

GEORGE H NEILL & ASSOC., INC

265 MIDIRON

281 450 7647

PAGOSA SPRINGS, COLO 81147

DEC 28, 2020

Attache 19

To:

MUNICIPAL PERMITS..... MC 148
WATER QUALITY DIVN
TxCEQ
PO BOX 13087
NAUSTIN, TEXAS 78711-3087

PLEASE ACCEPT THE ENCLOSED AMENDED PERMIT APPLICATION. SEE EXPLANATION BELOW.
THANK YOU. GEORGE H NEILL, PE

John

*cc: T. H. of
Gleason
Warden*

SMILING MALLARD DEV.LTD APPLICATION to AMEND PERMIT.WQ 0015556-001

CURRENTLY THE PERMIT LIMITED IS FOR ONE WWTP LOCATION, AS SHOWN ON THE ATTACHED PLAN..

THE OWNERS DESIRE TO AMEND THE PERMIT FOR ALLOWING 2 (TWO) SITES- ALSO SEE ATTACHED PLAN-

LOCATION #1.. Qavg-daily allowable flow- 100,000 GPD

DEVELOPMENT WILL INCLDE SHOPPING, AN INDUSTRIAL WAREHOUSE, HOTEL, RESTAURANT, AND CONV HOUSING

LOCATION #2.. " " " " ... 125,000 GPD

DEVELOPMENT WILL INCLUDE HOUSING W/ AMMINITY CENTER

The GPS locations for each are as follows:

- Location 1 - 30° 30' 37" N, 96° 13' 20" W
- Location 2 - 30° 31' 38" N, 96° 13' 58" W

GEORGE H NEILL & ASSOC.,INC.

PO BOX 811 firm 2566

ATHENS, TEXAS 75751



TEMP ADDRESS— 265 MIDIRON..PAGOSA SPRINGS, COLO 81147

APRIL 19, 2021

TO: BRAZOS COUNTY CLERK'S OFFICE

300 E 26TH ST

BRYAN, TEXAS 77803

RE:TPDES APPLICATION CLARKE & WINDHAM WQ 0015556-001

TxCEQ REQUIRES THAT THE ABOVE APPLICATION BE POSTED AT A LOCATION NEAR THE PROPOSED WWTP. PLEASE POST FOR POSSIBLE PUBLIC VIEWING.

THANK YOU. GEORGE H NEILL,PE



020
1/20

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION
CHECKLIST

Complete and submit this checklist with the appl

AMENDMENT to TPDES #

CLARKE & WINDHAM..BRAZOS CO.

APPLICANT: SMILING MALLARD DEVELOPMENT, LTD

DEC 21, 2020

PERMIT NUMBER: NOT YET ASSIGNED

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 6.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input 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	\$350.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input checked="" 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:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes

Section 2. Type of Application (Instructions Page 29)

- | | |
|--|---|
| <input 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 checked="" 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

verified
(State
Address
permitted)

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 (applicant) applying for this permit?

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

(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: First and Last Name: PAUL CLARKE

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
Organization Name: SMILING MALLARD DEVELOPMENT, LTD

First and Last Name: PAUL CLARKE
Mailing Address: 3608 E 29TH ST

Credential (P.E., P.G., Ph.D., etc.):
City, State, Zip Code: BRYAN, TEX 77802

Title: Phone No.: 979 846 4384 Ext.: E-mail Address: .com

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: 12

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

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

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

First and Last Name: PAUL CLARKE

First and Last Name

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

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

Title: OWNER

Title:

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Organization Name

Mailing Address: 3608 E 29TH ST

Mailing Address:

City, State, Zip Code: BRYAN, TEX 77802

City, State, Zip Code

Phone No.: 979 846 4384 Ext.:

Phone No.:

Ext.:

Fax No.:

E-mail Address:

Check one or both:



Administrative Contact



Technical Contact

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

First and Last Name:

Mr. GEORGE H NEILL, PE

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

GEORGE H NEILL & ASSOC., INC.

Title:

PO 811

Organization Name:

ATHENS, TEXAS 75751

Mailing Address:

City, State, Zip Code:

Phone No.: 281 450 7647 Ext.:

Fax No.:

E-mail Address:

georgehneill@ahico.com

Check one or both:



Administrative Contact



Technical Contact

Title: PROJ MGR

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Mailing Address: 3608 E 29TH ST

City, State, Zip Code: BRYAN, TEX 77802

Phone No.: 979 846 4384 Ext.:

Fax No.:

E-mail Address:

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

First and Last Name: PAUL CLARKE

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

Title: OWNER

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Mailing Address: 3608 E 29TH ST

City, State, Zip Code: BRYAN, TEX 77802

Phone No.: 979 846 4384 Ext.:

E-mail Address:

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).

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

First and Last Name: TRAVIS MARTINEK

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

Title: PROJ MGR

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Mailing Address: 3608 E 29TH ST

City, State, Zip Code: BRYAN, TEX 77802

Phone No.: 979 846 4384 Ext.:

Fax No.:

E-mail Address:

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.

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

Title: PROJ MGR

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Mailing Address: 3608 E 29TH ST

City, State, Zip Code: BRYAN, TEX 77802

Phone No.: 979 846 4384 Ext.:

Fax No.:

E-mail Address:

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

First and Last Name: PAUL CLARKE

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

Title: OWNER

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Mailing Address: 3608 E 29TH ST

City, State, Zip Code: BRYAN, TEX 77802

Phone No.: 979 846 4384 Ext.:

E-mail Address:

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).

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

First and Last Name: TRAVIS MARTINEK

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

Title: PROJ MGR

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Mailing Address: 3608 E 29TH ST

City, State, Zip Code: BRYAN, TEX 77802

Phone No.: 979 846 4384 Ext.:

Fax No.:

E-mail Address:

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.

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



TEXAS COMMISSION ON ENVIRONMENTAL QU
**DOMESTIC WASTEWATER PERMIT APPLIC.
 CHECKLIST**

Complete and submit this checklist with the appl

AMENDMENT to TPDES #

APPLICANT: SMILING MALLARD DEVELOPMENT, LTD

CLARKE & WINDHAM..BRAZOS CO.

PERMIT NUMBER: NOT YET ASSIGNED

A DEC 21, 2020

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 6.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input 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 checked="" 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:
Check/Money Order Amount:
Name Printed on Check:
EPAY Voucher Number:
Copy of Payment Voucher enclosed? Yes

Section 2. Type of Application (Instructions Page 29)

- New TPDES New TLAP
- Major Amendment with Renewal Minor Amendment with Renewal
- Major Amendment without Renewal Minor Amendment without Renewal
- Renewal without changes Minor Modification of permit

For amendments or modifications, describe the proposed changes:

For existing permits:

Permit Number: WQ00
EPA I.D. (TPDES only): TX

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)

Attachments are included with the Administrative Report. Check all that

at or deed recorded easement, if the land where the treatment facility is

**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?

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

(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: **CN 602787814**

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):

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

First and Last Name:

First and Last Name: PAUL CLARKE

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

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

Title:

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?

