="" type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number: 531136

Copy of Payment Voucher enclosed? Yes

Section 2. Type of Application (Instructions Page 29)

- | | |
|---|---|
| <input checked="" type="checkbox"/> New TPDES | <input type="checkbox"/> New TLAP |
| <input type="checkbox"/> Major Amendment <i>with</i> Renewal | <input type="checkbox"/> Minor Amendment <i>with</i> Renewal |
| <input type="checkbox"/> Major Amendment <i>without</i> Renewal | <input type="checkbox"/> Minor Amendment <i>without</i> Renewal |
| <input type="checkbox"/> Renewal without changes | <input type="checkbox"/> Minor Modification of permit |

For amendments or modifications, describe the proposed changes: N/A

For existing permits:

Permit Number: WQ00

EPA I.D. (TPDES only): TX

Expiration Date:

Section 3. Facility Owner (Applicant) and Co-Applicant 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?

SIWTX, Inc. dba Canyon Lake Water Service Company

(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: 602969396

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: Thomas A. Hodge

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

Title: President

B. Co-applicant 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-applicant applying for this permit?

Mary Jane Cielencki

(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-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: 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): Ms.

First and Last Name: Mary Jane Cielencki

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

Title: Landowner

Provide a brief description of the need for a co-permittee: Co-applicant owns the land where the facility will be built and owns the land where the discharge point will be placed.

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: Applicant CDF, Co-Applicant CDF, and Attachment 1 for Co-Applicant

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): Ms.

First and Last Name: Jamie Miller

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

Title: Director of Engineering

Organization Name: Integrated Water Services, Inc.

Mailing Address: 4001 N Valley Dr

City, State, Zip Code: Longmont, CO 80504

Phone No.: 303-993-3713 Ext.: Fax No.:

E-mail Address: jmiller@integratedwaterservices.com

Check one or both: Administrative Contact Technical Contact

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

First and Last Name: Austin Clements

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

Title: Process Engineer

Organization Name: Integrated Water Services, Inc.

Mailing Address: 4001 N Valley Dr

City, State, Zip Code: Longmont, CO 80504

Phone No.: 303-960-8187 Ext.: Fax No.:

E-mail Address: aclements@integratedwaterservices.com

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): Ms.

First and Last Name: Jamie Miller

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

Title: Director of Engineering

Organization Name: Integrated Water Services, Inc.

Mailing Address: 4001 N Valley Dr

City, State, Zip Code: Longmont, CO 80504

Phone No.: 303-993-3713 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: jmiller@integratedwaterservices.com

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

First and Last Name: Thomas A. Hodge

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

Title: President

Organization Name: SJWTX, Inc. dba Canyon Lake Water Service Company

Mailing Address: P.O. Box 1742

City, State, Zip Code: Canyon Lake, TX 78133

Phone No.: 830-312-4600 Ext.: [REDACTED] Fax No.: 830-964-2779

E-mail Address: tom.hodge@clwsc.com

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: Thomas A. Hodge

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

Title: President

Organization Name: SJWTX, Inc. dba Canyon Lake Water Service Company

Mailing Address: P.O. Box 1742

City, State, Zip Code: Canyon Lake, TX 78133

Phone No.: 830-312-4600 Ext.: [REDACTED] Fax No.: 830-964-2779

E-mail Address: tom.hodge@clwsc.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): Mr.

First and Last Name: Larry Bittle

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

Title: General Manager

Organization Name: SJWTX, Inc. dba Canyon Lake Water Service Company

Mailing Address: P.O. Box 1742

City, State, Zip Code: Canyon Lake, TX 78133

Phone No.: 830-312-4600 Ext.: [REDACTED] Fax No.: 830-964-2779

E-mail Address: larry.bittle@clwsc.com

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: Austin Clements

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

Title: Process Engineer

Organization Name: Integrated Water Services, Inc.

Mailing Address: 4001 N Valley Dr

City, State, Zip Code: Longmont, CO 80504

Phone No.: 303-960-8187 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: aclements@integratedwaterservices.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): Ms.

First and Last Name: Jamie Miller
Credential (P.E, P.G., Ph.D., etc.): P.E.
Title: Director of Engineering
Organization Name: Integrated Water Services, Inc.
Phone No.: 303-993-3713 Ext.:
E-mail: jmiller@integratedwaterservices.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: Mammen Family Public Library
Location within the building: Circulation Desk
Physical Address of Building: 131 Bulverde Crossing
City: Bulverde, TX 78163 County: Comal
Contact Name: Jewel English (Facilities Manager)
Phone No.: 830-438-4864 Ext.:

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

3. Do the students at these schools attend a bilingual education program at another location?

Yes No

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): N/A

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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: N/A

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:

New Permit Application. The proposed WWTF will be located approximately 0.25 miles NW of the intersection of US-281 N and Rebecca Creek Rd, in Spring Branch of Comal County, TX.

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:

The effluent from the facility will be conveyed through a 6" pipe to a discharge point along Cypress Creek; thence to the Guadalupe River above Canyon Lake.

City nearest the outfall(s): Spring Branch, TX

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

Outfall Latitude: 29°55'30.24"N

Longitude: 98°24'48.12"W

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: [REDACTED]

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:

[REDACTED]

B. City nearest the disposal site: [REDACTED]

C. County in which the disposal site is located: [REDACTED]

D. Disposal Site Latitude: [REDACTED] Longitude: [REDACTED]

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

[REDACTED]

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

[REDACTED]

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.

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:

Amount past due:

E. Do you owe any penalties to the TCEQ?

- Yes No

If yes, please provide the following information:

Enforcement order number:

Amount past due:

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: Applicant CDF and Co-Applicant CDF

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: _____

Applicant: SJWTX, Inc. dba Canyon Lake Water Service Company

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): Thomas A. Hodge, P.E.

Signatory title: President

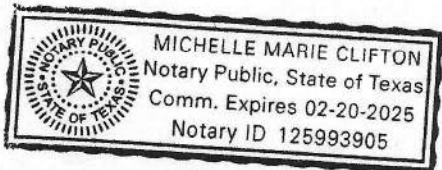
Signature: *Thomas Hodge* Date: 9/7/2021
(Use blue ink)

Subscribed and Sworn to before me by the said Thomas Hodge
on this 7th day of September, 2021.
My commission expires on the 20th day of February, 2025.

Michelle M. Clifton
Notary Public

[SEAL]

Comal
County, Texas



Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: Mary Jane Cielencki

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.

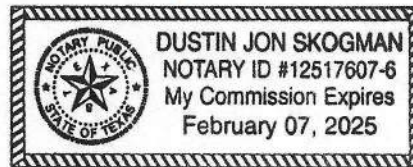
Signatory name (typed or printed): Mary Jane Cielencki

Signatory title: Landowner

Signature: Mary Jane Cielencki Date: Sept 21, 2021
(Use blue ink)

Subscribed and Sworn to before me by the said MARY JANE CIELENCKI
on this 21st day of SEPTEMBER, 2021.
My commission expires on the 7th day of FEBRUARY, 2021.

[Signature]
Notary Public



[SEAL]

GUADALUPE
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: Comal CAD Map Search
- 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):

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: SJWTX, Inc. dba Canyon Lake Water Service Company

Permit No. WQ00 _____

EPA ID No. TX _____

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

The proposed WWTF will be located approximately 0.25 miles NW of the intersection of US-281 N and Rebecca Creek Rd, in Spring Branch of Comal County, TX

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): Ms.

First and Last Name: Jamie Miller

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

Title: Director of Engineering

Mailing Address: 4001 N Valley Dr

City, State, Zip Code: Longmont, CO 80504

Phone No.: 303-993-3713 Ext.:

Fax No.:

E-mail Address: jmiller@integratedwaterservices.com

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

N/A

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.

The effluent from the facility will be conveyed through a 6" pipe to a discharge point along Cypress Creek; thence to the Guadalupe River above Canyon Lake.

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):

The construction of the facility will impact less than 1 acre of land. There will be surface excavation for pad development and installing of necessary piping.

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

No current or existing disturbances. Land is currently privately owned and contains native vegetation.

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:

Phase I, starting Aug 2022. Phase II, starting Aug 2024. Final Phase, starting Mar 2026 and end 2026.

