

# TPDES Permit New Application Submittal

Submitted to:

Texas Commission on Environmental Quality  
Application Review & Processing Team (MC-148)  
P.O. Box 13087  
Austin, Texas 78711-3087

For:

Gilden Blackburn  
Parker County, TX 76087

Owner:

Gilden Blackburn  
8131 Old Brock Road  
Brock, TX 76087

Issue Date: January 26, 2022

Prepared Either By or

Under the Direction of Jeffrey D. Hunter, P.E



**consulting environmental engineers, inc.**

**Main Office:**

150 N. Harbin Drive – Suite 408  
Stephenville, TX 76401  
Phone: (254) 968-8130  
Fax: (254) 968-8134  
Registered Firm: F-2323

**Branch Office:**

11504 PR 7440  
Wolfforth, TX 79382  
Phone: (817) 504-8390  
[www.ceeinc.org](http://www.ceeinc.org)  
email: [ceeinc@ceeinc.org](mailto:ceeinc@ceeinc.org)



Registered Firm: F-2323

## consulting **environmental** engineers, inc.

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email: [ceeinc@ceeinc.org](mailto:ceeinc@ceeinc.org)

### **PROJECT SUMMARY**

Gilden Blackburn is submitting this application for a new TPDES permit to service the proposed Brock North Subdivision with a total of 75-80 duplexes. Based on 30 TAC 217.32 (a)(3) this development will require 20,000 GPD. The property the WWTP is located on is bound by pasture land and a residence on the north and east, Fairview Road and undeveloped land on the west, and undeveloped land on the south.

The proposed system is not located within the boundaries of any sewer CCN's. One wastewater treatment facility was found to be within the three-mile radius. A request for service was sent out on August 25, 2021 to Oak Creek RV Park and they declined service.

# **Brock North WWTP**

## **Exhibit Cross Reference**

<b><u>Exhibit I.D.</u></b>	<b><u>Description</u></b>	<b><u>Reference</u></b>
I.	Core Data Form 10400	Section 3 (C) page 4 of 22
II.	Topographic Map	Item 13, page 11 of 22
III.	Affected Landowners Map	Item 1 (a), page 13 of 22
IV.	Affected Landowners Cross Reference	Item 1 (b), page 13 of 22
V.	Affected Landowners Disk	Item 1 (c), page 13 of 22
VI.	Photographs	Item 2, page 14 of 22
VII.	Photograph Location Map	Item 2, page 14 of 22
VIII.	Buffer Zone Map	Item 3 (a), page 14 of 22
IX.	SPIF Topographic Map	Item 5, page 16 of 22
X.	Flow Diagram	Item 2 (c), page 2 of 80
XI.	Site Drawing	Item 3, page 3 of 80
XII.	Close Proximity WWTP Data	Item 3, page 22 of 80
XIII.	Design Calculations	Item 4, page 24 of 80
XIV.	Flood Plain Map	Item 5 (a), page 25 of 80
XV.	Wind Rose	Item 5 (b), page 25 of 80
XVI.	Sewage Sludge Solids Management	Item 7, page 26 of 80
XVII.	Copy of Check	
XVIII.	Domestic Administrative Report Form 10053	
XIX.	Domestic Technical Report Form 10054	



# **Exhibit I**

## **Core Data Form 10400**







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

<b>1. Reason for Submission</b> (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	
<b>2. Customer Reference Number</b> (if issued)  CN 605845346	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a> <b>3. Regulated Entity Reference Number</b> (if issued)  RN

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		11/29/2021	
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<b>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).</b>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
Blackburn, Gilden Blair					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
				<b>10. DUNS Number</b> (if applicable)	
<b>11. Type of Customer:</b>		<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		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>		<input checked="" 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		<b>13. Independently Owned and Operated?</b>	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:					
<b>15. Mailing Address:</b>					
8131 Old Brock Road					
City		Brock		State	
TX		ZIP		76087	
ZIP + 4					
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				blackburngb@aol.com	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)	
( 817 ) 565-5255				( ) -	

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (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	
<b>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).</b>	
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)  Brock North WWTP	

00005

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

**Enter Physical Location Description if no street address is provided.**

25. Description to Physical Location:	Approximately 1,273 ft to the northwest of the intersection of Interstate 20 and Fairview Rd. in Parker County.						
26. Nearest City	Brock			State	TX	Nearest ZIP Code	76087
27. Latitude (N) In Decimal:	32.705921		28. Longitude (W) In Decimal:	-97.959411			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
32	42	21.3	-97	57	33.9		
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.)							
Provide wastewater utilities to the Brock North Subdivision							
34. Mailing Address:	8131 Old Brock Road						
	City	Brock	State	TX	ZIP	76087	ZIP + 4
35. E-Mail Address:	blackburngb@aol.com						
36. Telephone Number	37. Extension or Code		38. Fax Number (if applicable)				
( 817 ) 565-5255			( ) -				

**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.

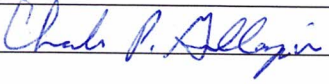
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:	Charles P. Gillespie	41. Title:	President
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 254 ) 968-8130		( 254 ) 968-8134	ceeinc@ceeinc.org

## 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:	Consulting Environmental Engineers, Inc.	Job Title:	President
Name (In Print):	Charles P. Gillespie	Phone:	( 254 ) 968- 8130
Signature:		Date:	2-28-2006