N/A

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

If the co-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: 12

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): Prefix (Mr., Ms., Miss): MR
First and Last Name: First and Last Name: TRAVIS MARTINEK
Credential (P.E, P.G., Ph.D., etc.): Credential (P.E, P.G., Ph.D., etc.):
Title: Title: PROJ MGR
Organization Name: Organization Name: SMILING MALLARD DEVELOPMENT, LTD
Mailing Address: Mailing Address: 3608 E 29TH ST
City, State, Zip Code: City, State, Zip Code: BRYAN, TEX 77802
Phone No.: Phone No.: 979 846 4384 Ext.:
E-mail Address:
Check one or both: Administrative Contact Technical Contact

B. Prefix (Mr., Ms., Miss): Mr
First and Last Name: George H Neill
Credential (P.E, P.G., Ph.D., etc.): PE
Title: PROJ ENGR - WWTP
Organization Name: Georgelt Neill & Assoc., Inc
Mailing Address: P.O. #11
City, State, Zip Code: Athens, TX 75751
Phone No.: 231-4507647 Ext.: Fax No.:
E-mail Address: georgenNeill@yahoo.com
Check one or both: Administrative Contact Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

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

A. Prefix (Mr., Ms., Miss): Title: PROJ MGR TRAVIS MARTINEK
First and Last Name: Organization Name: SMILING MALLARD DEVELOPMENT, LTD
Credential (P.E, P.G., Ph.D., etc.): Mailing Address: 3608 E 29TH ST
Title: City, State, Zip Code: BRYAN, TEX 77802
Organization Name: Phone No.: 979 846 4384 Ext.:
E-mail Address:

Mailing Address:

City, State, Zip Code:

Phone No.:

Ext.:

Fax No.:

E-mail Address:

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

First and Last Name:

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

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

First and Last Name: PAUL CLARKE

Title:

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

Organization Name:

Title: OWNER

Mailing Address:

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

City, State, Zip Code:

Mailing Address: 3608 E 29TH ST

Phone No.:

Ext City, State, Zip Code: BRYAN, TEX 77802

E-mail Address:

Phone No.: 979 846 4384 Ext.:

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):

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

First and Last Name:

First and Last Name: TRAVIS MARTINEK

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

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

Title:

Title: PROJ MGR

Organization Name:

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Mailing Address:

Mailing Address: 3608 E 29TH ST

City, State, Zip Code:

City, State, Zip Code: BRYAN, TEX 77802

Phone No.:

Phone No.: 979 846 4384 Ext.:

E-mail Address:

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):

First and Last Name:

Title: PROJ MGR

TRAVIS MARTINEK

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

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Title:

Mailing Address: 3608 E 29TH ST

Organization Name:

City, State, Zip Code: BRYAN, TEX 77802

Mailing Address:

Phone No.: 979 846 4384 Ext.:

E-mail Address:

City, State, Zip Code:

Phone No.:

Ext.:

Fax No.:

E-mail Address:

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
Prefix (Mr., Ms., Miss):
First and Last Name: TRAVIS MARTINEK
First and Last Name:
Credential (P.E, P.G., Ph.D., etc.):
Credential (P.E, P.G., Ph.D., etc.):
Title: PROJ MGR
Title:
Organization Name: SMILING MALLARD DEVELOPMENT, LTD
Organization Name:
Mailing Address: 3608 E 29TH ST
Mailing Address:
City, State, Zip Code: BRYAN, TEX 77802
City, State, Zip Code:
Phone No.: 979 846 4384 Ext.:
Phone No.:
E-mail Address:

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 AddressX

FaxX

Regular MailX

C. Contact person to be listed in the Notices

Prefix (Mr., Ms., Miss): MR
Prefix (Mr., Ms., Miss):
First and Last Name: TRAVIS MARTINEK
First and Last Name:
Credential (P.E, P.G., Ph.D., etc.):
Credential (P.E, P.G., Ph.D., etc.):
Title: PROJ MGR
Title:
Organization Name: SMILING MALLARD DEVELOPMENT, LTD
Organization Name:
Mailing Address: 3608 E 29TH ST
Mailing Address:
City, State, Zip Code: BRYAN, TEX 77802
City, State, Zip Code:
Phone No.: 979 846 4384 Ext.:
Phone No.:

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:

Location within the building:

TO: BRAZOS COUNTY CLERK'S OFFICE

Physical Address of Building:

300 E 26TH ST

City:

BRYAN, TEXAS 77803

Contact Name:

Phone No.:

Ext.:

E. Bilingual Notice Requirements:

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

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

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

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 NoX

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

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

Yes NoX

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

Yes NoX

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 NoX

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.

¹ RN 104659511

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

registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

Name of project or site (the name known by the community where located):

COMMERCIAL/RES AREA S. OF COLLEGE STA

B. Owner of treatment facility:

Ownership of Facility: Public Private Both Federal

C. Owner of land where treatment facility is or will be:

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

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:

D. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

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:

E. 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:

Mailing Address:

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:

Section 10. TPDES Discharge Information (Instructions Page 34)

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

N/A

WWTP WILL BE LOCATED 200' SO OF MESA VERDE RD; APPROX 1800' WEST OF HWY 6 ROW;
AND ABOUT 200' SW OF THE INTERSECTION OF MESA VERDA AND HWY 6; BRAZOS CO, TEXAS

Yes NoX

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

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

N/A

Yes NoX

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:

FROM THE WWTP, THRU A PVC PIPE; INTO A UNNAMED CHANNEL; TO PEACH CREEK; THEN

TO THE NAVASOTA RIVER *College Sta*

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

Outfall Latitude: *30° 30' 37" N* Longitude: *96° 13' 20" W*

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

Yes NoX

If yes, indicate by a check mark if:

Authorization granted Authorization pendingX

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

Attachment: *18*

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

N/A

Section 11. TLAP Disposal Information (Instructions Page 36)

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

Yes NoX

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:
--	----------------------------	------------

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

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 NoX

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?

NO

Yes NoX

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 NoX

If yes, provide the following information:

Account number:

Amount past due:

E. Do you owe any penalties to the TCEQ?

Yes NoX

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:

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 boundariesX
- The facility site boundaries within the applicant's property boundariesX
- The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zoneX
- 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).)X
- The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstreamX
- The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of dischargeX
- 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 tidesX
- The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's propertyX
- The property boundaries of all landowners surrounding the effluent disposal siteX
- 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 locatedX
- 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 locatedX

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/Writable CD
- Four sets of labelsX

D. Provide the source of the landowners' names and mailing addresses:

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

Yes NoX

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

ONLY POSITIVE

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; *see attach 4*
- 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 NoX

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: *SMILING MALLARD DEV., LTP*

Permit No. WQ00

EPA ID No. TX

NOT YET ASSIGNED

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

WWTP WILL BE LOCATED 200' SO OF MESA VERDE RD; APPROX 1800' WEST OF HWY 6 ROW;

AND ABOUT 200' SW OF THE INTERSECTION OF MESA VERDE AND HWY 6; BRAZOS CO, TEXAS

Prefix (Mr., Ms., Miss): MR
 Provide the name, address, phone questions about the property. First and Last Name: TRAVIS MARTINEK
 Credential (P.E, P.G., Ph.D., etc.):
 Prefix (Mr., Ms., Miss): Title: PROJ MGR
 First and Last Name: Organization Name: SMILING MALLARD DEVELOPMENT, LTD
 Credential (P.E, P.G., Ph.D., et Title: Mailing Address: 3608 E 29TH ST
 City, State, Zip Code: BRYAN, TEX 77802
 Mailing Address: Phone No.: 979 846 4384 Ext.:
 City, State, Zip Code:
 Phone No.: Ext.: Fax No.:
 E-mail Address:

2. List the county in which the facility is located: BRAZOS

If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

N/A

3. 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.

FROM THE WWTP, THRU A PVC PIPE; INTO A UNNAMED CHANNEL; TO PEACH CREEK; THEN TO THE NAVASOTA RIVER

4. 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 easementsX
- Visual effects that could damage or detract from a historic property's integrityX
- Vibration effects during construction or as a result of project designX
- Additional phases of development that are planned for the futureX
- Sealing caves, fractures, sinkholes, other karst featuresX

Disturbance of vegetation or wetlandsX

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

NONE BESIDES NORMAL LOW FT.

Describe existing disturbances, vegetation, and land use:

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

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

NONE KNOWN

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

AGRICULTURAL

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:

Permit No. WQ00	EPA ID No. TX

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

First and Last Name:

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

Title:

Mailing Address:

City, State, Zip Code:

Phone No.:

Ext.:

Fax No.:

E-mail Address:

2. List the county in which the facility is located:

If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

3. 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.