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

N/A

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ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 50)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

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

Full legal name (first, middle, last): Mary Jane Cielencki

Driver's License or State Identification Number: TX ID#: 41796712

Date of Birth: 14 Feb 1929

Mailing Address: 990 Marion Rd

City, State, and Zip Code: Marion, TX 78124

Phone Number: 830-914-3313 Fax Number:

E-mail Address: c4cki@gvec.net

CN:

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

TCEQ ePay Receipt

Transaction Information

Trace Number: 582EA000450477
Date: 09/29/2021 05:11 PM
Payment Method: CC - Authorization 0000097294
ePay Actor: AUSTIN CLEMENTS
TCEQ Amount: \$1,250.00
Texas.gov Price:: \$1,278.39*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name: AUSTIN CLEMENTS
Company: INTEGRATED WATER SERVICES
Address: 4001 N VALLEY DR, LONGMONT, CO 80504
Phone: 303-960-8187

Cart Items

Voucher	Fee Description	AR Number	Amount
531136	WW PERMIT - FACILITY WITH FLOW >= .25 & < .50 MGD - NEW AND MAJOR AMENDMENTS		\$1,200.00
531137	30 TAC 305.53B WQ NOTIFICATION FEE		\$50.00
TCEQ Amount:			\$1,250.00



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)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 602969396		RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
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:	
SJWTX, Inc. dba Canyon Lake Water Service Company			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0800542934	12040132529	20-4013252	
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input 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		13. Independently Owned and Operated?	
<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		<input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Occupational Licensee		<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Other:			
15. Mailing Address:	P.O. Box 1742		
	City	Canyon Lake	State TX ZIP 78133 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)
(830) 312-4600			(830) 964-2779

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.)
Simmons Valley WWTF

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County	Comal						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The proposed WWTF will be located approximately 0.25 miles NW of the intersection of US-281 N and Rebecca Creek Rd, in Spring Branch of Comal County, TX						
26. Nearest City	Spring Branch				State	TX	
					Nearest ZIP Code	78070	
27. Latitude (N) In Decimal:	29.923161			28. Longitude (W) In Decimal:	-98.414016		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	55	23.4	98	24	50.5		
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			221320				
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
P.O. Box 1742							
34. Mailing Address:	City	Canyon Lake	State	TX	ZIP	78133	ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
(830) 312-4600					(830) 964-2779		

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:	Austin Clements	41. Title:	Process Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(303) 960-8187		() -	aclements@integratedwaterservices.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:	Canyon Lake Water Service Company	Job Title:	President
Name (In Print):	Thomas Hodge	Phone:	(830) 312- 4600
Signature:		Date:	9/7/2021

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: Thomas A. Hodge, P.E.

Title: President

Signature: _____

Date: 9/7/2021

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: _____

Applicant: SJWTX, Inc. dba Canyon Lake Water Service Company

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): Thomas A. Hodge, P.E.

Signatory title: President

Signature: *Thomas A. Hodge* Date: 9/7/2021
(Use blue ink)

Subscribed and Sworn to before me by the said Thomas Hodge
on this 7th day of September, 2021.
My commission expires on the 20th day of February, 2025.

Michelle M. Clifton
Notary Public

[SEAL]

Comal
County, Texas





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.

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<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
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CN		RN

SECTION II: Customer Information

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<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
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:	
Cielencki, Mary Jane			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input checked="" type="checkbox"/> Individual	
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		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input 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 type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant	
		<input checked="" type="checkbox"/> Other: Current Landowner	
15. Mailing Address:			
990 Marion Rd			
City	Marion	State	TX
ZIP	78124	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		c4cki@gvec.net	
18. Telephone Number		19. Extension or Code	
(830) 914-3313			
		20. Fax Number (if applicable)	
		() -	

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	
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22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Simmons Valley WWTF	

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The proposed WWTF will be located approximately 0.25 miles NW of the intersection of US-281 N and Rebecca Creek Rd, in Spring Branch of Comal County, TX									
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27. Latitude (N) In Decimal:	29.923161			28. Longitude (W) In Decimal:	-98.414016					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds					
29	55	23.4	98	24	50.5					
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			221320							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)										
P.O. Box 1742										
34. Mailing Address:	City	Canyon Lake	State	TX	ZIP	78133	ZIP + 4			
35. E-Mail Address:										
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)				
(830) 312-4600						(830) 964-2779				

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<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:	Austin Clements		41. Title:	Process Engineer	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(303) 960-8187		() -	aclements@integratedwaterservices.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.

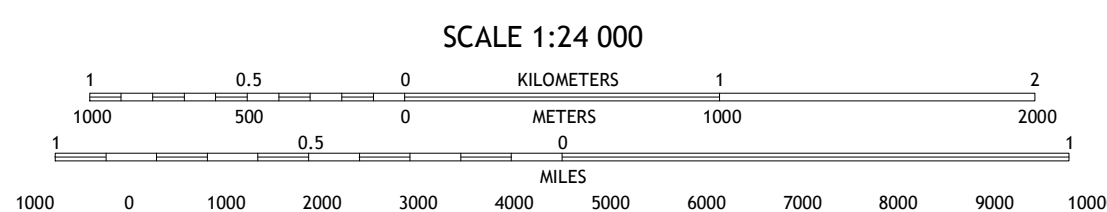
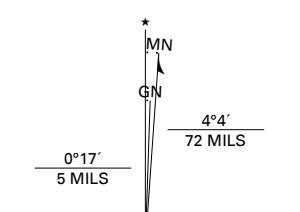
Company:			Job Title:	Landowner	
Name (In Print):	Mary Jane Cielencki			Phone:	(830) 914- 3313
Signature:	<i>Mary Jane Cielencki</i>			Date:	9-21-2021



Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84), Projection and
1 000-meter grid/Universal Transverse Mercator, Zone 14R
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.

ImageryNAIP, September 2016 - November 2016
RoadsU.S. Census Bureau, 2015 - 2018
NamesGNIS, 1979 - 2018
HydrographyNational Hydrography Dataset, 2002 - 2018
ContoursNational Elevation Dataset, 2003
BoundariesMultiple sources; see metadata file 2016 - 2017
WetlandsFWS National Wetlands Inventory 1983



ROAD CLASSIFICATION

Expressway	Local Connector
Secondary Hwy	Local Road
Ramp	4WD
Interstate Route	US Route
	State Route

ADJOINING QUADRANGLES

1	2	3
4	5	
6	7	8

1 Crabapple Creek
2 Blanco
3 Payton
4 Kendallia
5 Fischer
6 Bergheim
7 Anhalt
8 Smithson Valley

CONTOUR INTERVAL 20 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
This map was produced to conform with the
National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18

DOMESTIC ADMINISTRATIVE REPORT 1.1

Attachments

Simmons Valley WWTF

Affected Landowner List Cross-Referenced to Map

Cross Reference	Property ID Number	Owner	Mailing Address
1	80049	RITTIMANN FAMILY TRUST	17300 STATE HIGHWAY 46 W SPRING BRANCH, TX 78070-7084
2	80033	CIELENCKI DEBORAH ET AL	990 MARION RD MARION, TX 78124-3012
3	80027	CIELENCKI DEBORAH ET AL	990 MARION RD MARION, TX 78124-3012
4	80031	CIELENCKI DEBORAH ET AL	990 MARION RD MARION, TX 78124-3012
5	431710	PEDERNALES ELECTRIC COOP INC	PROPERTY TAX DEPT PO BOX 1 JOHNSON CITY, TX 78636-0001
6	376239	PEDERNALES ELECTRIC COOP INC	PROPERTY TAX DEPT PO BOX 1 JOHNSON CITY, TX 78636-0001
7	80030	GASS EMERY ET AL	12471 US HIGHWAY 281 N SPRING BRANCH, TX 78070-6318
8	80035	GASS EMERY ET AL	12471 US HIGHWAY 281 N SPRING BRANCH, TX 78070-6318
9	80034	GASS EMERY ET AL	12471 US HIGHWAY 281 N SPRING BRANCH, TX 78070-6318
10	80038	GASS EMERY & ANNETTE	12471 US HIGHWAY 281 N SPRING BRANCH, TX 78070-6318

RITTIMANN FAMILY TRUST
17300 STATE HIGHWAY 46 W
SPRING BRANCH TX 78070-7084

CIELENCKI DEBORAH ET AL
990 MARION RD
MARION TX 78124-3012

PEDERNALES ELECTRIC COOP INC
PROPERTY TAX DEPT
PO BOX 1
JOHNSON CITY TX 78636-0001

GASS EMERY ET AL
12471 US HIGHWAY 281 N
SPRING BRANCH TX 78070-6318

Section 2. Original Photographs

Image 1. New Treatment Facility Location (Facing Northwest)



Image 2. Proposed Point of Discharge and Upstream Area (Facing Northwest)