## **Exhibit II Topographic Map**



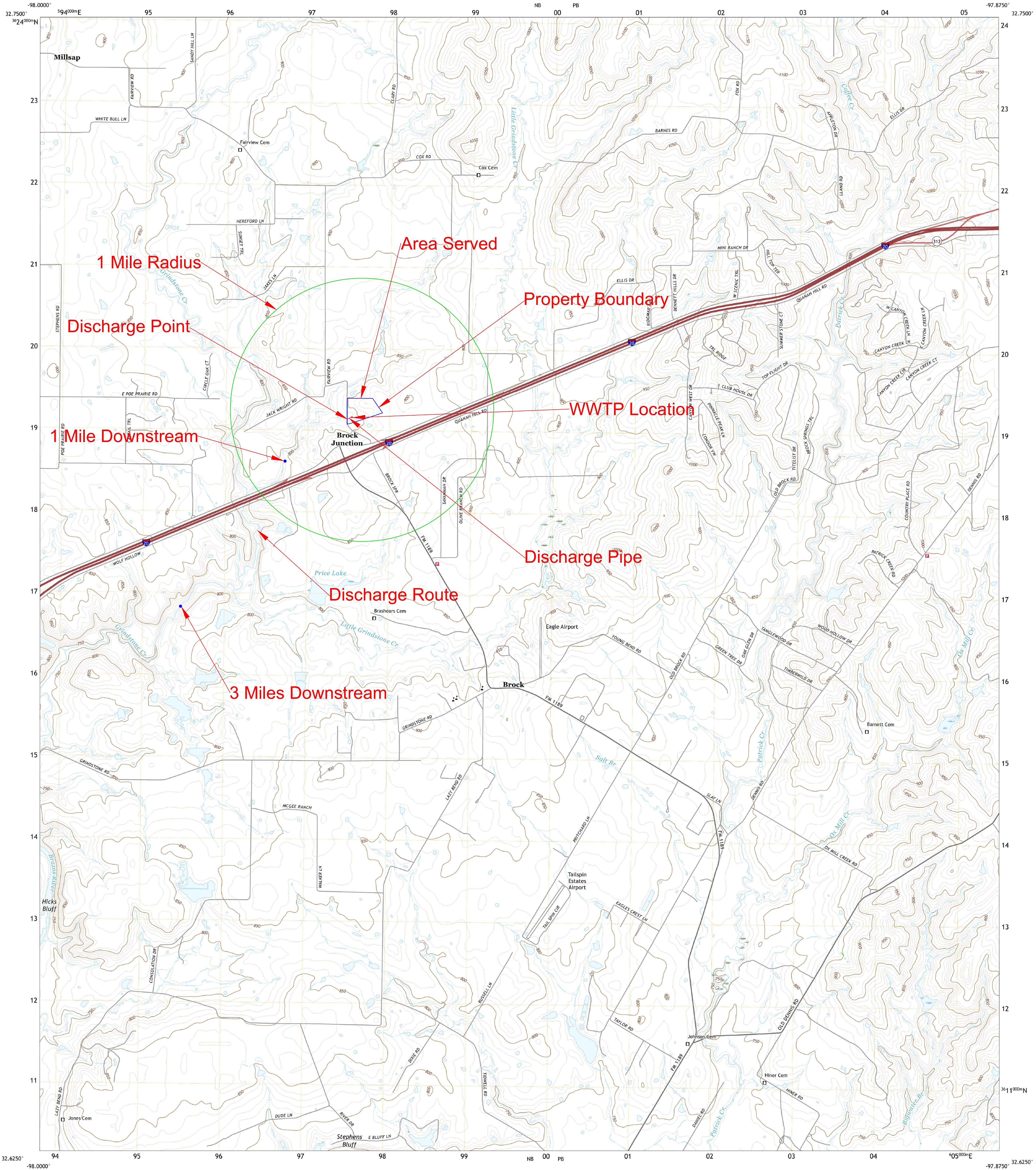




U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY

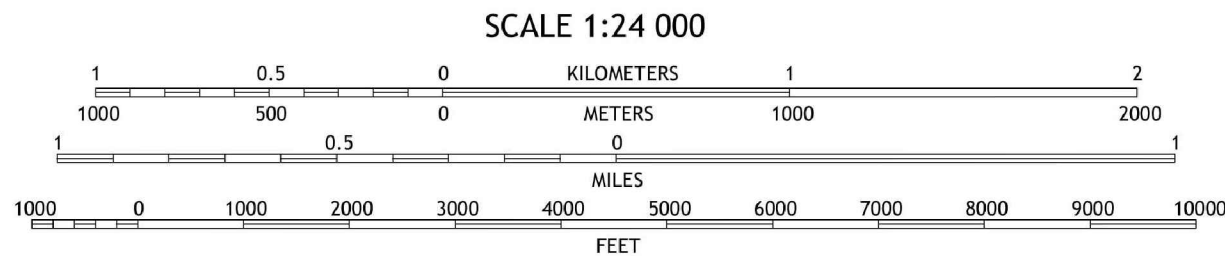
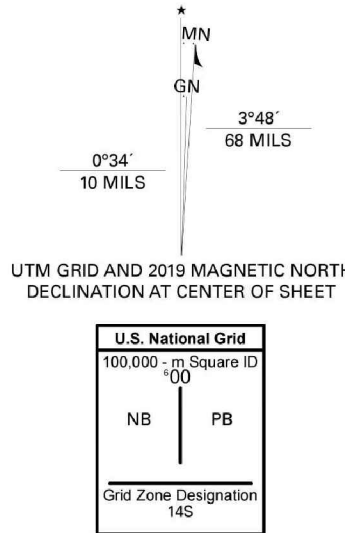


BROCK QUADRANGLE  
TEXAS - PARKER COUNTY  
7.5-MINUTE SERIES



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 14S  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands within government  
reservations may not be shown. Obtain permission before  
entering private lands.  
Imagery.....NAIP, September 2016 - November 2016  
Roads.....U.S. Census Bureau, 2015 - 2018  
Names.....GNIS, 1979 - 2018  
Hydrography.....National Hydrography Dataset, 2003 - 2018  
Contours.....National Elevation Dataset, 2004 - 2017  
Boundaries.....Multiple sources; see metadata file 2016 - 2017  
Wetlands.....FWS National Wetlands Inventory 1981



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



1	2	3
4	5	6
7	8	9

ADJOINING QUADRANGLES

1 Mineral Wells East  
2 Garner  
3 Weatherford North  
4 Brazos East  
5 Weatherford South  
6 Lipan  
7 Dennis  
8 Tin Top

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

BROCK, TX  
2019

Date  
January 3, 2022

Drawn By  
TL

Scale  
AS SHOWN

consulting environmental engineers, inc.  
150 n. harbin drive - suite 408 . stephenville, tx 76401  
(254)968-8130 fax: (254)968-8134 email: ceecinc@ceecinc.org  
registered firm: #F-2323

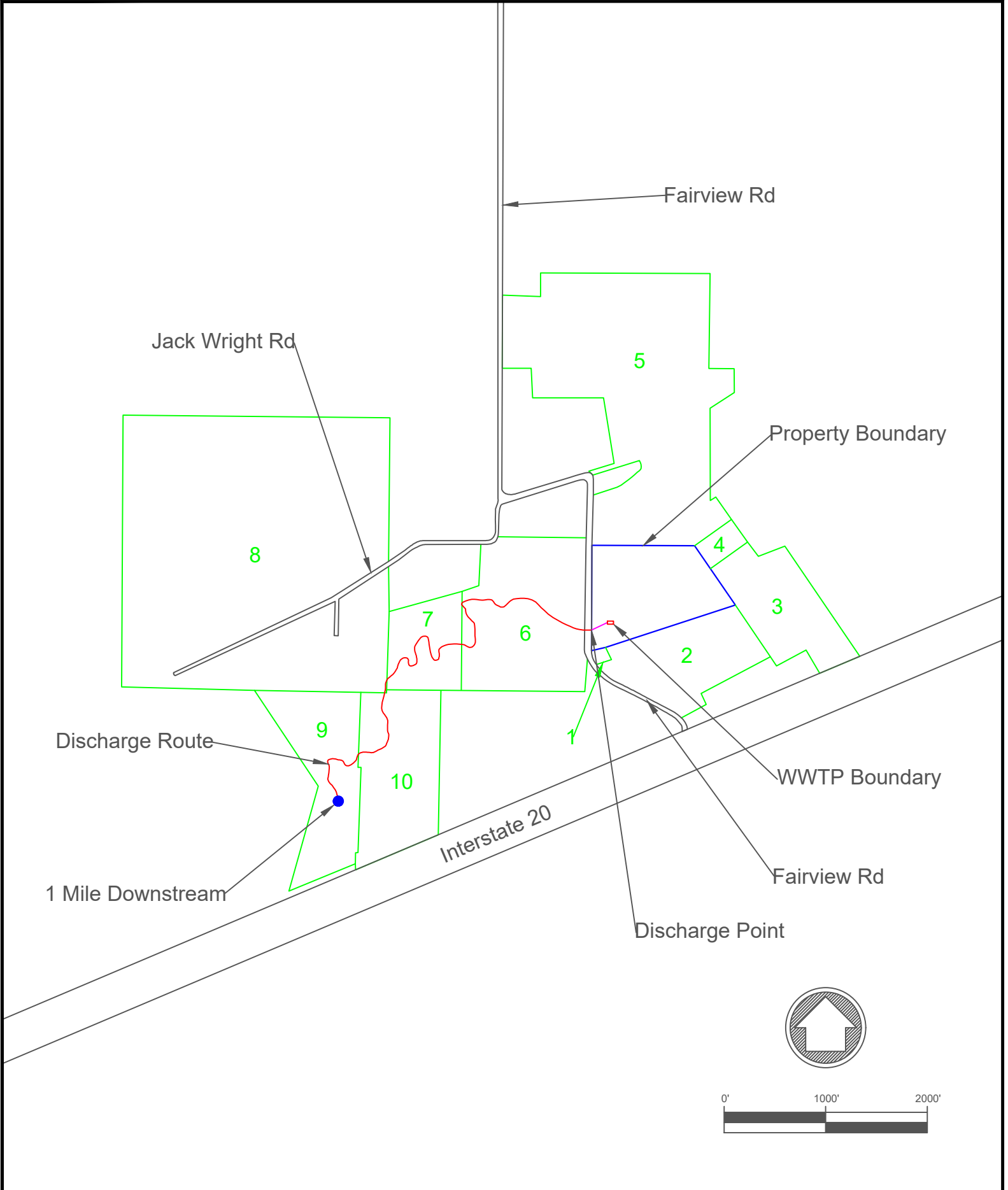
Brock North WWTP  
Brock Junction  
Brock, Parker County, TX  
Topographic Map

Sheet 001



## **Exhibit III Affected Landowners Map**





Date <b>February 28, 2022</b>
Drawn By <b>TL</b>
Scale <b>AS SHOWN</b>

consulting <b>environmental</b> engineers, inc. 150 n. harbin drive - suite 408 - stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceelnc@ceelnc.org registered firm: #F-2323
--

<b>Brock North WWTP</b> <b>Brock Junction</b> <b>Brock, Parker County, TX</b> <b>Affected Landowners Map</b>
---

<b>Sheet 002</b>  00010
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## **Exhibit IV**

### **Affected Landowners Cross Reference**



Brock North  
Wastewater Permit Application  
Affected Landowners Cross Reference  
Exhibit IV