4. 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 easementsX
- Visual effects that could damage or detract from a historic property's integrityX
- Vibration effects during construction or as a result of project designX
- Additional phases of development that are planned for the futureX
- Sealing caves, fractures, sinkholes, other karst featuresX

Disturbance of vegetation or wetlandsX

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

Describe existing disturbances, vegetation, and land use:

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

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

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:
2. Check or Money Order Amount:
3. Date of Check or Money Order:
4. Name on Check or Money Order:
5. APPLICATION INFORMATION

Name of Project or Site:

Physical Address of Project or Site:

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

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 50)

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

Prefix (Mr., Ms., Miss):

Full legal name (first, middle, last):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number:

Fax Number:

E-mail Address:

CN:

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) Yes
(Required for all applications types. Must be completed in its entirety and signed.
Note: Form may be signed by applicant representative.)
- Correct and Current Industrial Wastewater Permit Application Forms Yes
(TCEQ Form Nos. 10053 and 10054.
Version dated 6/25/2018 or later.)
- Water Quality Permit Payment Submittal Form (Page 19) Yes
(Original payment sent to TCEQ Revenue Section.
See instructions for mailing address.)
- 7.5 Minute USGS Quadrangle Topographic Map Attached Yes
(Full-size map if seeking "New" permit.
8 1/2 x 11 acceptable for Renewals and Amendments)
- Current/Non-Expired, Executed Lease Agreement or Easement Attached N/A Yes
- Landowners Map N/A Yes
(See instructions for landowner requirements)

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



DOMESTIC TECHNICAL REPORT 1.0

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

03/24/22

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

A. Existing/Interim I Phase

Design Flow (MGD):

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

B. Interim II Phase

Design Flow (MGD):

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

C. Final Phase

Design Flow (MGD):

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

0.102
0.400
2022
2022

D. Current operating phase:

Provide the startup date of the facility:

N/A

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

Provide a detailed description of the treatment process. Include the type of treatment plant,

mode of operation, and all treatment units. Start with the plant's head works and finish with the point of discharge. Include all sludge processing and drying units. If more than one phase exists or is proposed in the permit, a description of each phase must be provided. Process description:

Stage 1 Nitrification - Activated Sludge
 From Lift Sta, thru bar screen into aeration basin; thence to clarifier; thence thru chlorine contact; thence thru 4" PVC to stream. Also included is aerobic digester for WAS; airlifts for RAS & SLM; blowers; chlor equip security & controls

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	1	10.5' SWD x 12' Width x 56' Length
Clarifier	1	25' φ 10' SWD (circ)
Chlor Contact	1	(Non) 6' Width x 12' Length
Aerobic Digester	2	10' SWD x 12' Width x 20' each

C. Process flow diagrams

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

Attachment: 3

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:

11

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

Commercial & Residential areas So.
of _____ ; So end of College St
influence area of growth

Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes

No

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

Yes

No

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

Section 5. Closure Plans (Instructions Page 53)

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

Yes

No

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

Yes

No

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

Section 6. Permit Specific Requirements (Instructions Page 53)

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

A. Summary transmittal

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

Yes

No

Submitted - approval pending

If yes, provide the date(s) of approval for each phase:

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

see attach 21

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.

150' Buffer zone owned by applicant

C. Other actions required by the current permit

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

Yes

No

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

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

Yes No

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

2. Grit and grease processing

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

3. Grit disposal

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

Yes No

If No, contact the TCEQ Municipal Solid Waste team at 512-239-0000. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

4. Grease and decanted liquid disposal

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-0000.

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

N/A

E. Stormwater management

1. Applicability

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

Yes No

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

Yes No

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

2. MSGP coverage

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

Yes No

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

TXR05 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 commingle 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 N/A

1. Acceptance of sludge from other WWTPs

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

Yes No

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

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

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes No

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

Yes No

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

Yes No

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

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

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

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

Yes No

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



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

Is the facility in operation?

Yes No

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

If yes, provide effluent analysis data for the listed pollutants. *Wastewater treatment facilities* complete Table 1.0(2). *Water treatment facilities* discharging filter backwash water, complete Table 1.0(3).

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/ Time
CBOD ₅ , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, μmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

Facility not yet in service

*TPDES permits only

†TLAP permits only

Table 1.0(3) - Pollutant Analysis for Water Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: *To be determined*

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

see attach 8

Disposal **SLUDGENET TEX TCEQ NO 24028 USDOT 1756576**
TCEQ P **VARIOUS, BUT RECENTLY- MOUNT HOUSTON ROAD MUD WQ**
County **001154 001**

C. **MAGNAFLOW IS OWNER OF THE PROCESSING PERMIT NO WQ**
0005023 001

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

Name of the hauler:

Hauler registration number:

Sludge is transported as a: **MAGNAFLOW TRANSPORTER NO 21484**

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

N/A

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:

- USDA Natural Resources Conservation Service Soil Map:

Attachment:

- Federal Emergency Management Map:

Attachment:

- Site map:

Attachment:

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:

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



B. Temporary storage information

N/A

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:

Total Kjeldahl Nitrogen, mg/kg:

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

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

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

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

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

C. Liner information

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

Yes No

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

D. Site development plan

N/A

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

Attach the following documents to the application.

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

E. Groundwater monitoring

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

Yes No

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

separate attachment.

Attachment:

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 63)

A. Additional authorizations

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

Yes No

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

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes No

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

Yes No

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

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

A. RCRA hazardous wastes

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

Yes No

B. Remediation activity wastewater

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

Yes No

C. Details about wastes received

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

Attachment:

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.

No other method or nearby WWTP available for this development, waste water.

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: 5

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:

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

Attachment:

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

see attach 5

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: 5

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 BOD₅ Concentration in mg/l:

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

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

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
Municipality		
Subdivision	0.090	300
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other <i>Community Center</i>	<i>0.010</i>	300
TOTAL FLOW from all sources	0.10	
AVERAGE BOD ₅ from all		300

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
sources <i>see above</i>		<i>300</i>

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

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: *10*

Total Suspended Solids, mg/l: *15*

Ammonia Nitrogen, mg/l: *3*

Total Phosphorus, mg/l: *—*

Dissolved Oxygen, mg/l: *4*

Other:

D. Disinfection Method

Identify the proposed method of disinfection.

Chlorine: 1 mg/l after Hydrochlorite 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: 3

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 Frame - attach 7

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

Yes No

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

Yes No

If yes, provide the permit number:

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

B. Wind rose

Attach a wind rose. **Attachment:**

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:

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

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: VARIES

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes No

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

C. Sea grasses

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

Yes No

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

Section 3. Classified Segments (Instructions Page 73)

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

Yes No

If yes, this Worksheet is complete.

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

Section 4. Description of Immediate Receiving Waters (Instructions Page 75)

Name of the immediate receiving waters: UNNOWNED TO PEACH CREEK

A. Receiving water type

Identify the appropriate description of the receiving waters.

- Stream
- Freshwater Swamp or Marsh
- Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

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

- Man-made Channel or Ditch

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

B. Flow characteristics

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

- Intermittent - dry for at least one week during most years
- Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
- Perennial - normally flowing

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

- USGS flow records
- Historical observation by adjacent landowners
- Personal observation
- Other, specify:

C. Downstream perennial confluences

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

D. Downstream characteristics

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

- Yes No

If yes, discuss how. CONFLUENCE W/ LARGER STREAM (Peach Creek)

E. Normal dry weather characteristics

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

DRY

Date and time of observation:

Was the water body influenced by stormwater runoff during observations?

Yes No

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

A. Upstream influences

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

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

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 |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |

Park activities

Other(s), specify DRAINAGE

C. Waterbody aesthetics

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

- Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional
- Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored
- Common Setting: not offensive; developed but uncluttered; water may be colored or turbid
- Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

DOMESTIC WORKSHEET 2.1

STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 75)

Date of study: JULY 24, '18 Time of study: 9AM

Stream name: UNNOWNED TO PEACH CREEK

Location: NEAR PROP WWTP SITE

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

- Perennial Intermittent with perennial pools

*Note:
SITES WERE
REVISITED
APRIL 2021
NO
CHANGE
FISH
ONG 2018
study*

Section 2. Data Collection (Instructions Page 75)

Number of stream bends that are well defined:

Number of stream bends that are moderately defined: ONE

Number of stream bends that are poorly defined:

Number of riffles:

Evidence of flow fluctuations (check one):

- Minor moderate severe

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

Stream transects

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

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: *VARIES 10' ±*

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes No

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

C. Sea grasses

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

Yes

No

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

Section 3. Classified Segments (Instructions Page 73)

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

Yes

No

If yes, this Worksheet is complete.