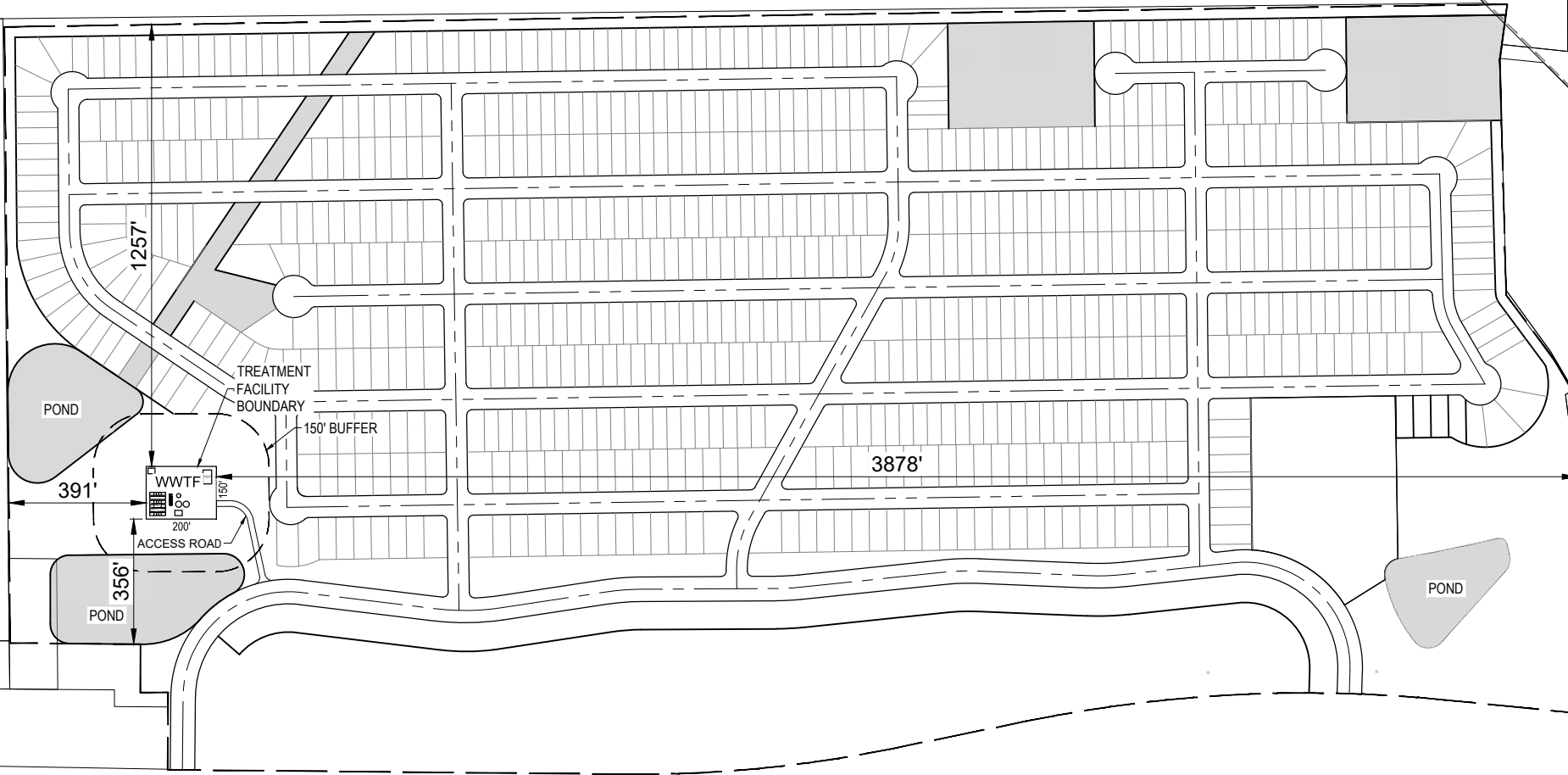
Image 3. Proposed Point of Discharge and Downstream Area (Facing South)



Image 4. Map with Photograph Location and Direction

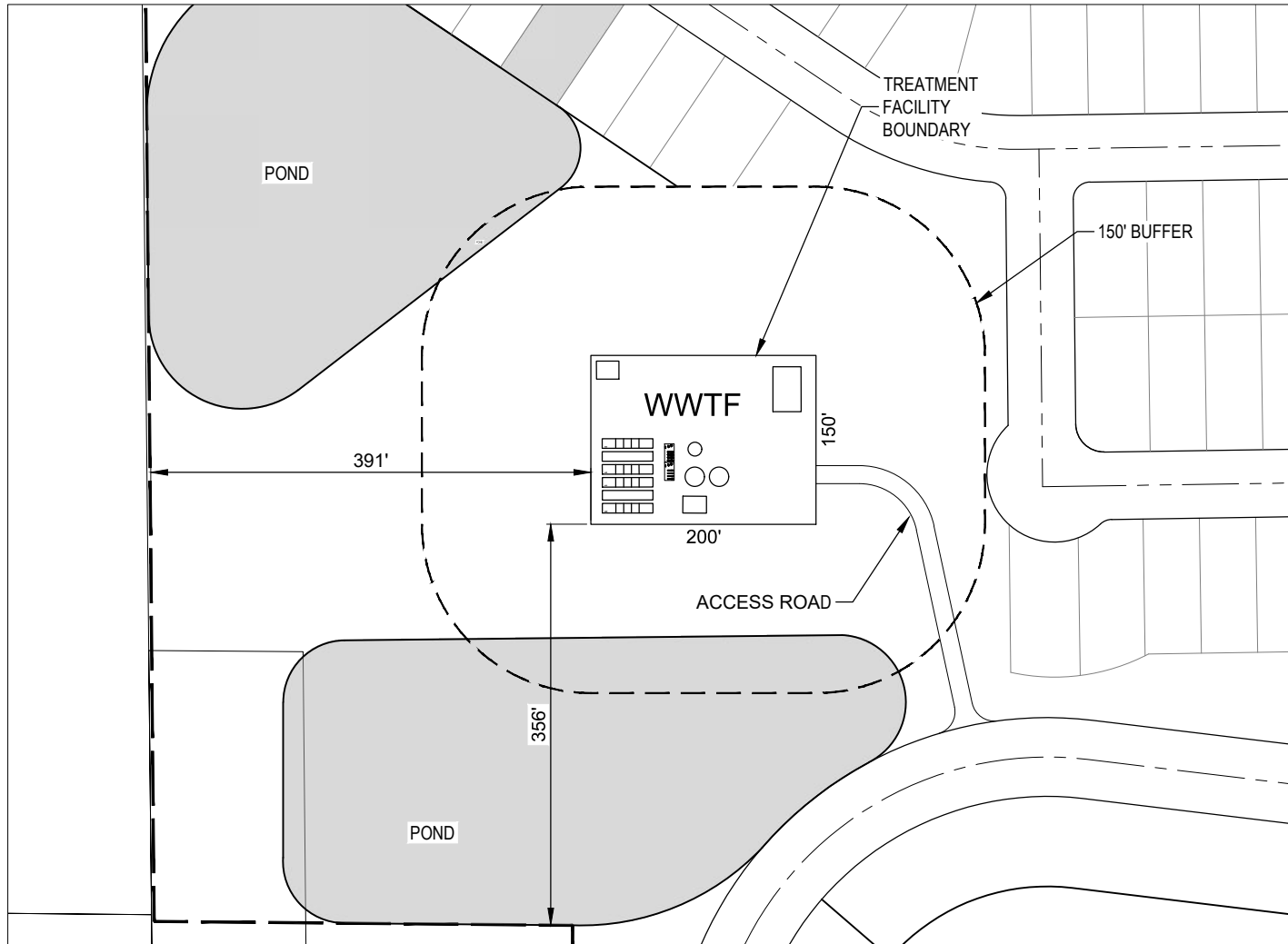


SIMMONS VALLEY WASTEWATER TREATMENT FACILITY BUFFER ZONE MAP



SCALE: 1" = 300 FT.
00036

SIMMONS VALLEY WASTEWATER TREATMENT FACILITY BUFFER ZONE MAP

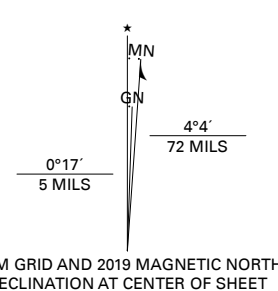




Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84), Projection and
1 000-meter grid/Universal Transverse Mercator, Zone 14R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
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entering private lands.

ImageryNAIP, September 2016 - November 2016
RoadsU.S. Census Bureau, 2015 - 2018
NamesGNIS, 1979 - 2018
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BoundariesMultiple sources; see metadata file 2016 - 2017
WetlandsFWS National Wetlands Inventory 1983



CONTOUR INTERVAL 20 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18



ADJOINING QUADRANGLES

1	2	3
4	5	6
7	8	

1 Crabapple Creek
2 Blanco
3 Payton
4 Kendallia
5 Fischer
6 Bergheim
7 Anhalt
8 Smithson Valley

ROAD CLASSIFICATION

Expressway	Local Connector
Secondary Hwy	Local Road
Ramp	4WD
Interstate Route	US Route
	State Route



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): 0.060

2-Hr Peak Flow (MGD): 0.240

Estimated construction start date: August 2022

Estimated waste disposal start date: December 2022

B. Interim II Phase

Design Flow (MGD): 0.150

2-Hr Peak Flow (MGD): 0.600

Estimated construction start date: August 2024

Estimated waste disposal start date: December 2024

C. Final Phase

Design Flow (MGD): 0.260

2-Hr Peak Flow (MGD): 1.040

Estimated construction start date: March 2026

Estimated waste disposal start date: August 2026

D. Current operating phase: N/A

Provide the startup date of the facility: N/A

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:

<u>Attachment - Treatment Process Details</u>

Port or pipe diameter at the discharge point, in inches: 6 inch

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)
Attachment - Treatment Process Details		

C. Process flow diagrams

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

Attachment: Process Flow Diagrams

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: Site Drawings

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

Simmons Valley Subdivision - Approximately 1010 living unit equivalent (LUE). May additionally serve future commercial development around the subdivision.

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.

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.

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.

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.

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*.

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.

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.

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.

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.

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.

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: SJWTX, Inc. dba Canyon Lake Water Service Company

Facility Operator's License Classification and Level: Class C

Facility Operator's License Number: 20877

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: Mesquite Creek Landfill

TCEQ permit or registration number: 66B

County where disposal site is located: Comal County

C. Sludge transportation method

Method of transportation (truck, train, pipe, other): Truck

Name of the hauler: SJWTX, Inc. dba Canyon Lake Water Service Company

Hauler registration number: 24521

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:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

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

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

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

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.