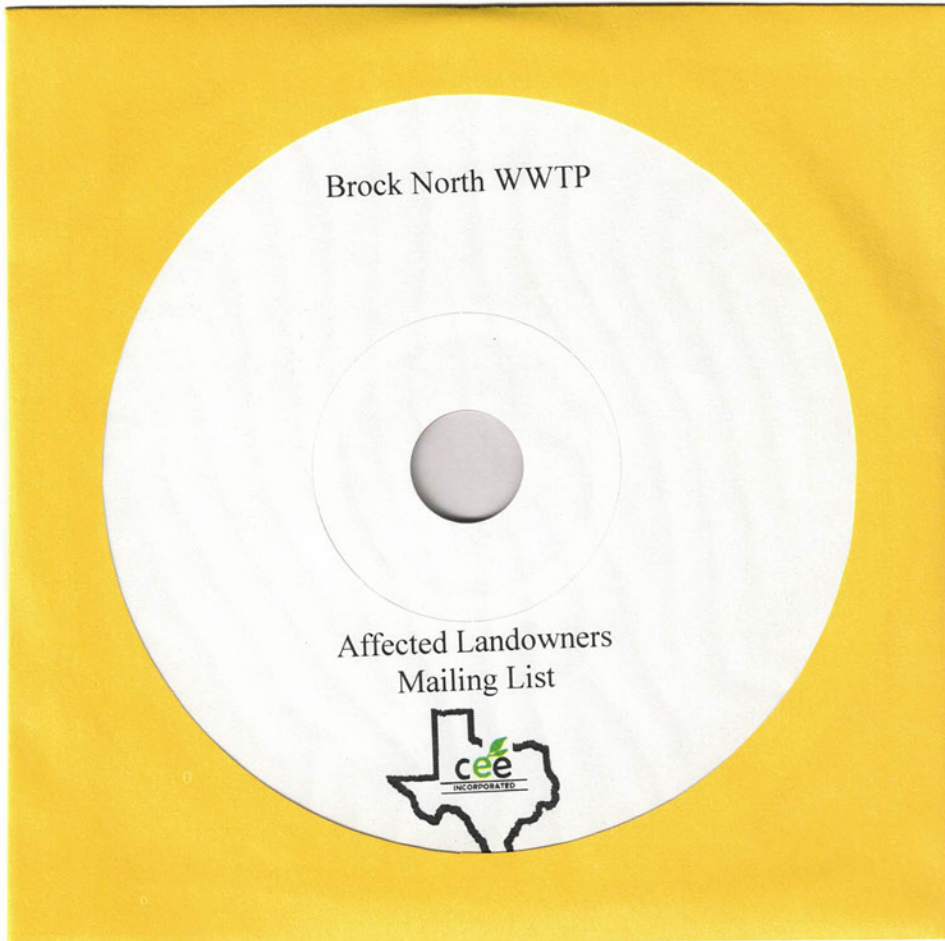
1. Ray Carroll  
4899 Fairview Rd  
Millsap, TX 76066
2. Louis & George Grissom Muzyka  
2130 Country Brook Drive  
Weatherford, TX 76087
3. Daniel Road Enterprises, LLC  
6364 W Interstate 20  
Weatherford, TX 76088
4. Henry Houston Hook  
4631 Fairview Rd  
Millsap, TX 76066
5. Henry Houston Hook  
4631 Fairview Rd  
Millsap, TX 76066
6. Thomas Mark Philip & Cynthia Marie & Price Knox  
513 Main St. Suite 201  
Fort Worth, TX 76102
7. Thomas Mark Philip & Cynthia Marie & Price Knox  
513 Main St. Suite 201  
Fort Worth, TX 76102
8. Robert Lawrence Chestnut II & Morgan  
580 Jack Wright Rd  
Millsap, TX 76066
9. Oak Creek RV, LLC  
PO Box 52307  
Tulsa, OK 74152
10. Thomas Mark Philip & Cynthia Marie & Price Knox  
513 Main St. Suite 201  
Fort Worth, TX 76102



## **Exhibit V**

### **Affected Landowners Disk**





THOMAS MARK PHILIP &  
CYNTHIA MARIA & PRICE  
KNOX  
513 MAIN ST. SUITE 201  
FORT WORTH TX 76102

THOMAS MARK PHILIP &  
CYNTHIA MARIA & PRICE  
KNOX  
513 MAIN ST. SUITE 201  
FORT WORTH TX 76102

THOMAS MARK PHILIP &  
CYNTHIA MARIA & PRICE  
KNOX  
513 MAIN ST. SUITE 201  
FORT WORTH TX 76102

OAK CREEK RV, LLC  
PO BOX 52307  
TULSA OK 74152

ROBERT LAWRENCE  
CHESTNUT II & MORGAN  
580 JACK WRIGHT RD  
MILLSAP TX 76066

HENRY HOUSTON HOOK  
4631 FAIRVIEW RD  
MILLSAP TX 76066

DANIEL ROAD ENTERPRISES, LLC  
6364 W INTERSTATE 20  
WEATHERFORD TX 76088

HENRY HOUSTON HOOK  
4631 FAIRVIEW RD  
MILLSAP TX 76066

LOUIS & GEORGE GRISSOM  
MUZYKA  
2130 COUNTRY BROOK DRIVE  
WEATHERFORD TX 76087

RAY CARROLL  
4899 FAIRVIEW RD  
MILLSAP TX 76066

## **Exhibit VI Photographs**







Date  
January 3, 2022

Drawn By  
TL

Scale  
NTS

consulting **environmental** engineers, inc.  
150 n. harbin drive - suite 408 - stephenville, tx 76401  
(254)968-8130 fax: (254)968-8134 email: ceelnc@ceelnc.org  
registered firm: #F-2323

Brock North WWTP  
Brock Junction  
Brock, Parker County, TX  
WWTP Site Location Photo

Sheet 003



## Upstream



## Downstream



Date  
January 3, 2022

Drawn By  
TL

Scale  
NTS

consulting **environmental** engineers, inc.  
150 n. harbin drive - suite 408 - stephenville, tx 76401  
(254)968-8130 fax: (254)968-8134 email: ceelnc@ceelnc.org  
registered firm: #F-2323

Brock North WWTP  
Brock Junction  
Brock, Parker County, TX

Upstream and Downstream Photos

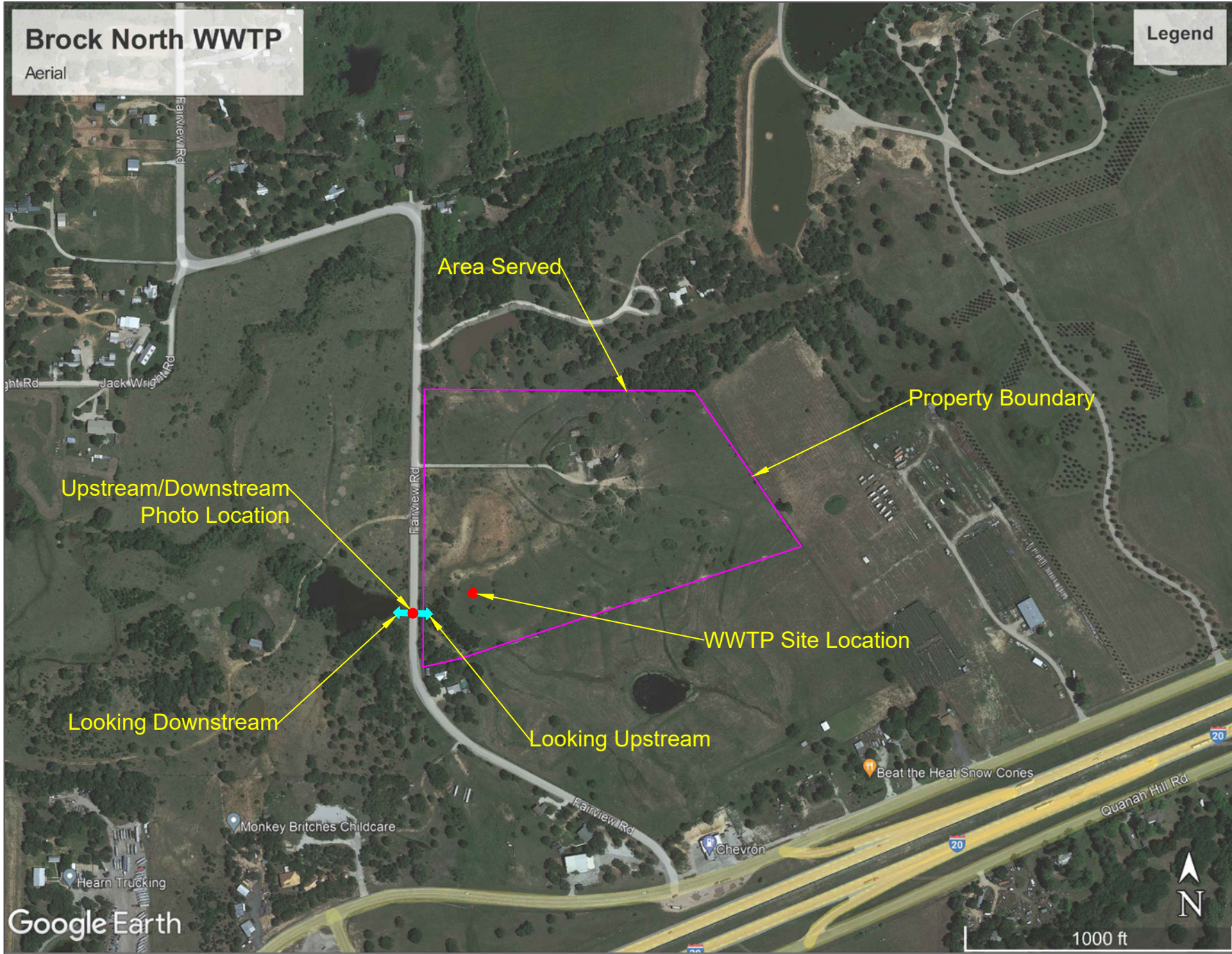
Sheet 004

## **Exhibit VII**

### **Photograph Location Map**







Date  
January 3, 2022

Drawn By  
TL

Scale  
AS SHOWN

consulting **environmental** engineers, inc.  
150 n. north drive - suite 408 - stephenville, tx 76401  
(254)988-8130 fax: (254)988-8134 email: ce@ceehinc.org  
registered firm: #F-2323