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

Section 4. Description of Immediate Receiving Waters (Instructions Page 75)

Name of the immediate receiving waters:

A. Receiving water type

Identify the appropriate description of the receiving waters.

Stream

Freshwater Swamp or Marsh

Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

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

Man-made Channel or Ditch

Open Bay

Tidal Stream, Bayou, or Marsh

Other, specify:

B. Flow characteristics

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

- Intermittent - dry for at least one week during most years
- Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
- Perennial - normally flowing

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

- USGS flow records
- Historical observation by adjacent landowners
- Personal observation
- Other, specify:

C. Downstream perennial confluences

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

UNNAMED draw to
Peach 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.

At Confluence with Peach Creek;
Channel is much wider

E. Normal dry weather characteristics

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

dry

Date and time of observation: *Various thru recent years*

Was the water body influenced by stormwater runoff during observations?

Yes No

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

A. Upstream influences

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

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

B. Waterbody uses

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

- | | |
|--|--|
| <input type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |
| <input type="checkbox"/> Park activities | <input type="checkbox"/> Other(s), specify <i>drainage</i> |

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

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:

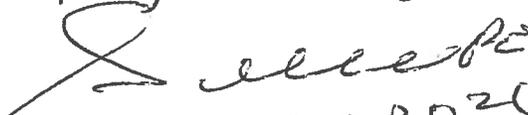
I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name:

Title:

Signature

Date: _____

Georgina Neal, PE
Project Engineer

June 20, 2021

Owner

1. USGS QUAD
2. DOWNSTREAM & SURROUNDING LANDOWNERS
3. DESIGN INFORMATION
 - a. CALCULATIONS
 - b. PLAN
 - c. FLOW DIAGRAM
4. SLUDGE MGMT PLAN
5. REGIONALIZATION
6. PHOTOS
 - a. GROUND
 - b. AERIAL
7. FEMA FRAME
8. SUDGE LETTER
9. Library Letter
- 10 . FLOW JUSTIFICATION -
11. SITE PLAN
12. CORE DATA FORM
13. DEED
14. WIND ROSE
15. RELIABILTY
16. FORBIDDEN FEATURES
17. FRANCHISE TAX INFO & OTHER FINANCIAL
18. letter from ENGINEER for DRAINAGE DISTRICT
19. GPS DATA
20. BUFFER PLAN
21. *Ch 217 Summary letter*

Plant: AMENDMENT to TPDES # WQ001555601
TCEQ Permit: CLARKE & WINDHAM..BRAZOS CO.
To Whom It May Concern: DEC 21, 2020

Attoms

Mount Houston Road Municipal Utility District, owner of a Waste Water Treatment Plant (Permit #WQ0011154001) located approximately 1.3 miles northwest of the intersection of State Highway 249 and Veterans Memorial Drive, Houston, Texas, and Magna Flow Environmental, owner of the Processing Permit (Permit #WQ0005023000)

Magna Flow Environmental and Mount Houston Road Municipal Utility District have entered into a contractual agreement, where Magna Flow Environmental (T.C.E.Q. Transporter Permit # 21484) will dewater sewage sludge from other waste treatment plants at the Mount Houston Road Municipal Utility District treatment plant. Dewatered Sludge will then be disposed of at a T.C.E.Q. permitted disposal site. Mount Houston Road Municipal Utility District has the capacity to accept sludge from the above mentioned plant.

Magna Flow Environmental agrees to accept and be responsible for the sludge dewatered at the plant. We will maintain responsibility for the life of the permit.

Mark Ivy
Mark Ivy
President
M. Marlon Ivy & Associates
Operator for MTH MUD

Jerry McCertain
Jerry McCertain
Vice President
Magna Flow Environmental

*Note:
App Not Required
to use Magna-Flow*

+
SITE #2

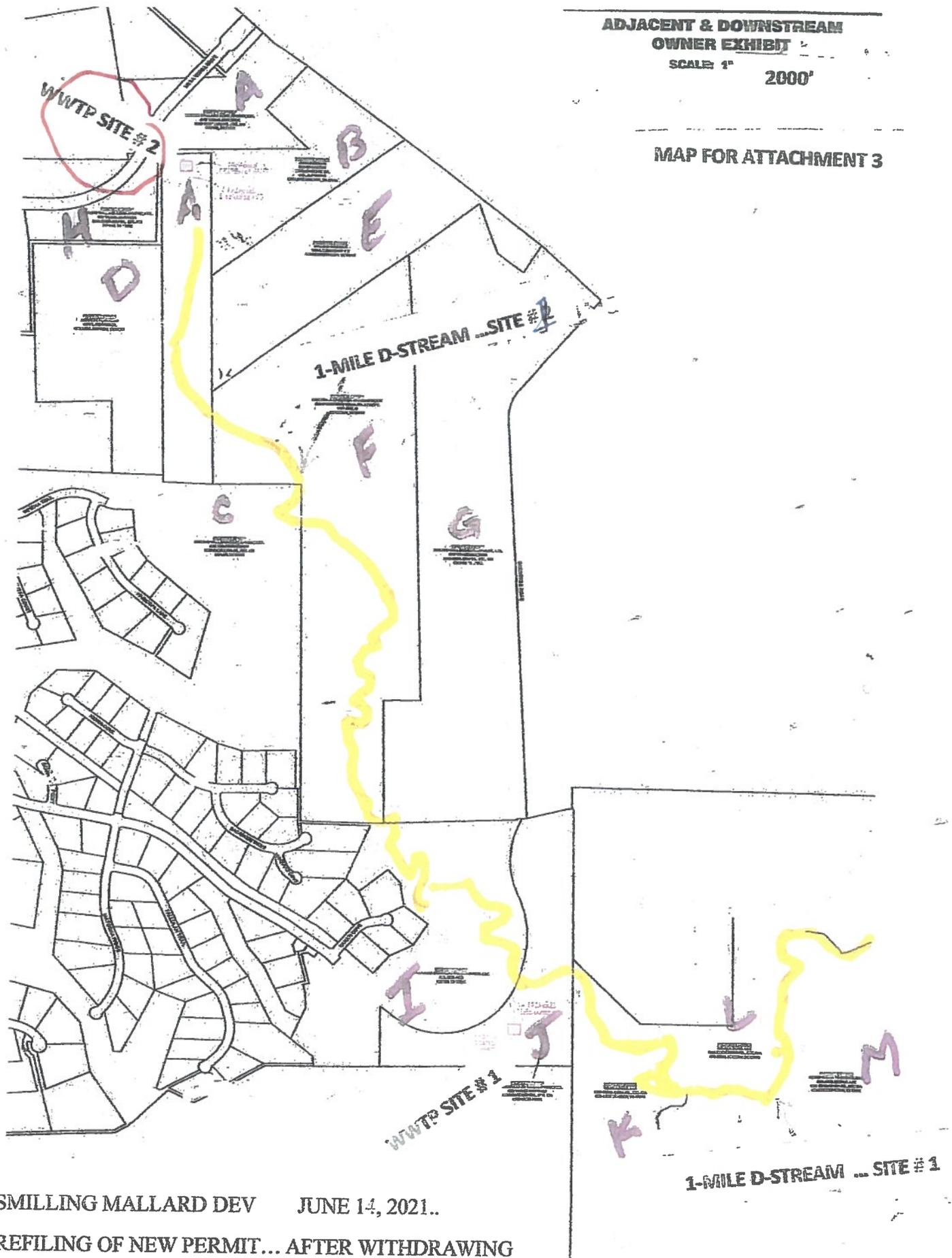
SITE # ... CLARKE & WINDHAM

WWTP
Pt of Disch

SMILING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 0015556) BRAZOS CO

ATTACH 1

MAP FOR ATTACHMENT 3



SMILING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 0015556) BRAZOS CO

ADJACENT & DOWNSTREAM LANDOWNERS LIST

Smiling Mallard Development, Ltd.
c/o Travis Martinek
3608 East 29th Street, Suite 100
Bryan, Texas 77802

A, C, G, H, J

Herbert Flanagan
1006 South Dexter Drive
College Station, Texas 77840

D

Ming Wiseman
c/o UPS Store
3515 Longmire Drive
Suite B, PMB 248
College Station, Texas 77845

B

charts sent

where NOT sent

William Wiseman
18456 State Highway 6 South
College Station, Texas 77845

E

Crystal/Christina Wiseman Trust
c/o Prosperity Bank Trust Dept.
1401 Avenue Q
Lubbock, Texas 79401

F

Partners in Habitat Preservation, LLC
P.O. Box 4453
Bryan, Texas 77805

I

RB Meadows, LLC
1301 Rock Barn Road, Suite 500
College Station, Texas 77845

K, L

Peach Creek Partners, Ltd.
c/o Jack McFarlane
1301 Rock Barn Road, Suite 800
College Station, Texas 77845

M

Note: Information provided in the above landowner list was compiled from information provided by the Brazos County Central Appraisal District.