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: [REDACTED]
- Copy of the closure plan
Attachment: [REDACTED]
- Copy of deed recordation for the site
Attachment: [REDACTED]
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons
Attachment: [REDACTED]
- Description of the method of controlling infiltration of groundwater and surface water from entering the site
Attachment: [REDACTED]
- Procedures to prevent the occurrence of nuisance conditions
Attachment: [REDACTED]

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: [REDACTED]

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: [click here to enter text](#)

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: Thomas A. Hodge, P.E.

Title: President

Signature: _____

Date: 9/7/2021

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.

Preliminary plans for the Simmons Valley development involve building a subdivision with approximately 1,010 living unit equivalents (LUE). Additionally, there may be adjacent commercial development. Flows will be greater than 5,000 GPD and therefore a TCEQ discharge permit is required. There are no other WWTFs within a 3-mile radius of the proposed plant, and it is not economical to transport to any facilities beyond this distance.

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: _____

If yes, attach correspondence from the city.

Attachment: _____

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: _____

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: [REDACTED]

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: [REDACTED]

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

Attachment: [REDACTED]

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

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: [REDACTED]

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]
[redacted]

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

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	0.260	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	0.260	
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: 5

Total Suspended Solids, mg/l: 5

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l: 2

Other:

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 5

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l: 2

Other:

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 5

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l: 2

Other:

D. Disinfection Method

Identify the proposed method of disinfection.

- Chlorine: mg/l after minutes detention time at peak flow
Dechlorination process:
- Ultraviolet Light: Min. of 30 mJ/cm² at up to 40 GPM per cell seconds contact time at peak flow
- Other:

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: Design Calculations

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.

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

FEMA - Flood Insurance Rate Map (FIRMette), Comal County, TX. Panel 295 of 505. Map #: 48091C0070F

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:

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

B. Wind rose

Attach a wind rose. **Attachment:** Spring Branch Wind Rose

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: [REDACTED]

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: [REDACTED]

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

Attach a solids management plan to the application.

Attachment: Sludge Management Plan

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).

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: Cypress Creek

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.

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.

Within three miles downstream of the discharge point, there are a few intermittent ponds where way may collect during wet seasons.

E. Normal dry weather characteristics

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

Stream bed is typically dry during normal weather conditions.

Date and time of observation: 30 July 2021, 9:00AM

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.

- Oil field activities
- Urban runoff
- Upstream discharges
- Agricultural runoff
- Septic tanks
- Other(s), specify

B. Waterbody uses

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

- Livestock watering
- Contact recreation
- Irrigation withdrawal
- Non-contact recreation
- Fishing
- Navigation

Domestic water supply

Industrial water supply

Park activities

Other(s), specify

[click here to enter](#)

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

Domestic Technical Report 1.0 – Attachment: Treatment Process Details

Treatment Process Description

- Phase I: The overall treatment process for Phase I will incorporate a MBR design with a rated treatment capacity of 0.060 MGD. Influent into the system will first pass through a primary rotary drum screen before entering an influent holding tank (EQ Tank). From the holding tank, wastewater will be pumped to a single BluBox MBR skid, which contains a secondary screening drum for influent entering the skid. Once screened, wastewater flows into an anoxic zone. Next, the wastewater will be pumped into a pre-aeration zone, where it will then cascade into one of two membrane chambers, where it will then be filtered through BIO-CEL L-2 (Type UP-150) membranes. Permeate from the membranes will be treated with UV disinfection before exiting the system at the discharge point. Waste activated sludge from the system will be cycled through a separate holding tank (Sludge Holding Tank), where it will be intermittently removed and disposed of. All aspects of design will comply with TCEQ 30 Chapter 217.157 (Membrane Bioreactor Systems).
- Phase II: The overall treatment process for Phase II will again incorporate a MBR design. The rated treatment capacity at Phase II build out will be 0.150 MGD. Influent into the system will first pass through a primary rotary drum screen before entering an influent holding tank (EQ Tank). From the holding tank, wastewater will be pumped and distributed to two separate BluBox MBR skids, each of which have a secondary screening drum for influent into the skid. Screened wastewater will flow into an anoxic basin on each skid. Wastewater from both basins will then equalize into a single common anoxic basin on a separate skid. From here, the wastewater will cascade into a pre-aeration basin where it will eventually be hydraulically distributed to a pre-aeration basin on each of the two original MBR skids. At this point, the wastewater on each skid will flow into one of two MBR chambers where it will be filtered through BIO-CEL L-2 (Type UP-150) membranes. Permeate from the membranes will be treated with UV disinfection before exiting the system at the discharge point. Waste activated sludge from each system will be cycled through a separate holding tank (Sludge Holding Tank), where it will be intermittently removed and disposed of. All aspects of design will comply with TCEQ 30 Chapter 217.157 (Membrane Bioreactor Systems).
- Final Phase: The overall treatment process for Final Phase will again incorporate a MBR design. The rated treatment capacity at final build out will be 0.260 MGD. Influent into the system will first pass through a primary rotary drum screen before entering an influent holding tank (EQ Tank). From the holding tank, wastewater will be pumped and distributed to two systems, with each system containing two separate BluBox MBR Skids and a single PA Skid. Every MBR skid will have a secondary screening drum for influent into the skid. Within both systems, screened wastewater will flow into an anoxic basin on the MBR skids, which will then equalize to an anoxic basin on the PA skid. From here, the wastewater will cascade into a pre-aeration basin where it will eventually be hydraulically distributed to a pre-aeration basin on each of the two original MBR skids. At this point, the wastewater on each skid will flow into one of two MBR chambers where it will be filtered through BIO-CEL L-2 (Type UP-150) membranes. Permeate from the membranes will be treated with UV disinfection before exiting the system at the discharge point. Waste activated sludge from each system will be cycled through a separate holding tank (Sludge Holding Tank),

where it will be intermittently removed and sent to a sludge press. Sludge from the press will be hauled off and disposed of in a landfill. All aspects of design will comply with TCEQ 30 Chapter 217.157 (Membrane Bioreactor Systems).

Additional Facility Features:

- System Redundancy and Reliability
 - Each MBR Skid contains two membrane zones that exists as an extension of the pre-aeration (aerobic) zone. For all phases of the project, the system can operate at peak flow with one membrane per skid out of service.
 - All pumps and blowers used throughout the process will maintain at least a 1.5X redundancy factor during operation.
 - Emergency/back-up power will be supplied by an on-site generator that will be designed to provide continuous and sufficient power to all process equipment (i.e. pumps, blowers, mixers, etc.)
- Overflow prevention.
 - A peaking factor of 4.0 is used to insure adequate hydraulic capacity.
 - Pumping systems have been designed to operate at peak flow with the largest pump out of service.
 - All piping is sized to handle anticipated peak flows.
 - Overflow from open top basins will be caught and redirected to largest holding tank to further prevent any spill incidents.

Treatment Unit Details

Phase I:

Treatment Unit Type	# of Units	Dimensions	
Headworks	1	21' x 15'	L x W
EQ Tank	1	17.2' x 16.1'	Dia. x H
Sludge Holding Tank	1	12.3' x 16.1'	Dia. x H
MBR Skid	1	45' x 8.5' x 18'	L x W x H