Brock North WWTP  
Brock Junction  
Brock, Parker County, TX  
Photograph Map

Sheet 005

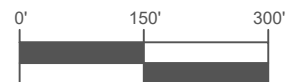
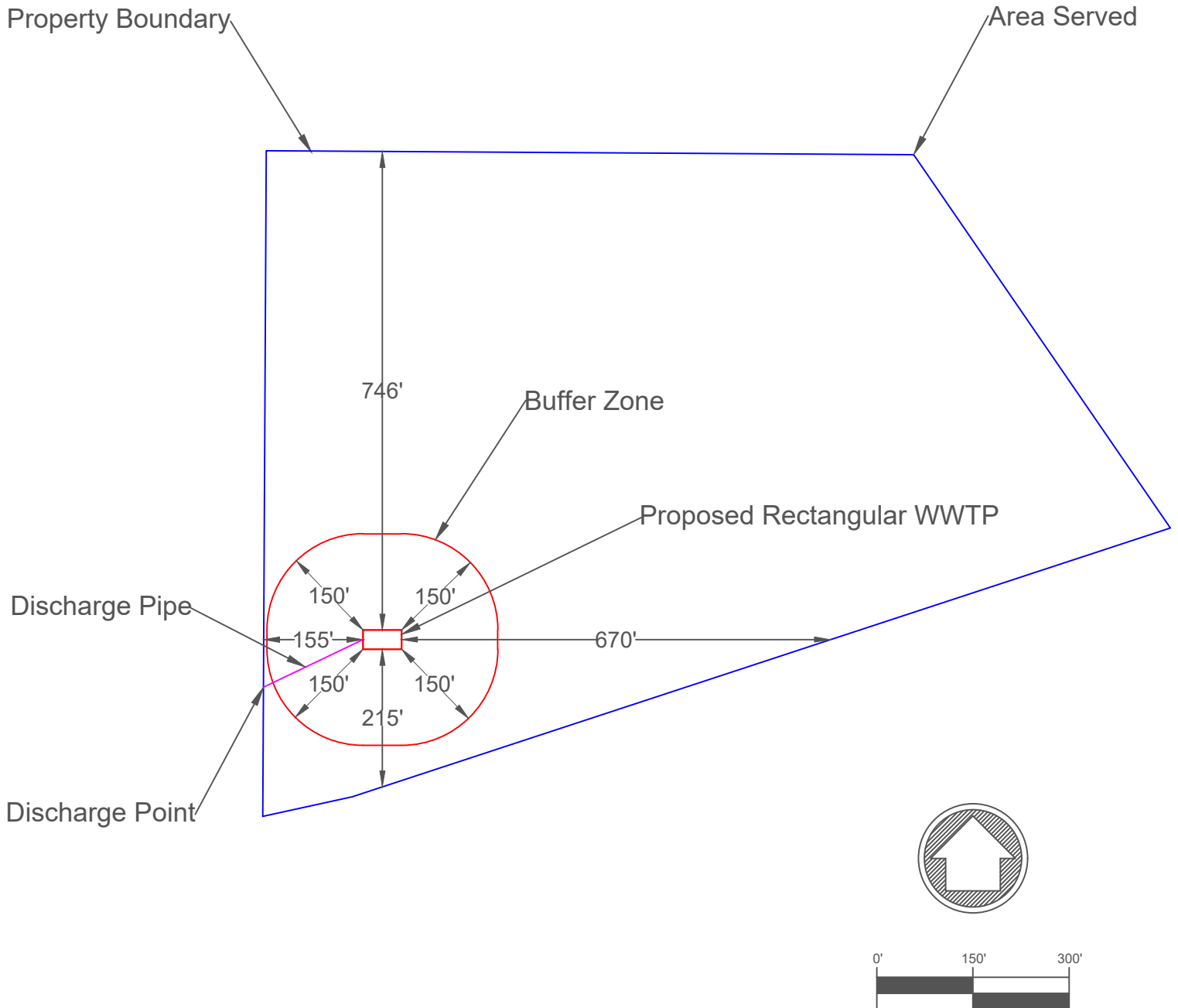


## **Exhibit VIII Buffer Zone Map**



Note:

1. The subdivision has not been subdivided into individual lots.
2. All treatment components are located in the rectangular WWTP.



Date  
January 3, 2022

Drawn By  
TL

Scale  
AS SHOWN

consulting **environmental** engineers, inc.  
150 n. harbin drive - suite 408 - stephenville, tx 76401  
(254)968-8130 fax: (254)968-8134 email: ceelnc@ceelnc.org  
registered firm: #F-2323

Brock North WWTP  
Brock Junction  
Brock, Parker County, TX  
Buffer Zone Map

Sheet 006

00022

## **Exhibit IX SPIF Topographic Map**



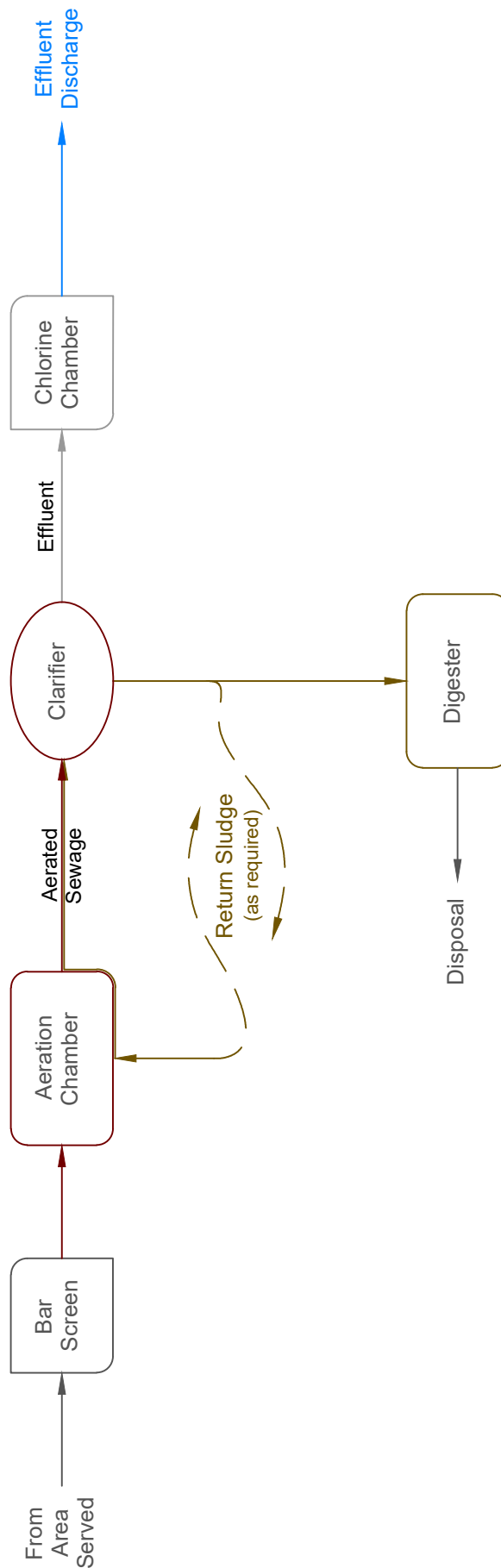






## Exhibit X Flow Diagram





Date  
January 3, 2022  
Drawn By  
TL  
Scale  
NTS

consulting environmental engineers, inc.  
150 n. harbin drive - suite 408 - stephenville, tx 76401  
(254)968-8130 fax: (254)968-8134 email: ceelnc@ceelnc.org  
registered firm: #F-2323

Brock North WWTP  
Brock Junction  
Brock, Parker County, TX  
Flow Diagram

Sheet 008  
00026

## Exhibit XI Site Drawing



# Brock North WWTP

Aerial

Legend

1 Mile Radius

1/2 Mile Radius

Property Boundary

1 Mile Downstream

WWTP Boundary

Google Earth



1 mi

Sheet 009

Brock North WWTP  
Brock Junction  
Brock, Parker County, TX  
Site Drawing

consulting **environmental** engineers, inc.  
150 n. north drive - suite 408 , stephenville, tx 76401  
(254)988-8134 fax: (254)988-8134 email: ceahed@ceahedinc.org  
registered firm: #2-2323