SMILING MALLARD DEV JUNE 14, 2021..

REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq Co) BRAZOS CO

Attache 3

PLANS, SPECIFICATIONS & ENGINEERING REPORT

CHAPTER 217 SUMMARY

SMILING MALLARD DEV
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 0015556) BRAZOS CO

OWNER:

Prefix (Mr., Ms., Miss): MR
First and Last Name: TRAVIS MARTINEK
Credential (P.E, P.G., Ph.D., etc.):
Title: PROJ MGR
Organization Name: SMILING MALLARD DEVELOPMENT, LTD
Mailing Address: 3608 E 29TH ST
City, State, Zip Code: BRYAN, TEX 77802
Phone No.: 979 846 4384 Ext.:

JUNE 14, 2021..

GEORGE H NEILL & ASSOC., INC.
PO BOX 811 firm 2566
ATHENS, TEXAS 75751 281 450 7647



George H Neill PE

SMILLING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 0045556) BRAZOS CO

TABLE of CONTENTS for ATTACH 3

TWO SITES

1. ~~NEW~~ JUSTIFICATION
2. FLOW DIAGRAM
3. DESIGN CALCULATIONS
4. WWTP PLAN VIEW W/ DIMENTIONS- EXT AERA MODIF TO ACT SLUDGE PROCESS
5. AIR REQUIREMENT CALCS- BLOWER SIZING
6. AERATION PIPING SIZE CALCS

MAY 29, 2020

PROCESS DESCRIPTION

CH. 217

PLANNED IS A CONVENTIONAL BIOLOGICAL WASTE WATER TREATMENT PACKAGED STEEL UNIT USING THE "STAGE 1 NITRIFICATION" MODE OF THE ACTIVATED SLUDGE PROCESS. 30 TAC 271 RULES HAVE BEEN USED IN THE PLANT DESIGN. WHEN APPLICATION IS NEAR ISSUE, A SET OF CONSTRUCTION PLANS SHALL BE SENT TO LOCAL HEALTH DEPARTMENT WATER QUALITY DIVISION-TXCEQ FOR CONSTRUCTION APPROVAL.

0.01 MGD

UNITS ARE: =

LIFT STATION FROM

Commercial's
single family residences

(Ch 217 Summary - Another Submittal)

INFLUENT STRUCTURE (BAR SCREEN)

AERATION BASIN

CIRCULAR CLARIFIER

CHLORINE CONTACT BASIN

EFFLUENT DROP BOX AND PIPING

OTHER FEATURES ARE: BLOWERS, CHLORINATION EQUIPMENT, SECURITY FENCING, CONTROLS & ALARMS. SEVERAL TEXAS MANUFACTURERS ARE AVAILABLE FOR FABRICATION & INSTALLATION, EACH WITH SLIGHTLY DIFFERENT GEOMETRY, BUT MEETING TXCEQ RULES.

=

QUALITY LIMITS PER DRAFT PERMIT ARE : BOD5- 10 ppm; TOTAL SUSPENDED SOLIDS- 15 ppm; AMMONIA 3 ppm; DO 4 ppm; Ph >7; < 9 ; CHLOR RESIDUAL 1 ppm AFTER 30 MIN; OTHERS

THE PLANT WILL BE MAINTAINED BY AN OPERATOR LIENCED BY TXCEQ, AND PERIODIC SAMPLING AND TESTING WILL BE DONE FOR DISCHARGE QUALITY PARAMETERS AND ALLOWABLE FLOW PER THE TPDES PERMIT (A DRAFT IS AVAILABLE, AND HAS BEEN APPROVED BY THE OWNER)

SMILING MALLARD DEV JUNE 14, 2021..

REFILING OF NEW PERMIT... AFTER WITHDRAWING

AMENDMENT APP (wq 0015376) BRAZOS CO

SMILING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq ~~0015556~~) BRAZOS CO

ATTACH ... 3 *2/10*

SMILING MALLARD DEV.LTD APPLICATION to AMEND PERMIT WQ 0015556-001

CURRENTLY THE PERMIT LIMITED IS FOR ONE WWTP LOCATION, AS SHOWN ON THE ATTACHED PLAN..

THE OWNERS DESIRE TO AMEND THE PERMIT FOR ALLOWING 2 (TWO) SITES- ALSO SEE ATTACHED PLAN-

LOCATION #1.. Qavg-daily allowable flow- 100,000 GPD

DEVELOPMENT WILL INCLDE SHOPPING, AN INDUSTRIAL WAREHOUSE, HOTEL, RESTAURANT, AND CONV HOUSING

LOCATION #2.. " " " " ... 125,000 GPD

DEVELOPMENT WILL INCLUDE HOUSING W/ AMMINITY CENTER

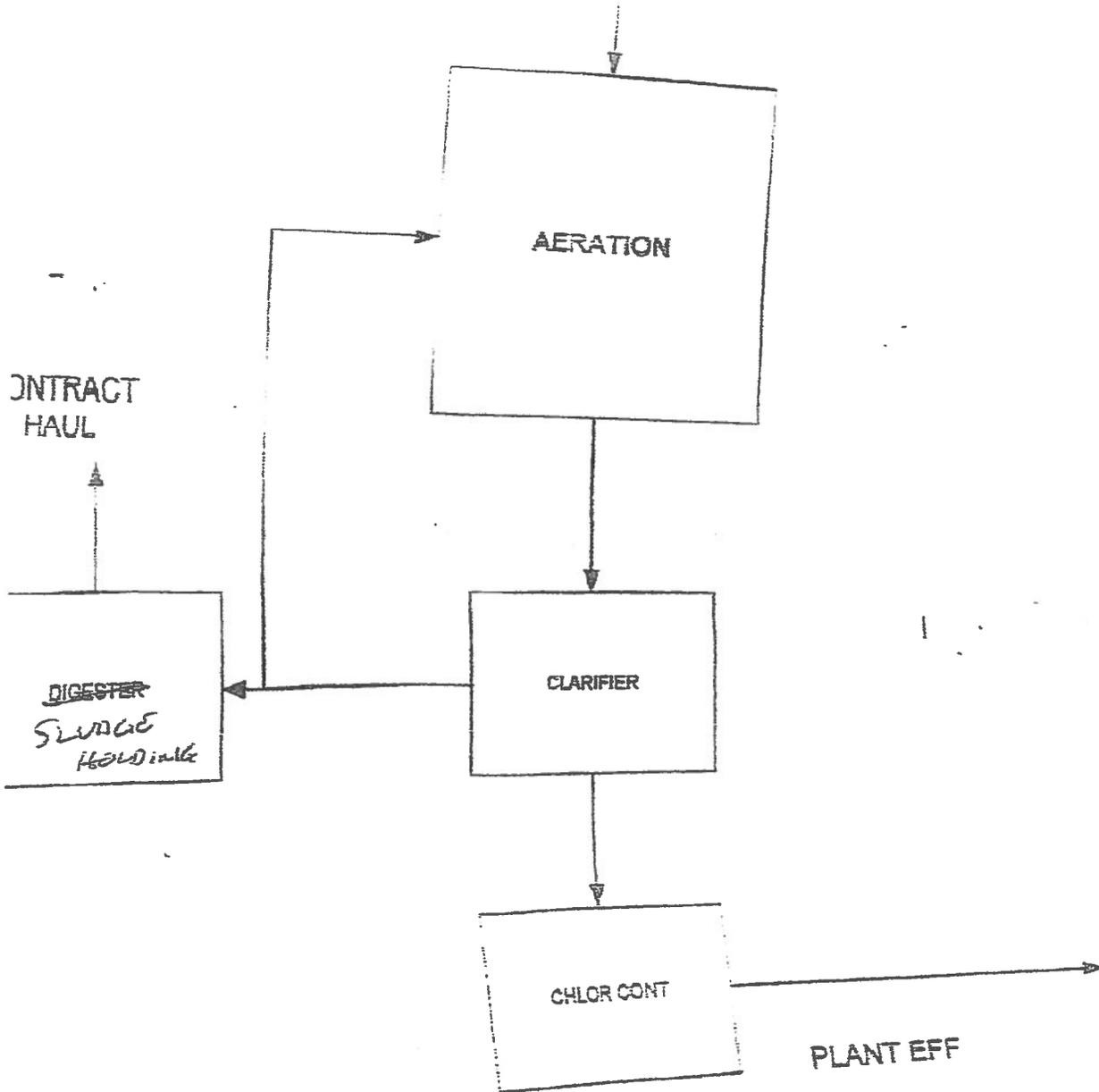
ORGANIC LOADINGS to WWTP..