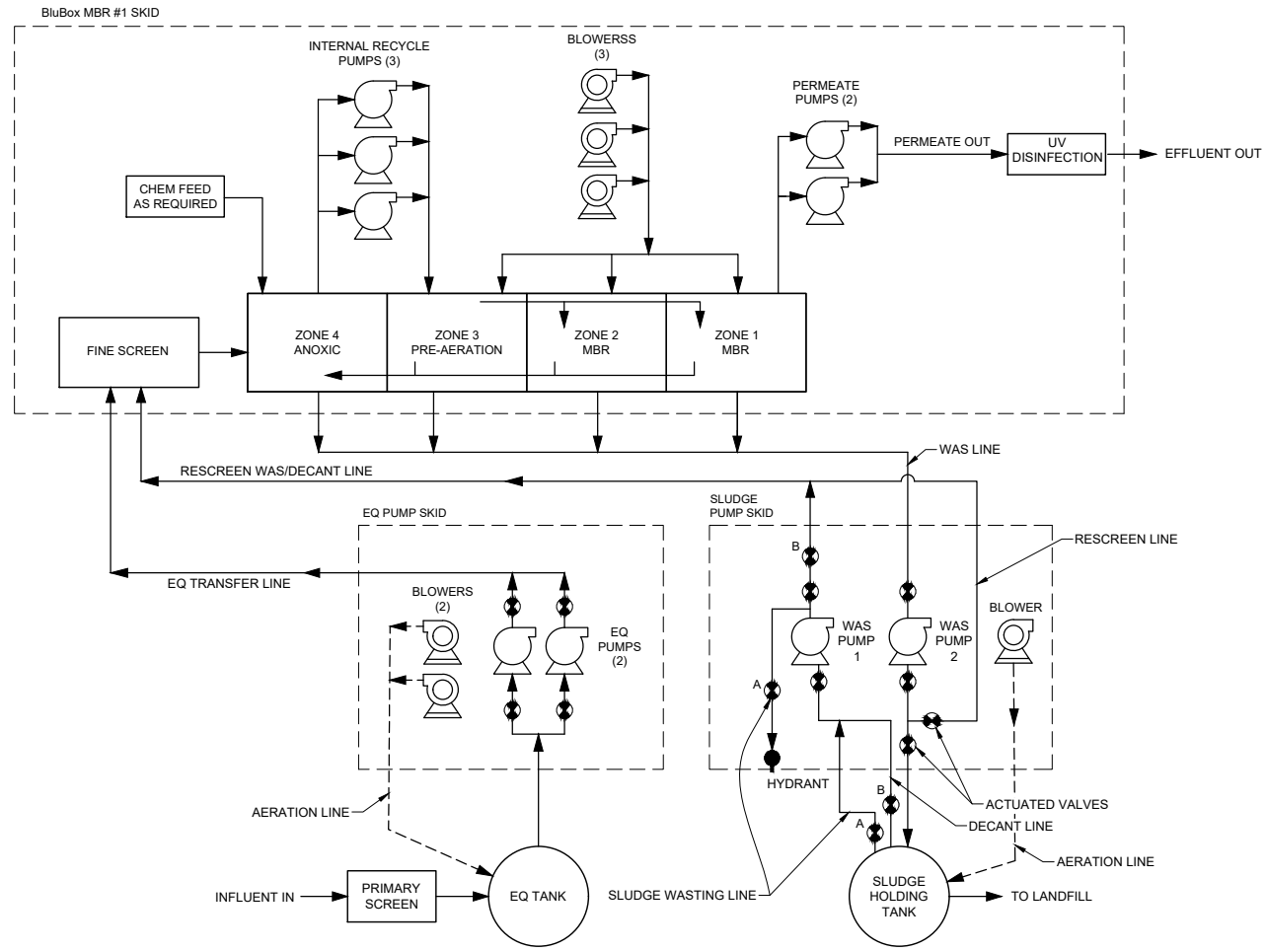
Phase II:

Treatment Unit Type	# of Units	Dimensions	
Headworks	1	21' x 15'	L x W
EQ Tank	1	17.2' x 16.1'	Dia. x H
Sludge Holding Tank	1	12.3' x 16.1'	Dia. x H
MBR Skid	2	45' x 8.5' x 18'	L x W x H
PA Skid	1	45' x 8.5' x 12'	L x W x H
Sludge Press	1	40' x 25'	L x W

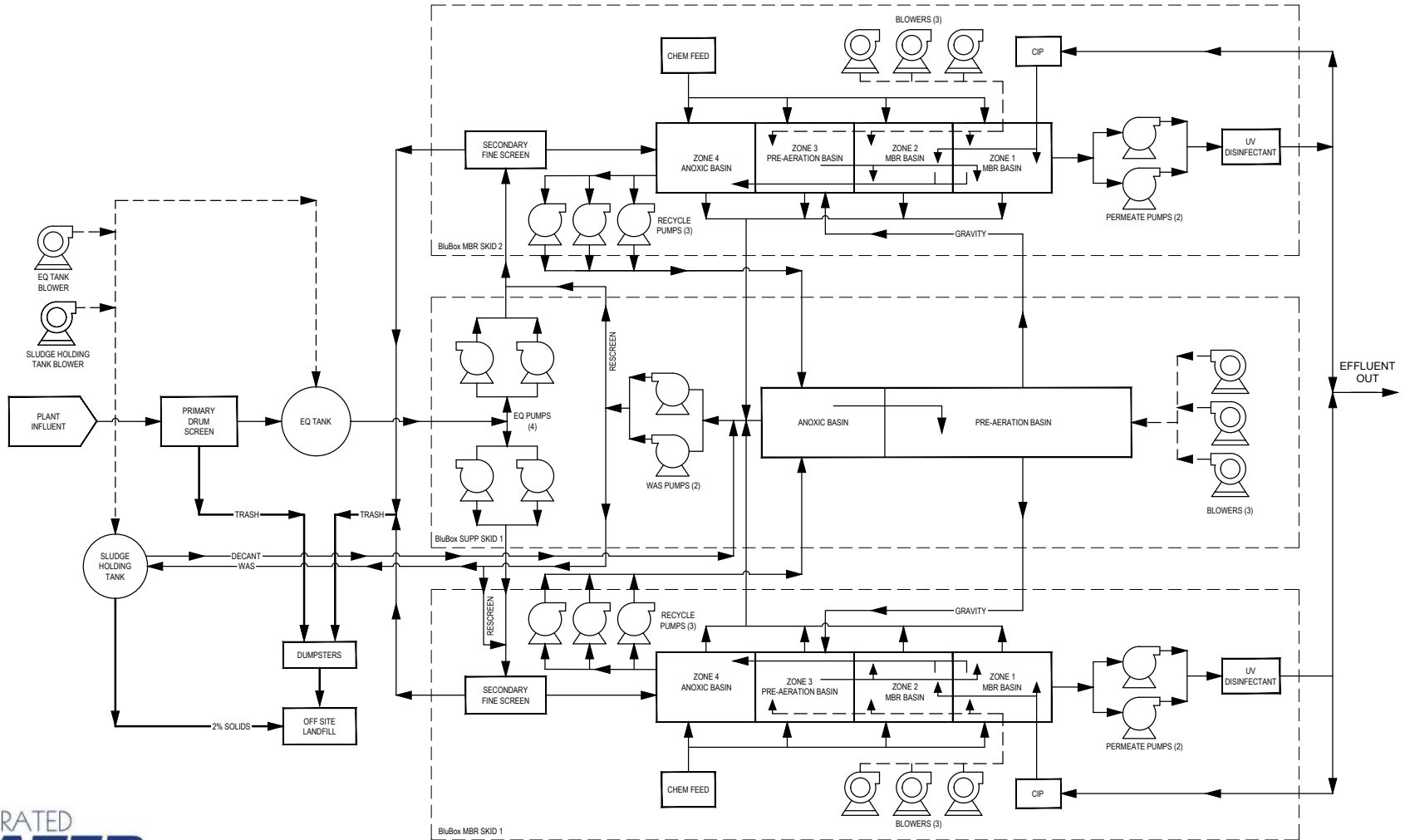
Final Phase:

Treatment Unit Type	# of Units	Dimensions	
Headworks	1	21' x 15'	L x W
EQ Tank	2	17.2' x 16.1'	Dia. x H
Sludge Holding Tank	1	12.3' x 16.1'	Dia. x H
MBR Skid	4	45' x 8.5' x 18'	L x W x H
PA Skid	2	45' x 8.5' x 12'	L x W x H
Sludge Press	1	40' x 25'	L x W

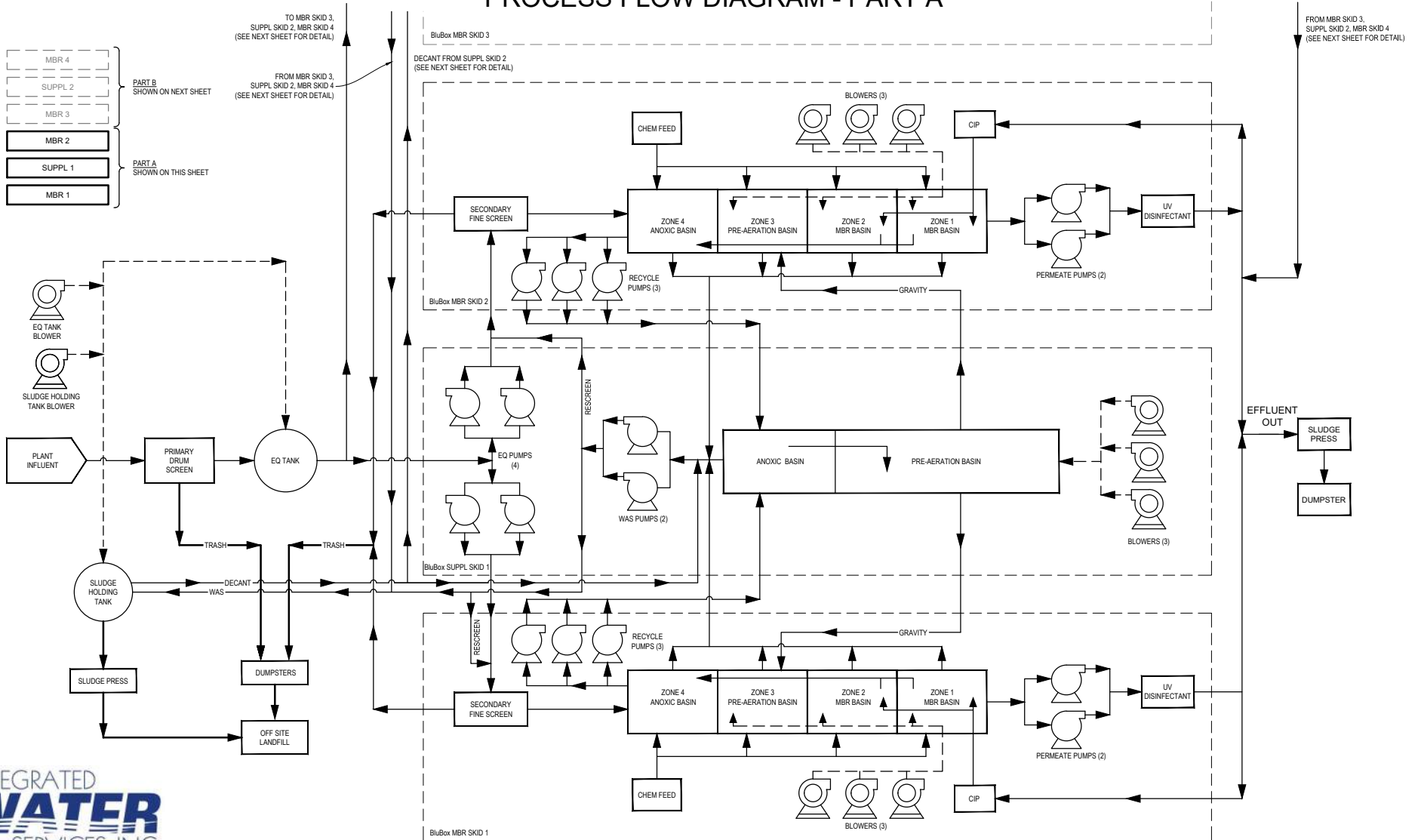
SIMMONS VALLEY WASTEWATER TREATMENT FACILITY PHASE I - 60,000 GALLONS PER DAY PROCESS FLOW DIAGRAM