Date  
January 3, 2022  
Drawn By  
TL  
Scale  
AS SHOWN

00028



## **Exhibit XII**

### **Close Proximity WWTP Data**





Registered Firm: F-2323

## consulting **environmental** engineers, inc.

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**Main Office:**

150 N. Harbin Drive – Suite 408  
Stephenville, TX 76401  
Phone: (254) 968-8130  
Fax: (254) 968-8134

**Branch Office:**

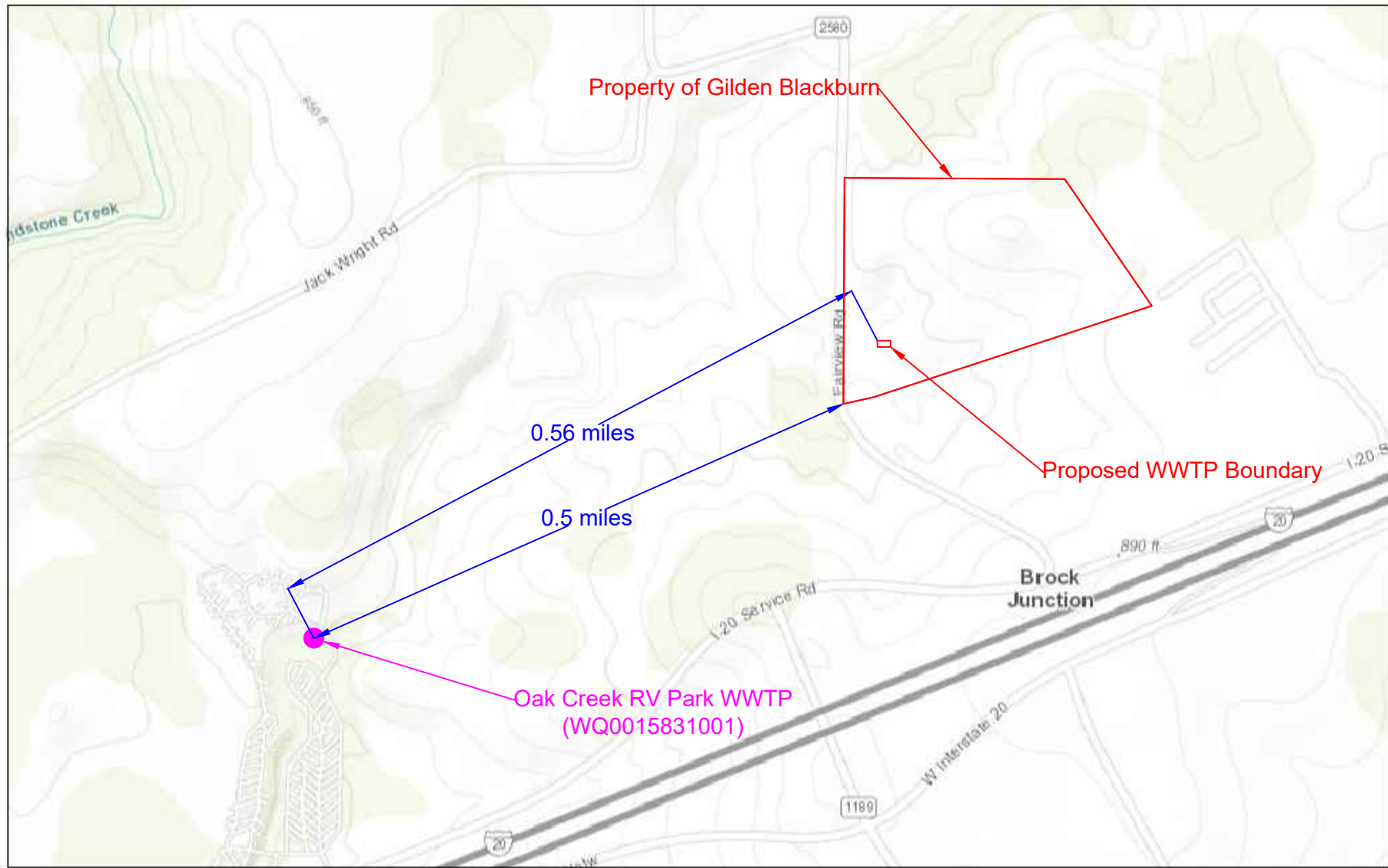
11504 PR 7440  
Wolfforth, TX 79382  
Phone: (817) 504-8390  
[www.ceeinc.org](http://www.ceeinc.org)

email: [ceeinc@ceeinc.org](mailto:ceeinc@ceeinc.org)

### **LIST OF WASTEWATER UTILITIES WITHIN 3 MILES OF THE PROPOSED SERVICE AREA BOUNDARY**

Oak Creek RV, LLC  
(WQ0015831001)  
7652 W Interstate 20  
Weatherford, TX 76088

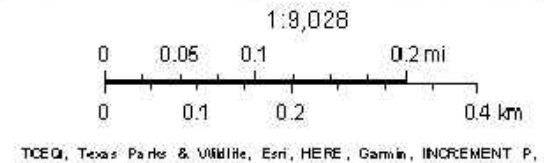
# Nearby WWTP Data



8/25/2021, 2:27:02 PM



Wastewater Outfalls



TCEQ, Texas Parks & Wildlife, Esri, HERE, Garmin, INCREMENT P, Web App Builder for ArcGIS, Intermap, USGS, METANASA, EPA, USDA | TCEQ

Sheet 010

Brock North WWTP  
Brock Junction  
Brock, Parker County, TX  
Nearby WWTP Data

consulting **environmental** engineers, inc.  
150 N. Harbin Drive - Suite 408 - Stephenville, TX 76401  
(254) 968-8130 fax: (254) 968-8134 email: ceo@ceinc.org  
registered firm: #F-2323

Date: January 3, 2022  
Drawn By: TL  
Scale: AS SHOWN



**consulting environmental engineers, inc.**

**150 n. harbin drive – suite 408 • stephenville, tx 76401**

**phone: (254) 968-8130 fax: (254) 968-8134**

**email: [ceeinc@ceeinc.org](mailto:ceeinc@ceeinc.org) registered firm: #F-2323**

August 25, 2021  
Oak Creek RV Park  
7652 W Interstate 20  
Weatherford, TX 76088

Attention:

Dear Sir:

Gilden Blackburn is applying to obtain approval from the Texas Commission on Environmental Quality (TCEQ) to install and operate a Wastewater Treatment System to service a proposed development. The property is located approximately 0.61 miles northeast of your permitted wastewater treatment facility. The client plans to provide public wastewater service to serve only the proposed development.

Furthermore, based on current information provided by the Texas Commission on Environmental Quality (TCEQ) it appears that the Oak Creek RV Park is permitted for a wastewater treatment facility located within the three-mile radius of the proposed wastewater treatment facility. TCEQ requires that a formal request for service be made to any public sewer supply system that is within that radius. Gilden Blackburn will not be applying for a CCN and will not be selling wastewater service to the public; the proposed wastewater system will be strictly utilized to service the proposed development. I have attached a site map that depicts the proposed location and the proximity to your current location.

We would appreciate your indicating Oak Creek RV Park's response to this request on the bottom of this letter and returning it via email to [ceeinc@ceeinc.org](mailto:ceeinc@ceeinc.org) or via mail to Consulting Environmental Engineers Inc., 150 N. Harbin Drive, Suite 408, Stephenville, Texas 76401 at your earliest convenience.

Sincerely,

Charles P. Gillespie III  
President

Attachment: Site Location Map

Oak Creek RV Park: Please check one (✓)

☐ does wish to provide wastewater service to Gilden Blackburn and does not consent to Gilden Blackburn providing wastewater service to only this location.

☒ does not wish to provide service to Gilden Blackburn and we consent to Gilden Blackburn providing wastewater service to only this location.