LOCATION #1 250 #/ DAY

LOCATION #2.. 313 # / DAY

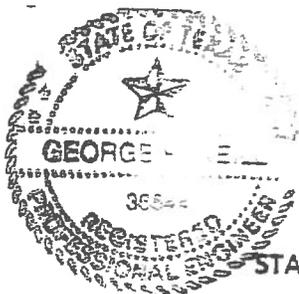
SMILING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 2015556) BRAZOS CO

PLANT EFF



SMILING MALLARD DEV JUNE 14, 2021..
 REFILING OF NEW PERMIT... AFTER WITHDRAWING
 AMENDMENT APP (wq 2015556) BRAZOS CO

Attch 3



OPMENT

George H. Neill

GEORGE H NEILL & ASSOC., INC. firm 2566

A. PERMIT REQMENTS

STAGE 1 NITRIFICATION PROCESS

- (1) BOD5-10 ppm; & TSS -15ppm : NH3- 3 ppm
- (2) Qavg daily FLOW. 100,000 GPD... Qpl 400,000 GPD

B. Org Loadin 100,000 $\times 300 \times 8.34 = 250$ ^{lb}/DAY

C. UNIT SIZING

- (1) Aeratio $250 / 35 \times 1000 = 7149$ FT³; 12' Width $\times 10.5'$ SWD $\times 56$ ft (use. ft) Length
- (2) Clarifier $4 \times 100,000 \text{ GPD} / 1000 \text{ GPD/FT}^2 = 24'$ diam 25 diam (accounts_for troughs)
- (3) Chlor Contact $..4 \times 100,000 \text{ GPD} / 1440 \text{ min/DAY} = 4 \times 70 \text{ gpm} = 280 \text{ gpm} \times 20 \text{ min} = 5620 \text{ GAL}$
 $749 \text{ FT}^3 \quad 6' \text{ WIDTH (NOMINAL) / } 12' \text{ LENGTH} = 10.41' \text{ SWD}$
- (4) Digester*... 20 FT³ /# BOD5 REQ'D

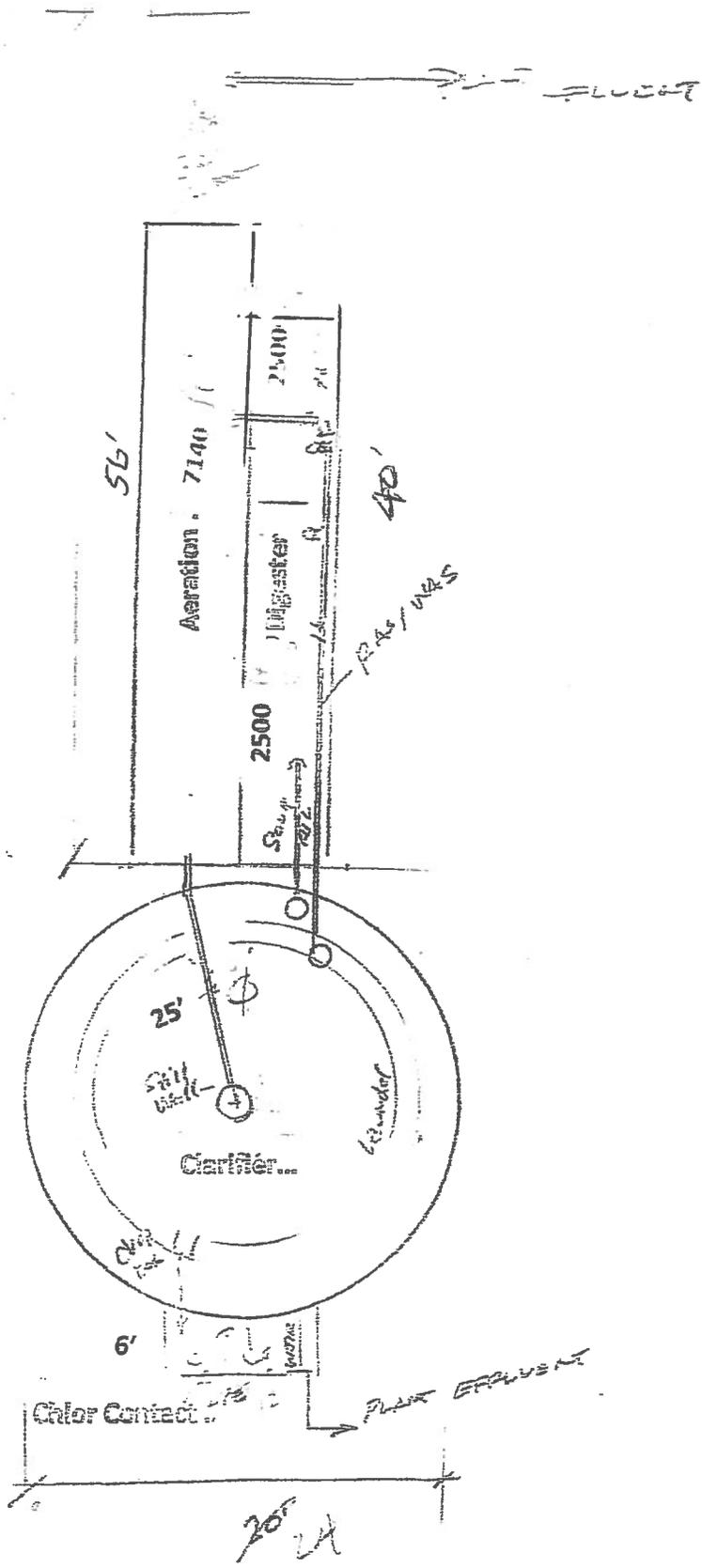
$250 \times 20 = 5000 \text{ FT}^3$ 10'SWD $\times 12'$ WIDTH $\times 37'$ use: 40' Length

2BASINS REQ'D TO ACCOMMODATE SLUDGE HOLDING..EACH 1/2 ABOVE

<i>Commercial</i>	
300 units X 313 gpd/ea	93,900 gpd
misc.. clubhouse, ect	6,100 gpd