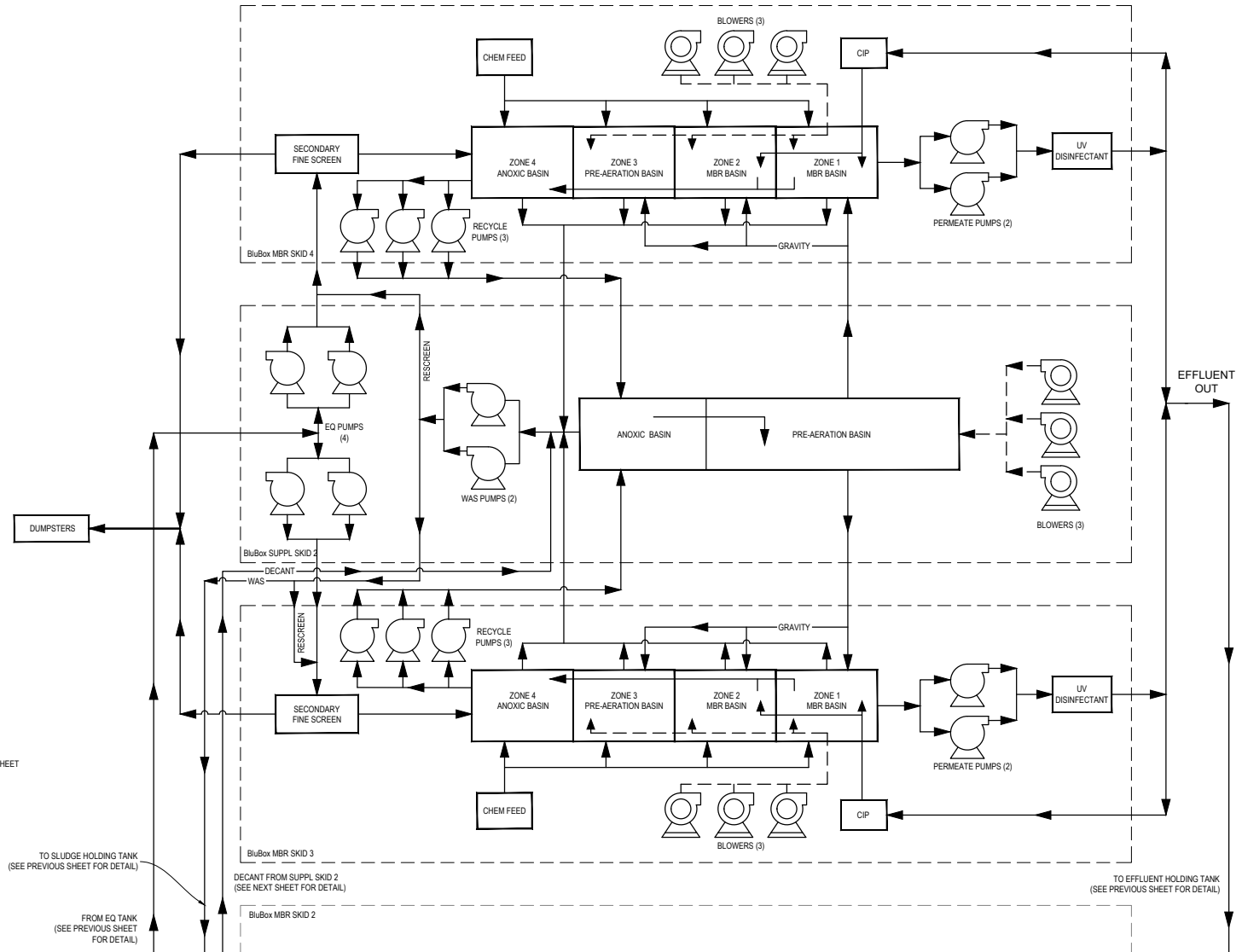
SIMMONS VALLEY WASTEWATER TREATMENT FACILITY PHASE II - 150,000 GALLONS PER DAY PROCESS FLOW DIAGRAM



SIMMONS VALLEY WASTEWATER TREATMENT FACILITY PHASE III - 260,000 GALLONS PER DAY PROCESS FLOW DIAGRAM - PART A



SIMMONS VALLEY WASTEWATER TREATMENT FACILITY PHASE III - 260,000 GALLONS PER DAY PROCESS FLOW DIAGRAM - PART B



- | | | |
|---------|---|-----------------------------------|
| MBR 4 | } | PART B
SHOWN ON THIS SHEET |
| SUPPL 2 | | |
| MBR 3 | | |
| MBR 2 | } | PART A
SHOWN ON PREVIOUS SHEET |
| SUPPL 1 | | |
| MBR 1 | | |
| | | |



TO SLUDGE HOLDING TANK
(SEE PREVIOUS SHEET FOR DETAIL)

FROM EQ TANK
(SEE PREVIOUS SHEET
FOR DETAIL)

BluBox MBR SKID 3

DECANT FROM SUPPL SKID 2
(SEE NEXT SHEET FOR DETAIL)

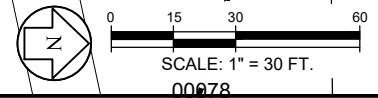
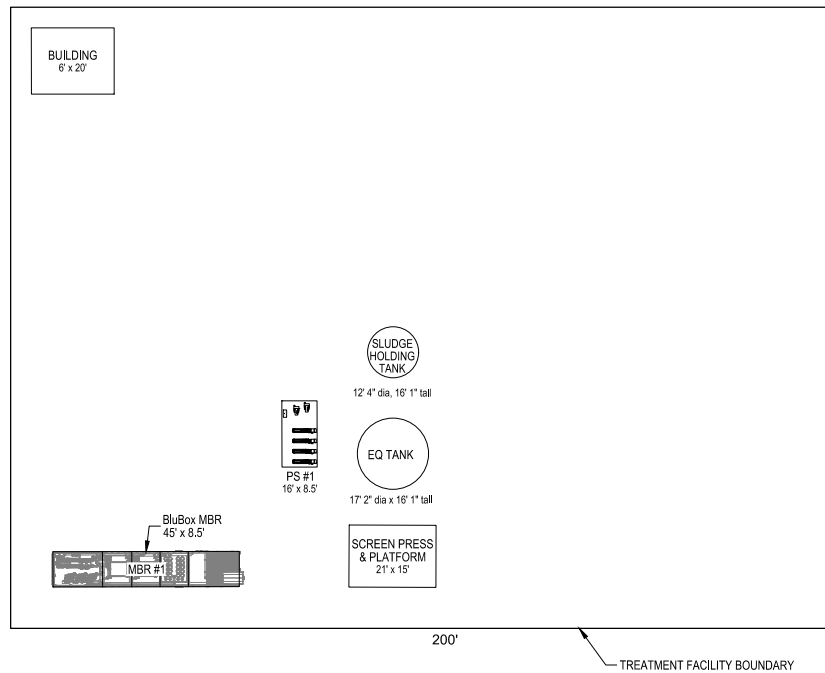
BluBox MBR SKID 2

TO EFFLUENT HOLDING TANK
(SEE PREVIOUS SHEET FOR DETAIL)