Comments: \_\_\_\_\_

Signed by:

Signed for: \_\_\_\_\_ Oak Creek RV Park

Date: 8/27/21

## **Exhibit XIII Design Calculations**



# Extended Aeration - Design Spreadsheet

## INPUT

*ADF* (average daily flow) = **20,000**  $\frac{\text{gallons}}{\text{day}}$

*BOD* (biochemical oxygen demand) = **300**  $\frac{\text{mg}}{\text{l}}$

## OUTPUT

### I Daily Average Organic Load

$$\frac{\text{lbs}}{\text{ADF} \times 8.33 \frac{\text{gallon}}{\text{day}} \times 1,000,000 \text{ lbs.}} \times \frac{\text{BOD}}{1,000,000 \text{ lbs.}} = \mathbf{50} \frac{\text{lbs}}{\text{day}}$$

### II Peak Flow Organic Load

$$4 \times \text{ADF} \times 8.33 \frac{\text{gallon}}{\text{day}} \times 1,000,000 \text{ lbs.} \times \frac{\text{BOD}}{1,000,000 \text{ lbs.}} = \mathbf{200} \frac{\text{lbs}}{\text{day}}$$

### III Minimum Clarifier Detention Diameter

$$\frac{(4)(\text{ADF})(2.2 \text{ detention time})}{\sqrt{(24\text{hrs})(7.48 \text{ gal})(11 \text{ ft})(.785)}} = \mathbf{10.66} \text{ ft. dia.}$$

### IV Peak Flow Clarifier Design Diameter

$$\frac{(4)(\text{ADF})}{\sqrt{(.785)(900)}} = \mathbf{10.64} \text{ ft Diameter}$$



## Brock North WWTP

### V Digester Volume

$$\frac{20 \text{ ft}^3}{\text{lb/day}} \times \text{daily average organic load (above Item I)} = 1,000 \text{ ft}^3$$

**Digester Length**  
**9.353 ft**

### VI Chlorine Tank Volume

(Minimum=3')

$$\frac{4 \times \text{ADF}}{(7.48 \text{ gallons})(1440 \text{ minutes})} \times 20 \text{ minutes} = 149 \text{ ft}^3$$

**Chlorine Chamber Length**  
**2.13181 ft**

### VII Aeration Basin Sizing

$$\text{daily average organic load (above Item I)} \times \frac{\text{day}}{15 \text{ lbs}} \times 1,000 \text{ ft}^3 = 3,332 \text{ ft}^3$$

**Basin Length**  
**31.176608 ft**

### VIII Air Supply For Aeration

$$\text{daily average organic load (above Item I)} \times \frac{2.22 \text{ ft}^3/\text{min}}{\text{lb BOD}} = 111 \text{ ft}^3/\text{min}$$

### IX Air Supply For Digestion

$$\text{digester volume (above Item VII)} \times \frac{30 \text{ ft}^3/\text{min}}{1,000 \text{ ft}^3} = 20 \text{ ft}^3/\text{min}$$

### X Total Air Required

$$\begin{aligned} &\text{air supply for aeration (above item VIII)} \\ &+ \text{air supply for digestion (above item IX)} \\ &+ 40 \text{ ft}^3/\text{min (air lifts)} \end{aligned} = 171 \text{ ft}^3/\text{min}$$

## **Exhibit XIV Flood Plain Map**





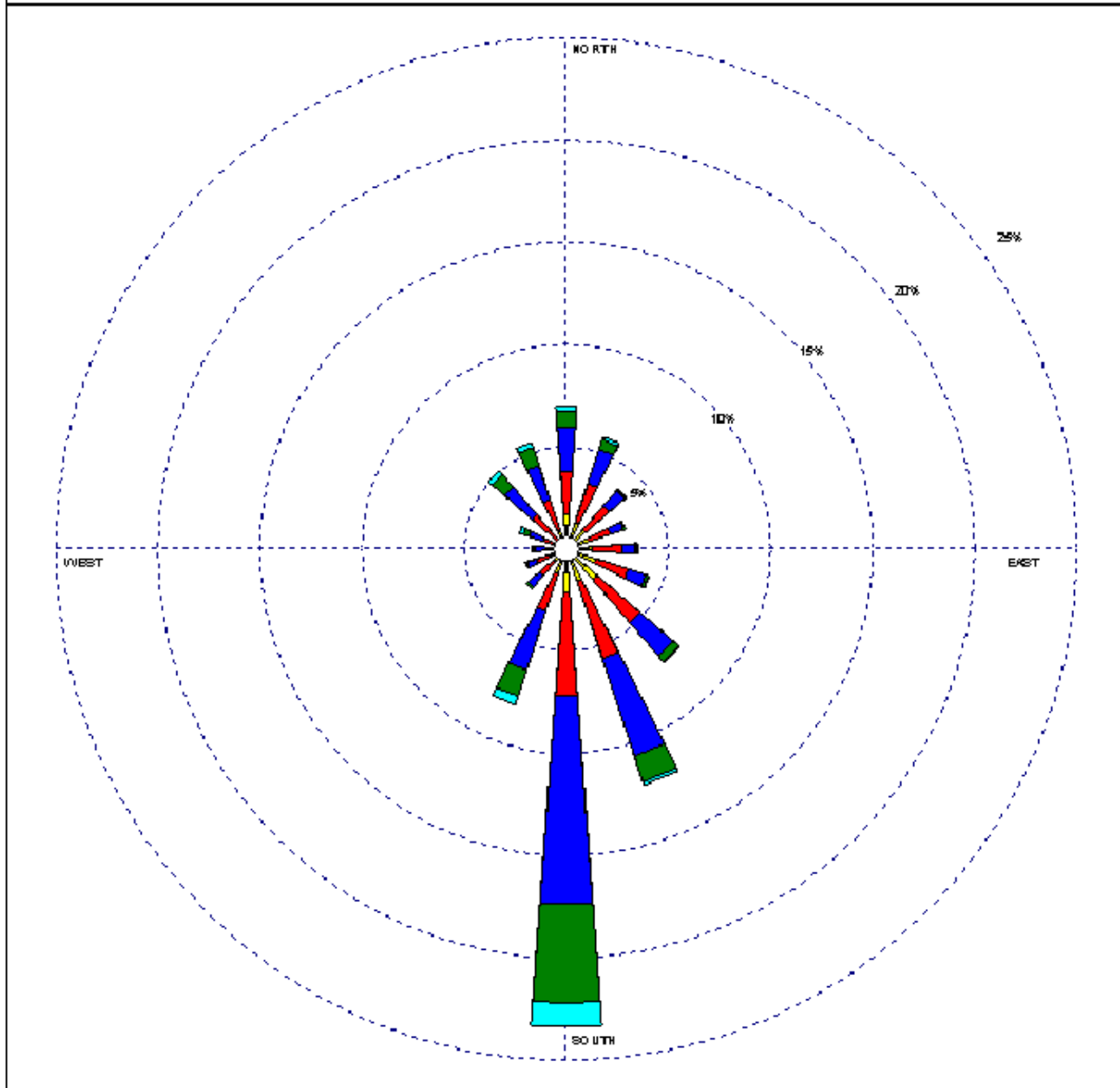


## **Exhibit XV Wind Rose**



## WIND ROSE PLOT

Station #03827 - DALLAS/FORT WORTH/REGIONAL AR, TX



<b>Wind Speed (m/s)</b> 	<b>MODELER</b> Sara West	<b>DATE</b> 8/29/2002	<b>COMPANY NAME</b> USDA-ARS
	<b>DISPLAY</b> Wind Speed	<b>UNIT</b> m/s	<b>COMMENTS</b>
	<b>AVG. WIND SPEED</b> 5.76 m/s	<b>CALM WINDS</b> 2.32%	
	<b>ORIENTATION</b> Direction (blowing from)	<b>PLOT YEAR- DATETIME</b> 1961 Apr 1 - Apr 30 Midnight - 11 P M	

WSPR Plot Ver 3.3 by Carlos Environmental Services - www.carlos-environmental.com

Date  
January 3, 2022Drawn By  
TLScale  
NTS

consulting **environmental** engineers, inc.  
 150 n. harbin drive - suite 408 - stephenville, tx 76401  
 (254)968-8130 fax: (254)968-8134 email: ceelnc@ceelnc.org  
 registered firm: #F-2323

Brock North WWTP  
 Brock Junction  
 Brock, Parker County, TX

Wind Rose

Sheet 012

00039

## **Exhibit XVI**

# **Sewage Sludge Solids Management**





## consulting **environmental** engineers, inc.

### Main Office:

150 N. Harbin Drive – Suite 408

Stephenville, TX 76401

Phone: (254) 968-8130

Fax: (254) 968-8134

email: [ceeinc@ceeinc.org](mailto:ceeinc@ceeinc.org)

### Branch Office:

11504 PR 7440

Wolfforth, TX 79382

Phone: (817) 504-8390

[www.ceeinc.org](http://www.ceeinc.org)

## Sludge Management Calculation Sheet

Permittee	1	Brock North WWTP
Influent BOD	2	300 mg/l
Effluent BOD	3	20 mg/l
Average Daily Flow	4	20,000 gallon/day
Influent TSS	5	20 mg/l
Average Daily Organic Load	6	50.00 lbs/day
Required Digester Volume	7	1000 cubic feet
BOD Removal	8	46.70 lbs/day

Solids Generated		100%	75%	50%	25%
BOD Removed	9	46.70	35.03	23.35	11.68
Non-Volatile TSS	10	3.33	2.50	1.67	0.83
Solids Produced (lbs)	11	23.35	17.51	11.68	5.84
Total Wet Sludge	12	667.10	500.33	333.55	166.78
Volume of Wet Sludge (cubic ft)	13	10.71	8.03	5.35	2.68
Sludge Storage Available	14	93.4	124.5	186.8	373.6

Sludge will be wasted from the RAS flow stream to the aerobic digester. Sludge solids will be stabilized in the digester; supernatant will be decanted from the digester and returned to the facility headworks for treatment.