SMILING MALLARD DEV JUNE 14, 2021..
 REFILING OF NEW PERMIT... AFTER WITHDRAWING
 AMENDMENT APP (wq00155574) BRAZOS CO

Attach 3



Georg Neill
 June 22, 2021
 Permit 2566

SMILING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 001555C) BRAZOS CO

Attach 4

ATCH 4... SLUDGE MANAGEMENT PLAN

1. TYPE PROCESS... EXTENDED AERATION PROCESS . VOL AERATION... SLUDGE HOLDING..750 FT3
2. SEE FLOW DIAG, DRAWING, AND CALCULATIONS..ATTACH 3
3. SLUDGE PRODUCTIO RATES.....SEE ATTACHED
4. MLSS. 3500 ppm
5. SLUDGE HANDLING

A. SLUDGE WASTING (WAS)

MLSS GENERATED IN THE AERATION BASIN AND ALLOWED TO SETTLE IN THE CLARIFIER WHICH HAS A MECHANICAL COLLECTOR AND UNDERFLOW CIRCULATES NORMALLY BACK-TO TO THE AERATION BASIN VIA AIRLIFT(ras). AS NEEDED, SLUDGE IS DIRECTED TO THE HOLDING TANK WHERE IS SEPARATED, CONCENTRATED, AND AWAITS DISPOSAL. SUPERNATANT GOES BACK TO AERATION. PERIODICALLY , ULTIMATE DISPOSAL BY CONTRACTOR IS EMPLOYED. SLUDGE CAN BE HAULKED AS SEMI SOLID, OR CAN BE CONCENTRATED ON-SITE. FOR THIS PROJECT, THE OPERATOR WILL EMPLOY "SLUDGE NET" FOR DEWATERING ON-SITE; AND HAUL TO AN ACCEPTABLE PERMITTED LANDFILL SEE PREVIOUSLY SUBMITTED LETTER FROM SLUDGE NET. NO FINALIZED CONTRACT IS REQUIRED AT THIS TIME SINCE PARAMETERS MAY CHANGE DUE TO PERMIT DRAFTING AND THE 30TAC 217 REVIEW PROCESS. A FIRM CONTRACT IS NOT APPROPRIATE AT THIS TIME ALSO BECAUSE OF THE EXPECTED LONG-TIME REQUIRED BEFORE A PERMITTED WWTP CAN BE PLACED INTO SERVICE.

B. SKUMMINGS ARE AIRLIFTED FROM A CLARIFIER COLLECTOR BACK TO THE DIGESTER. BAR-SCREEN SKUMMING WILL GO TO AN ON-SITE DUMPSTER.

6. ALL NECESSARY INFORMATION NEEDED AT THIS TIME IS INCLUDED WITH PREVIOUSLY ATTACH 3, SLUDGE NET LETTER

1/8/21

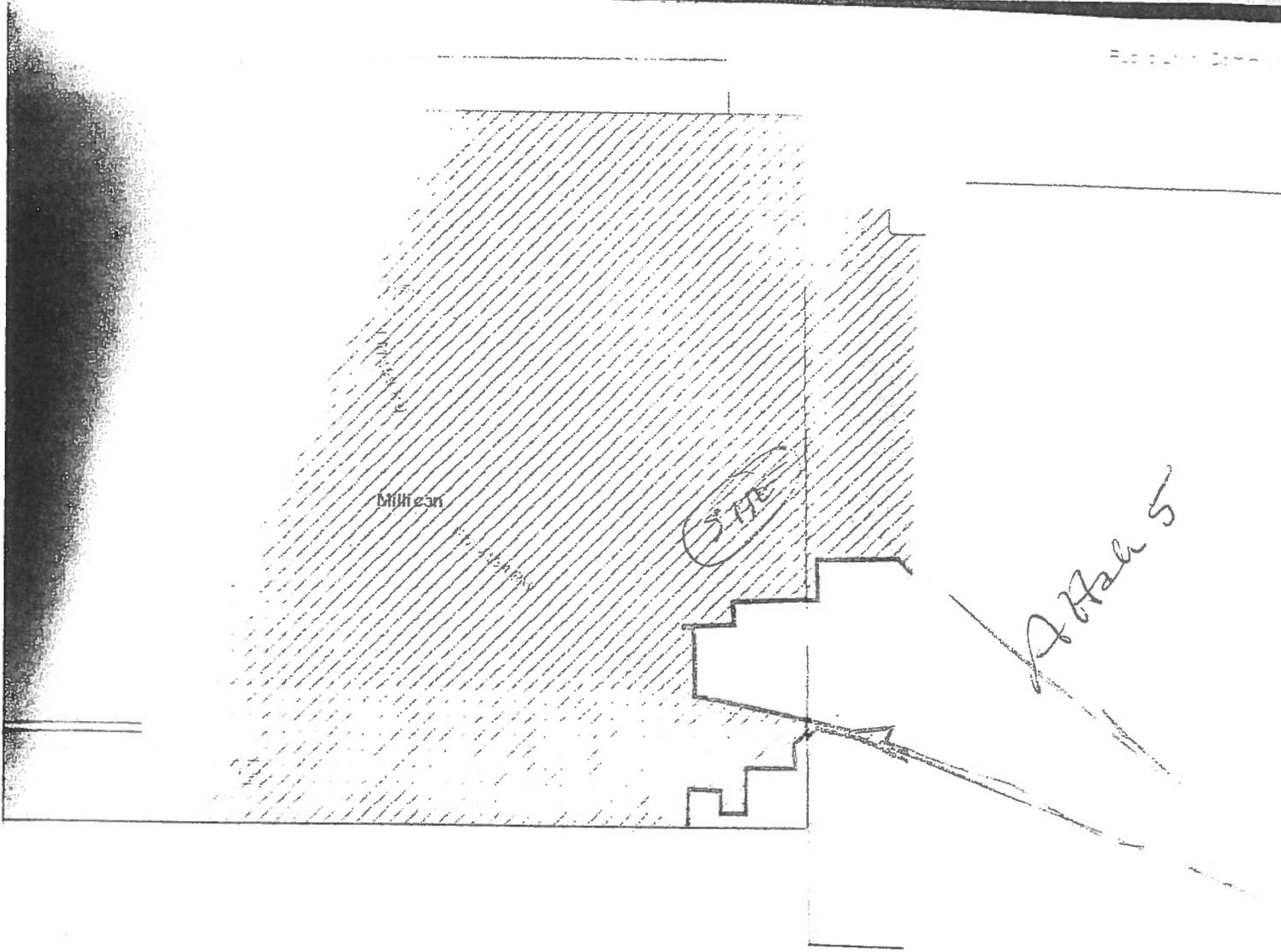
SLUDGE MANAGEMENT PLAN... ATTACH 4 TPDES APPLICATION
 SMILING MALLARD DEV JUNE 14, 2021..

REFILING OF NEW PERMIT... AFTER WITHDRAWING

AMENDMENT APP (wq *00.55%*) BRAZOS CO

SLUDGE PRODUCTION RATES	FLOWS(MGD) = BOD5/DAY REMOVED				Q.10 MC
	0.010	0.020	0.030	0.040	
#BOD5/DAY BOD REMOVED	23	47	80	94	230
# DRY SOLIDS/DAY	20	39	59	78	132
# WET SOLIDS/DAY	520	1040	1560	2080	5700
VOL WET SOLIDS GPD	45	90	135	180	432
FROM DIGESTER	15	30	45	60	150
IF WASTE IS 6000 GAL	400 DAYS	200 DAYS	100	50	20
PER EVENT					