00077

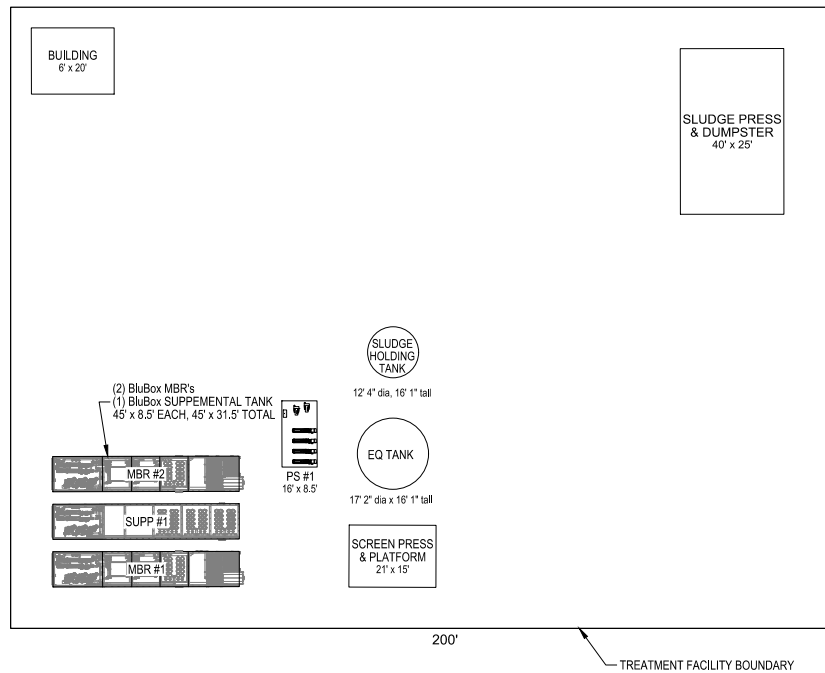
POND

SIMMONS VALLEY WASTEWATER TREATMENT FACILITY PHASE I - 60,000 GALLONS PER DAY CONCEPTUAL LAYOUT



POND

SIMMONS VALLEY WASTEWATER TREATMENT FACILITY PHASE II - 150,000 GALLONS PER DAY CONCEPTUAL LAYOUT



ROADWAY

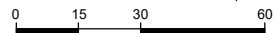
150'

ACCESS ROAD

200'

TREATMENT FACILITY BOUNDARY

150' BUFFER

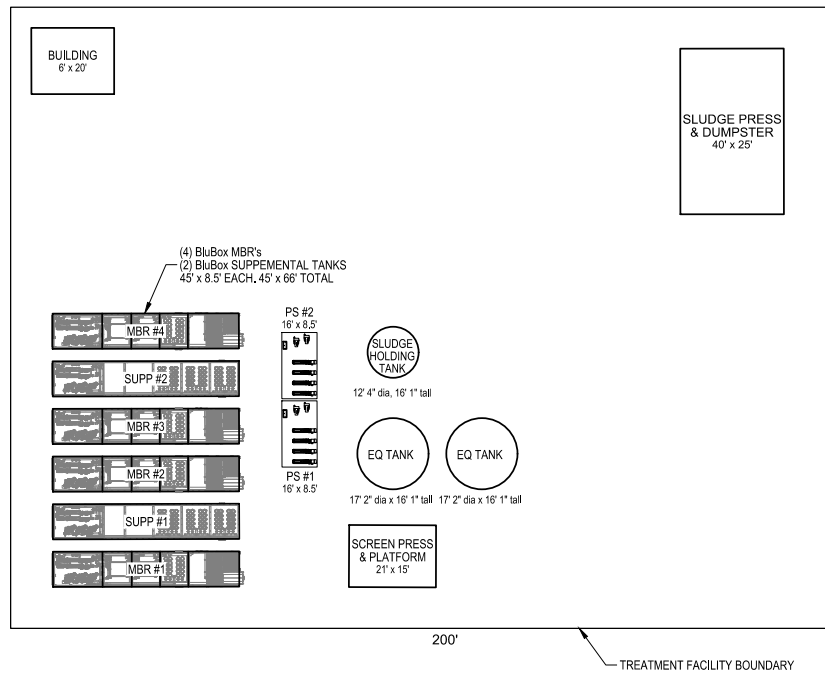


SCALE: 1" = 30 FT.

00079

POND

SIMMONS VALLEY WASTEWATER TREATMENT FACILITY FINAL PHASE - 260,000 GALLONS PER DAY CONCEPTUAL LAYOUT



ROADWAY

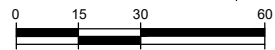
150'

ACCESS ROAD

200'

TREATMENT FACILITY BOUNDARY

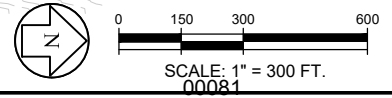
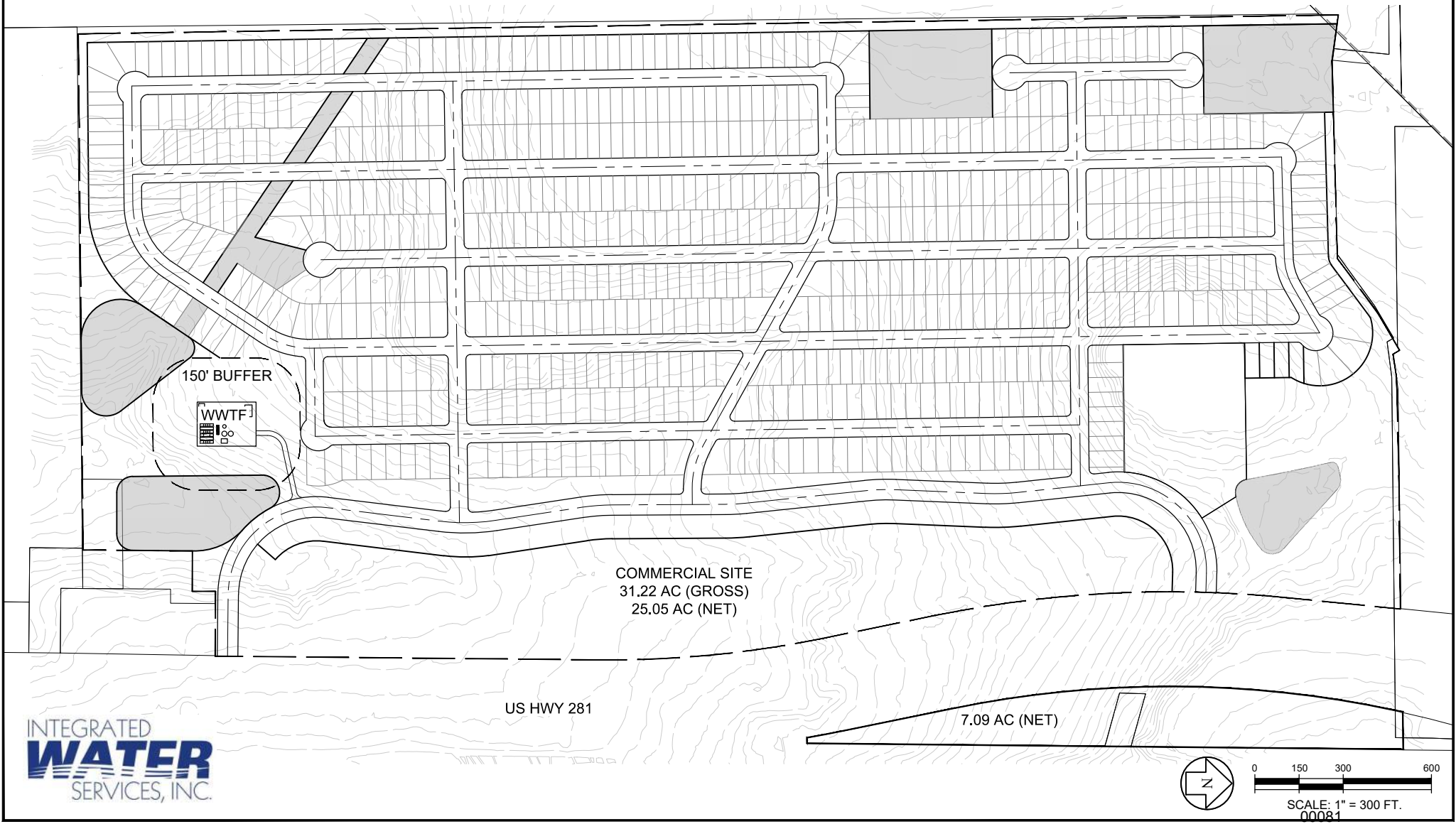
150' BUFFER



SCALE: 1" = 30 FT.