Liquid digested sludge will be removed from the digester for disposal on a regular basis as required. The calculated mean cell residence time for the digester storage volume of 20,000 gallons will be approximately 20 days at 100% capacity. Generated waste will be hauled by an approved transporter to a permitted site.



**Exhibit XVII**  
**Copy of Check**



BLACKBURN RANCH  
GIL BLACKBURN  
8131 OLD BROCK RD.  
BROCK, TX 76087

5760

88-112/1113  
84

10/28/21  
Date

CHECK NUMBER

Pay to the  
Order of

TCEA

\$ 350.<sup>00</sup>/<sub>100</sub>

Dollars

THREE hundred fifty, 00/100 —

FIRST  
FINANCIAL  
BANK

855-660-5862

For

BROCK north

AdPR

⑆ 11301122157601841000451611 ⑆

Harland Clarke

INTOUCH® CUSTOM CREATIONS®

MP

Photo  
Safe  
Deposit  
Details on back



**Exhibit XVIII**  
**Domestic Administrative Report Form 10053**





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

Complete and submit this checklist with the application.

APPLICANT: Gilden Blackburn

PERMIT NUMBER: Click here to enter text

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 checked="" 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 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: 5760  
Check/Money Order Amount: \$350.00  
Name Printed on Check: Gil Blackburn

EPAY      Voucher Number:

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 <u>with</u> Renewal    | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal    |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input type="checkbox"/> Renewal without changes                | <input type="checkbox"/> Minor Modification of permit           |

For amendments or modifications, describe the proposed changes:

#### 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?

Gilden Blackburn

*(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:

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: Gilden Blackburn

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

Title: Owner

**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?

*(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:

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):

First and Last Name:

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

Title:

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

### 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: I

## Section 4. Application Contact Information (Instructions Page 30)

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

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

First and Last Name: Gilden Blackburn

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

Title: Owner

Organization Name:

Mailing Address: 8131 Old Brock Rd.

City, State, Zip Code: Brock, TX 76087

Phone No.: 817-565-5255 Ext.:

Fax No.:

E-mail Address: blackburngb@aol.com

Check one or both: ☒ Administrative Contact

☐ Technical Contact

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

First and Last Name: Charles Gillespie

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

Title: President

Organization Name: Consulting Environmental Engineers, Inc.

Mailing Address: 150 N. Harbin Dr. Suite 408

City, State, Zip Code: Stephenville, TX 76401

Phone No.: 254-968-8130 Ext.:

Fax No.:

E-mail Address: ceeinc@ceeinc.org

Check one or both: ☐ Administrative Contact

☒ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 30)

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

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

First and Last Name: Gilden Blackburn

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

Title: Owner

Organization Name: [REDACTED]

Mailing Address: 8131 Old Brock Rd.

City, State, Zip Code: Brock, TX 76087

Phone No.: 817-565-5255 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: blackburngb@aol.com

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

First and Last Name: Ty Blackburn

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

Title: Manager

Organization Name: [REDACTED]

Mailing Address: 8131 Old Brock Rd.

City, State, Zip Code: Brock, TX 76087

Phone No.: 817-565-5255 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: blackburngb@aol.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: Gilden Blackburn

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

Title: Owner

Organization Name: [REDACTED]

Mailing Address: 8131 Old Brock Rd.

City, State, Zip Code: Brock, TX 76087

Phone No.: 817-565-5255 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: blackburngb@aol.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: Gilden Blackburn

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

Title: Owner

Organization Name: [REDACTED]

Mailing Address: 8131 Old Brock Rd.

City, State, Zip Code: Brock, TX 76087

Phone No.: 817-565-5255 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: blackburngb@aol.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: Charles Gillespie

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

Title: President

Organization Name: Consulting Environmental Engineers, Inc.

Mailing Address: 150 N. Harbin Dr. Suite 408

City, State, Zip Code: Stephenville, TX 76401

Phone No.: 254-968-8130 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: ceeinc@ceeinc.org

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

### C. Contact person to be listed in the Notices

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

First and Last Name: Gilden Blackburn

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

Title: Owner

Organization Name: [REDACTED]  
Phone No.: 817-565-5255 Ext.: [REDACTED]  
E-mail: blackburngb@aol.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: Weatherford City Hall  
Location within the building: [REDACTED]  
Physical Address of Building: 303 Palo Pinto St.  
City: Weatherford County: Parker  
Contact Name: Krista Peacock  
Phone No.: 817-598-4102 Ext.: [REDACTED]

**E. Bilingual Notice Requirements:**

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

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

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

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

☒ Yes      ☐ No

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

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

☒ Yes      ☐ No

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

☐ Yes      ☒ No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?

☐ Yes      ☒ No



5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

**Section 9. Regulated Entity and Permitted Site Information (Instructions  
Page 33)**

- A.** If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** [REDACTED]

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

- B. Name of project or site (the name known by the community where located):**

## Brock North Project

- C. Owner of treatment facility: Gilden Blackburn

Ownership of Facility: ☐ Public ☒ Private ☐ Both ☐ Federal

- D. Owner of land where treatment facility is or will be:**

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

First and Last Name: Gilden Blackburn

Mailing Address: 8131 Old Brock Rd.

City, State, Zip Code: Brock, TX 76087

Phone No.: 817-565-5255

E-mail Address: [blackburngb@aol.com](mailto:blackburngb@aol.com)

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:** [Click here to enter text.](#)

- E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss):

First and Last Name:

**Mailing Address:** [Click here to enter text](#)

City, State, Zip Code: Phone No.:  E-mail Address: 

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:** [Click here to enter text.](#)

- 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):

First and Last Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

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

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

Attachment: [REDACTED]

## Section 10. TPDES Discharge Information (Instructions Page 34)

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

☐ Yes ☒ No

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

New Permit: Approximately 1,273 ft to the northwest of the intersection of Interstate 20 and Fairview Rd. and approximately 1,640 ft to the southeast of the intersection of Fairview Rd. and Jack Wright Rd. in Parker County.

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:

New Permit: The effluent will flow to an unclassified segment of Grindstone Creek, thence to the Brazos River classified segment 1206.

City nearest the outfall(s): Brock

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

Outfall Latitude: 32.705791

Longitude: -97.959924

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.

## 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:

B. City nearest the disposal site:

C. County in which the disposal site is located:

D. Disposal Site Latitude:  Longitude:

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

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

## 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: [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: Gilden Blackburn

Title: Owner

Signature: 

Date: 10/20/21



## 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: Parker CAD Online Interactive Map
- 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: Gilden Blackburn

Permit No. WQ00

EPA ID No. TX

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

Approximately 1,273 ft to the northwest of the intersection of Interstate 20 and Fairview Rd. and approximately 1,640 ft to the southeast of the intersection of Fairview Rd. and Jack Wright Rd. in Parker County.



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

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

First and Last Name: Gilden Blackburn

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

Title: Owner

Mailing Address: 8131 Old Brock Rd.

City, State, Zip Code: Brock, TX 76087

Phone No.: 817-565-5255 Ext.:  Fax No.:

E-mail Address: blackburngb@aol.com

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

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 will flow to an unclassified segment of Grindstone Creek, thence to the Brazos River classified segment 1206.

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):

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

Pasture Land

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:

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

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

Texas Commission on Environmental Quality  
Financial Administration Division  
Cashier's Office, MC-214  
P.O. Box 13088  
Austin, Texas 78711-3088

*BY OVERNIGHT/EXPRESS MAIL*

Texas Commission on Environmental Quality  
Financial Administration Division  
Cashier's Office, MC-214  
12100 Park 35 Circle  
Austin, Texas 78753

**Fee Code: WQP      Waste Permit No:**

1. Check or Money Order Number: 5760
2. Check or Money Order Amount: \$350.00
3. Date of Check or Money Order: 10/28/2021
4. Name on Check or Money Order: Gil Blackburn
5. APPLICATION INFORMATION

Name of Project or Site: Brock North Project

Physical Address of Project or Site: Approximately 1,273 ft to the northwest of the intersection of Interstate 20 and Fairview Rd. and approximately 1,640 ft to the southeast of the intersection of Fairview Rd. and Jack Wright Rd. in Parker County.

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

**Staple Check or Money Order in This Space**



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## ATTACHMENT 1

### INDIVIDUAL INFORMATION

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#### **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): Mr.

Full legal name (first, middle, last): Gilden Blackburn

Driver's License or State Identification Number: 01198316

Date of Birth: 05/20/1949

Mailing Address: 8131 Old Brock Rd.

City, State, and Zip Code: Brock, TX 76087

Phone Number: 817-565-5255 Fax Number: [redacted]

E-mail Address: blackburngb@aol.com

CN: [redacted]

#### **For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

## CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of domestic wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate by checking Yes that each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until the items below have been addressed.

Core Data Form (TCEQ Form No. 10400) <i>(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)</i>	<input checked="" type="checkbox"/>		Yes
Correct and Current Industrial Wastewater Permit Application Forms <i>(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)</i>	<input checked="" type="checkbox"/>		Yes
Water Quality Permit Payment Submittal Form (Page 19) <i>(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)</i>	<input checked="" type="checkbox"/>		Yes
7.5 Minute USGS Quadrangle Topographic Map Attached <i>(Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)</i>	<input checked="" type="checkbox"/>		Yes
Current/Non-Expired, Executed Lease Agreement or Easement Attached	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/> Yes
Landowners Map <i>(See instructions for landowner requirements)</i>	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/> Yes

### Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

Landowners Cross Reference List <i>(See instructions for landowner requirements)</i>	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/> Yes
Landowners Labels or CD-RW attached <i>(See instructions for landowner requirements)</i>	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/> Yes
Original signature per 30 TAC § 305.44 – Blue Ink Preferred <i>(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached)</i>	<input checked="" type="checkbox"/>		Yes



**Exhibit XIX**  
**Domestic Technical Report Form 10054**





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): 0.020

2-Hr Peak Flow (MGD): 0.080

Estimated construction start date: 01/31/2023

Estimated waste disposal start date: 2/31/2023

**B. Interim II Phase**

Design Flow (MGD): [Click here to enter text](#)

2-Hr Peak Flow (MGD): [Click here to enter text](#)

Estimated construction start date: [Click here to enter text](#)

Estimated waste disposal start date: [Click here to enter text](#)

**C. Final Phase**

Design Flow (MGD): [Click here to enter text](#)

2-Hr Peak Flow (MGD): [Click here to enter text](#)

Estimated construction start date: [Click here to enter text](#)

Estimated waste disposal start date: [Click here to enter text](#)

**D. Current operating phase: Proposed**

Provide the startup date of the facility: 3/02/2023

**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:

Interim I - Effluent will flow from source, to an activated sludge plant using continuous aeration treatment. Sewage passes through a bar screen to an aeration chamber and then to a clarifier. Sludge is transferred to a holding chamber and supernatant is moved through a chlorine contact chamber to discharge.

Port or pipe diameter at the discharge point, in inches: 4

## 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)
Aeration Basin	1	42' x 11.25' x 9.5'
Digester	1	13' x 11.25' x 9.5'
Clarifier (Round)	1	12' diameter
Chlorine Chamber	1	3' x 11.25' x 9.5'

## C. Process flow diagrams

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

Attachment: IX



### 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:** X

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

The facility will provide wastewater services to the proposed Brock North duplexes.

### 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.

Not here to respond to

## 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:

Not here to respond to

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.

Not here to respond to

### B. Buffer zones

Have the buffer zone requirements been met?

Yes ☒

No ☐

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

relevant to maintaining the buffer zones.

N/A

### C. Other actions required by the current permit

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

Yes ☐ No ☒ New Permit

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  or TXRNE

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 BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> 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 BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> 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 <sub>5</sub> , 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) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu$ mohs/cm, †					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, 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 <sub>3</sub> ), mg/l					

## Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Licensed Operator will be determined upon permit approval.

Facility Operator's License Classification and Level:

Facility Operator's License Number:

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

### A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

- ☒ Permitted landfill
- ☒ Permitted or Registered land application site for beneficial use



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

#### **B. Sludge disposal site**

Disposal site name: To be determined upon permit approval.

TCEQ permit or registration number:

County where disposal site is located:

#### **C. Sludge transportation method**

Method of transportation (truck, train, pipe, other): To be determined upon permit approval.

Name of the hauler:

Hauler registration number:

Sludge is transported as a:

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

## **Section 10. Permit Authorization for Sewage Sludge Disposal**

## (Instructions Page 60)

### A. Beneficial use authorization

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

### B. Sludge processing authorization

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

Sludge Composting Yes ☐ No ☒

Marketing and Distribution of sludge Yes ☐ No ☒

Sludge Surface Disposal or Sludge Monofill Yes ☐ No ☒

Temporary storage in sludge lagoons Yes ☐ No ☒

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

Yes ☐ No ☐

## Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

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

### A. Location information

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

- Original General Highway (County) Map:

**Attachment:** [click here to enter text](#)

- USDA Natural Resources Conservation Service Soil Map:

**Attachment:** [click here to enter text](#)

- Federal Emergency Management Map:

**Attachment:** [click here to enter text](#)

- Site map:

**Attachment:** [click here to enter text](#)

Discuss in a description if any of the following exist within the lagoon area.

Check all that apply.

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

**Attachment:** [click here to enter text](#)

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

[click here to enter text](#)

## **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: [click here to enter text](#)

Total Kjeldahl Nitrogen, mg/kg: [click here to enter text](#)

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: [click here to enter text](#)

Phosphorus, mg/kg: [click here to enter text](#)

Potassium, mg/kg: [click here to enter text](#)

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  $1 \times 10^{-7}$  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):



click here to enter text

Attach the following documents to the application.

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

**Attachment:** [click here to enter text](#)

- Copy of the closure plan

**Attachment:** [click here to enter text](#)

- Copy of deed recordation for the site

**Attachment:** [click here to enter text](#)

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

**Attachment:** [click here to enter text](#)

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

**Attachment:** [click here to enter text](#)

- Procedures to prevent the occurrence of nuisance conditions

**Attachment:** [click here to enter text](#)

#### **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:** [click here to enter text](#)

## **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:

<div></div>
-------------

**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:

<div></div>
-------------

**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](#)

North

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: New Permit

Applicant: Gilden Blackburn

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): Gilden Balckburn

Signatory title: Owner

Signature: 

Date: 10/20/21

(Use blue ink)

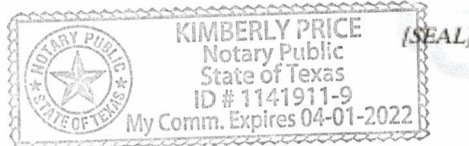
Subscribed and Sworn to before me by the said Gil Blackburn

on this 20<sup>th</sup> day of October, 2021.

My commission expires on the 1<sup>st</sup> day of April, 2022.

  
Notary Public

Parker  
County, Texas





# 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.

The proposed 25-acre development of the Brock North duplexes will serve approximately 75-80 duplexes. Assuming full capacity of the development, an estimated daily wastewater flow rate of 20,000 GPD was calculated. The property does not have access to a municipal treatment system and septic systems are not an ecologically sound alternative. Construction on the development is proposed to begin in 2023.

### 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:** XI

### ***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:** XII

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

**Attachment:** XII

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:** [Click here to attach file](#)

## **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):

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l:

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34):

Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

<input type="text"/>
----------------------

**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 <sub>5</sub> Concentration (mg/l)
Municipality		
Subdivision	.020	300
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	.020	
AVERAGE BOD <sub>5</sub> from all sources		300

### 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: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 2

Other: N/A



### B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

### C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

### D. Disinfection Method

Identify the proposed method of disinfection.

- ☒ Chlorine: 1 mg/l after 20 minutes detention time at peak flow  
Dechlorination process:
- ☐ Ultraviolet Light:  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: XII

## 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 Map No. 48367C0375E

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: Not applicable

If **no**, provide the approximate date you anticipate submitting your application to the Corps: Not applicable

### B. Wind rose

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

## 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: 

## 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: 

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

Attach a solids management plan to the application.

Attachment: XV

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).

Click here to enter text.

## 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: Grindstone 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: [Click here to enter text.](#)

Average depth of the entire water body, in feet: [Click here to enter text.](#)

Average depth of water body within a 500-foot radius of discharge point, in feet: [Click here to enter text.](#)

☐ Man-made Channel or Ditch



- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: [link here to enter text](#)

### 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: [link here to enter text](#)

### C. Downstream perennial confluences

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

Grindstone Creek.

### D. Downstream characteristics

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

Yes ☐ No ☒

If yes, discuss how.

Click here to enter text.

**E. Normal dry weather characteristics**

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

The water body is dry.

Date and time of observation: 12/9/2021 3:45 PM

Was the water body influenced by stormwater runoff during observations?

Yes ☒ No ☐

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

**A. Upstream influences**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff   |
| <input type="checkbox"/> Upstream discharges  | <input checked="" type="checkbox"/> Agricultural runoff                         |
| <input type="checkbox"/> Septic tanks         | <input type="checkbox"/> Other(s), specify <div>Click here to enter text.</div> |

**B. Waterbody uses**

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

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

☐ Domestic water supply

☐ Industrial water supply

☐ Park activities

☐ Other(s), specify

[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