00080

SIMMONS VALLEY WASTEWATER TREATMENT FACILITY
AREA SERVED BY TREATMENT FACILITY
TOTAL RESIDENTIAL LOTS = 718, COMMERCIAL LOTS = 2



Domestic Technical Report 1.1 – Attachment: Design Calculations

All phases of the treatment facility will be designed according to the requirements of 30 TAC Chapter 217 (Design Criteria for Domestic Wastewater Systems)

Influent Wastewater Quality Characteristics – The raw sewage characteristics used for design purposes in both Phase I and Final Phase are as follows:

Parameter	Concentration
BOD ₅	250 mg/L
TSS	300 mg/L
TKN	60 mg/L
TP	10 mg/L

Phase I Influent Flow Characteristics – The Phase I facility process and hydraulic design flows are as follows:

Flow	Gallons Per Day	Gallons Per Minute
Average Daily Flow (Q _{avg})	60,000	41.7
Peak 2-Hour Flow (Q _{pk})	240,000	166.7

Loading	Pounds Per Day
BOD ₅	125.2
TSS	150.2

Phase II Influent Flow Characteristics – The Phase I facility process and hydraulic design flows are as follows:

Flow	Gallons Per Day	Gallons Per Minute
Average Daily Flow (Q _{avg})	150,000	104.2
Peak 2-Hour Flow (Q _{pk})	600,000	416.7

Loading	Pounds Per Day
BOD ₅	313.0
TSS	375.5

Final Phase Influent Flow Characteristics – The Final Phase facility process and hydraulic design flows are as follows:

Flow	Gallons Per Day	Gallons Per Minute
Average Daily Flow (Q _{avg})	260,000	180.6
Peak 2-Hour Flow (Q _{pk})	1,040,000	7202.2

Loading	Pounds Per Day
BOD ₅	542.5
TSS	650.9

Process Design – The treatment facility will be designed to produce an effluent quality that complies with the proposed permitted parameters:

Parameter	Concentration
BOD ₅	5 mg/L
TSS	5 mg/L
TKN	2 mg/L
DO	2 mg/L

Treatment Unit Information:

Coarse Screen

- Rotating Drum Screen – Perforated Plate (2mm)
- Hydraulic Capacity – 2.0 MGD
- Screen Material – AISI 304 SS

Flow Equalization Basin

- Standard Bolted Steel Tank
- Dimensions: Phase I thru II – 17’2” Dia. x 16’1” Height (28,000-gal capacity)
Final Phase – 2 count, 17’2” Dia. x 16’1” Height (56,000-gal capacity, total)

Sludge Holding Basin

- FRP Tank
- Dimensions: Phase I thru Final Phase – 12’4” Dia. x 16’1” Height (14,500-gal capacity)

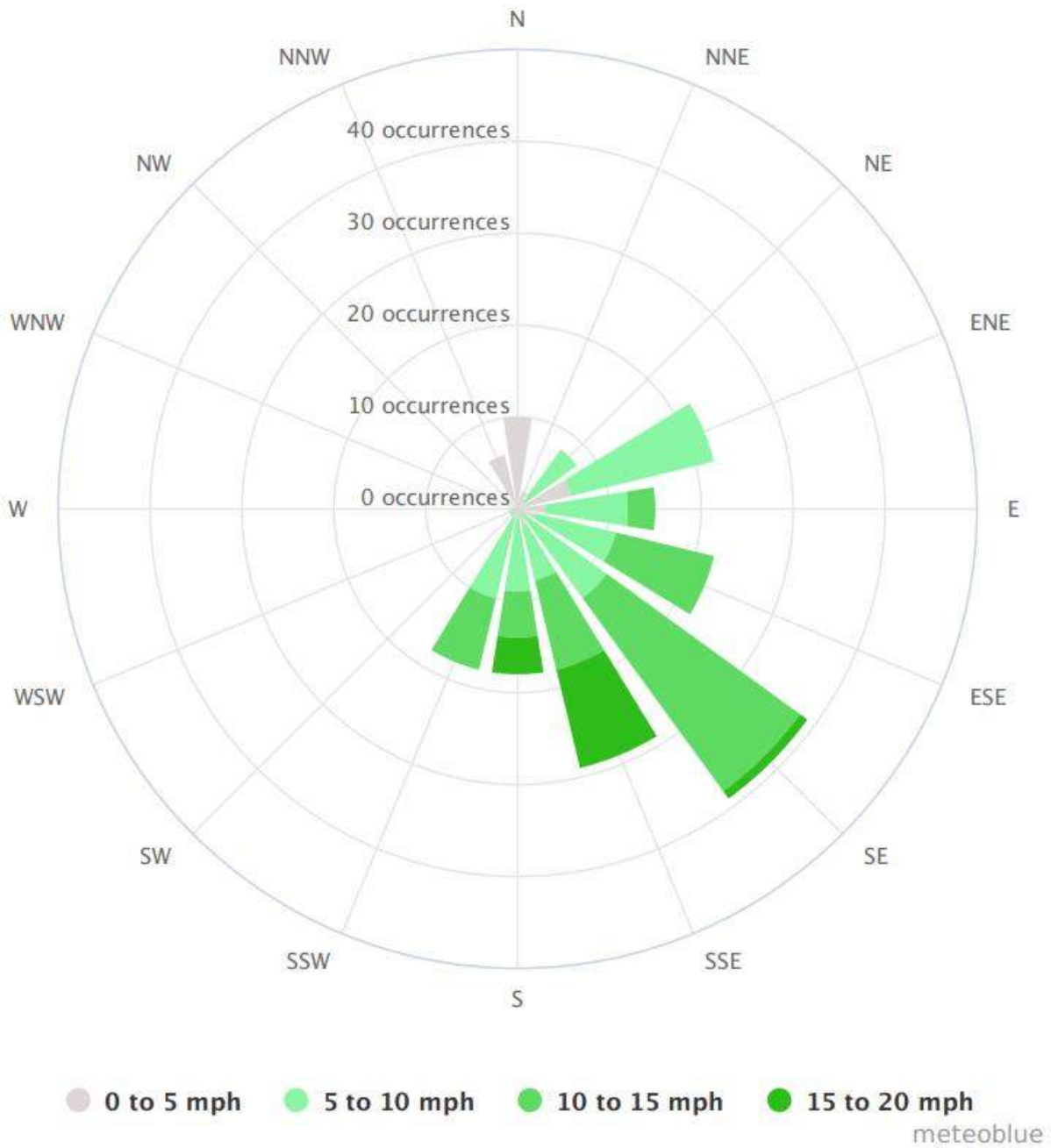
Sludge Press

- Dimensions – 25’ Width x 40’ Length
- Treatment Capacity – 1 ton per day

Facility Design Features

1. Excessive Inflow
 - a. A peaking factor of 4.0 is used to insure adequate hydraulic capacity.
 - b. Pumping systems have been designed to operate at peak flow with the largest pump out of service.
 - c. All piping is sized to handle anticipated peak flows.
 - d. Overflow from open top basins will be caught and redirected to largest holding tank to further prevent any spill incidents.
2. Emergency Power Requirements
 - a. Emergency/back-up power will be supplied by an on-site generator that will be designed to provide continuous and sufficient power to all process equipment (i.e. pumps, blowers, mixers, etc.)
3. Equipment Malfunction
 - a. Each MBR Skid contains two membrane zones that exists as an extension of the pre-aeration (aerobic) zone. For all phases of the project, the system can operate at peak flow with one membrane per skid out of service.
 - b. All pumps and blowers used throughout the process will maintain at least a 1.5X redundancy factor during operation.
4. Facility Maintenance and Repair
 - a. Equipment monitoring will take place for all process equipment and will record usage according to the appropriate metrics. Maintenance schedules will be developed per these metrics and manufacturer specifications.

Domestic Technical Report 1.1 – Attachment: Spring Branch Wind Rose



Source: Wind Rose Spring Branch. meteoblue. (n.d.). https://www.meteoblue.com/en/weather/archive/windrose/spring-branch_united-states-of-america

Domestic Technical Report 1.1 – Attachment: Sludge Management Plan

- (a) Dimensions and capacities of all sewage sludge handling and treatment units and processes include the following:

For Phase I: 0.060 MGD

Treatment Unit	Number of Units	Dimensions	Capacity
Sludge Holding Tank	1	12.3' x 16.1' (D x H)	14,500 gal

For Phase II: 0.150 MGP

Treatment Unit	Number of Units	Dimensions	Capacity
Sludge Holding Tank	1	12.3' x 16.1' (D x H)	14,500 gal
Sludge Press	1	40' x 25' (L x W)	1 ton per day

For Final Phase: 0.260 MGD

Treatment Unit	Number of Units	Dimensions	Capacity
Sludge Holding Tank	1	12.3' x 16.1' (D x H)	14,500 gal
Sludge Press	1	40' x 25' (L x W)	1 ton per day

- (b) The amount of solids generated at expected increments of the design flows is provided in the following table:

Phase	100% Flow	75% Flow	50% Flow	25% Flow
Phase I	1,200	900	600	300
Phase II	3,000	2,250	1,500	750
Final Phase	5,200	3,900	2,600	1,300

- (c) The plant, in all phases, is designed to operate at a mixed liquor suspended solids (MLSS) concentration of 12,000 mg/L. Adjustments will be made to maintain this MLSS concentration at lower flow rates.
- (d) For Phase I, wet solids will be removed from the sludge holding tank at various intervals. Wet solids will be hauled and disposed of at the ultimate disposal site. For Phase II and Final Phase, MLSS concentration and solid removal will be maintained through means of a sludge press. Wet solids will be cycled through a sludge press, where dry solids will then be removed and hauled to the ultimate disposal site.

(e) The schedule for removal of solids to maintain an appropriate solids inventory is given by the following table:

Sludge Removal Schedule

Removal Schedule (Days Between Removal)	100% Flow	75% Flow	50% Flow	25% Flow
Phase I	12	16	23	47
Phase II *	4.5	6	9	19
Final Phase *	2.5	3.5	5	11

*Removal for these phases is based solely on tank volume. Phase II and Final Phase will incorporate a sludge press that will be able to remove solid at variable rates in order to maintain sufficient system sludge levels.

(f) The ultimate disposal site will be the Mesquite Creek Landfill, which is owned by Waste Management. Documentation of disposal will be recorded on a disposed weight basis.