NOTE: HAUL INTERVALS NOT RECOMMENDED TO EXCEED MORE THAT 180 DAYS



SMILLING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 0015556) BRAZOS CO

Key to Ground Photos 6

SMILING MALLARD DEV.LTD APPLICATION to AMEND PERMIT.WQ 0015556-001

North
LOCATION #1 Avg-daily allowable flow- 100,000 GPD

DEVELOPMENT WILL INCLUDE SHOPPING, AN INDUSTRIAL WAREHOUSE, HOTEL, RESTAURANT, AND CONV HOUSING

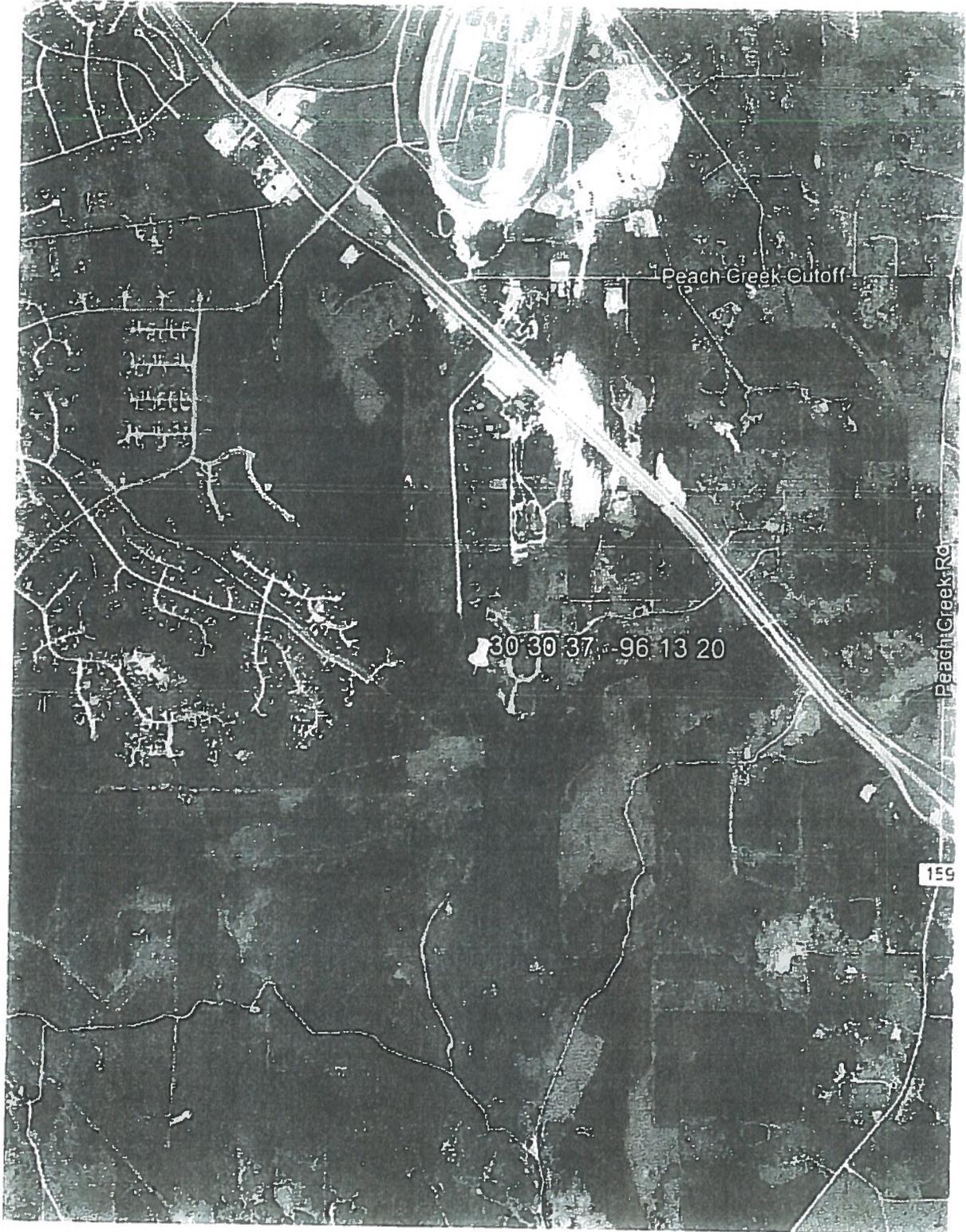
LOCATION #2. " " " " 125,000 GPD

DEVELOPMENT WILL INCLUDE HOUSING W/ AMMINITY CENTER

The GPS locations for each are as follows:

- Location 1 - 30° 30' 37" N, 96° 13' 20" W
- Location 2 - 30° 31' 38" N, 96° 13' 58" W

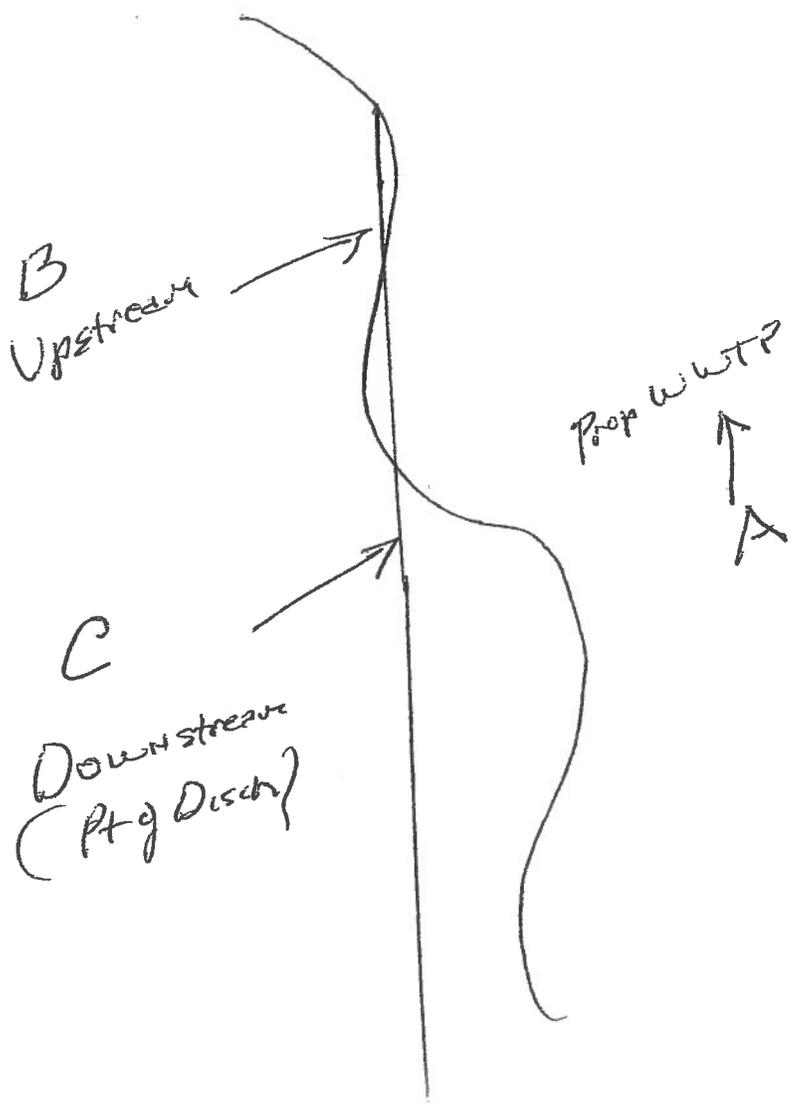
6



SATS
A

Shirley MALLARD
TPDES Aug, '18

Attachment - Ground Photo Key



LOCATION PHOTOS – PAGE 1 OF 3



710 231

North WWTP Site. Photo of proposed site, looking North. GPS Coordinates: 30°31'37"N, 96°13'55"W

1032

North WWTP Site. Photo of proposed site, looking South. GPS Coordinates: 30°31'37"N, 96°13'55"W



1043

North WWTP Site. Photo of discharge location, looking upstream (North). GPS Coordinates: 30°31'38"N, 96°13'54"W

LOCATION PHOTOS – PAGE 2 OF 3



North

North WWTP Site. Photo of proposed discharge location, looking downstream (South). GPS Coordinates: 30°31'38"N, 96°13'54"W

South WWTP Site. Photo of proposed site, looking North. GPS Coordinates: 30°30'29"N, 96°13'24"W

South



South

South WWTP Site. Photo of proposed site, looking South. GPS Coordinates: 30°30'29"N, 96°13'24"W



South view down Narrow Road



Along east side of Narrow Road



Narrow Road Entrance from Mesa Verde



Continuance of Narrow Road Entrance



Narrow Road Entrance from Mesa Verde, looking south

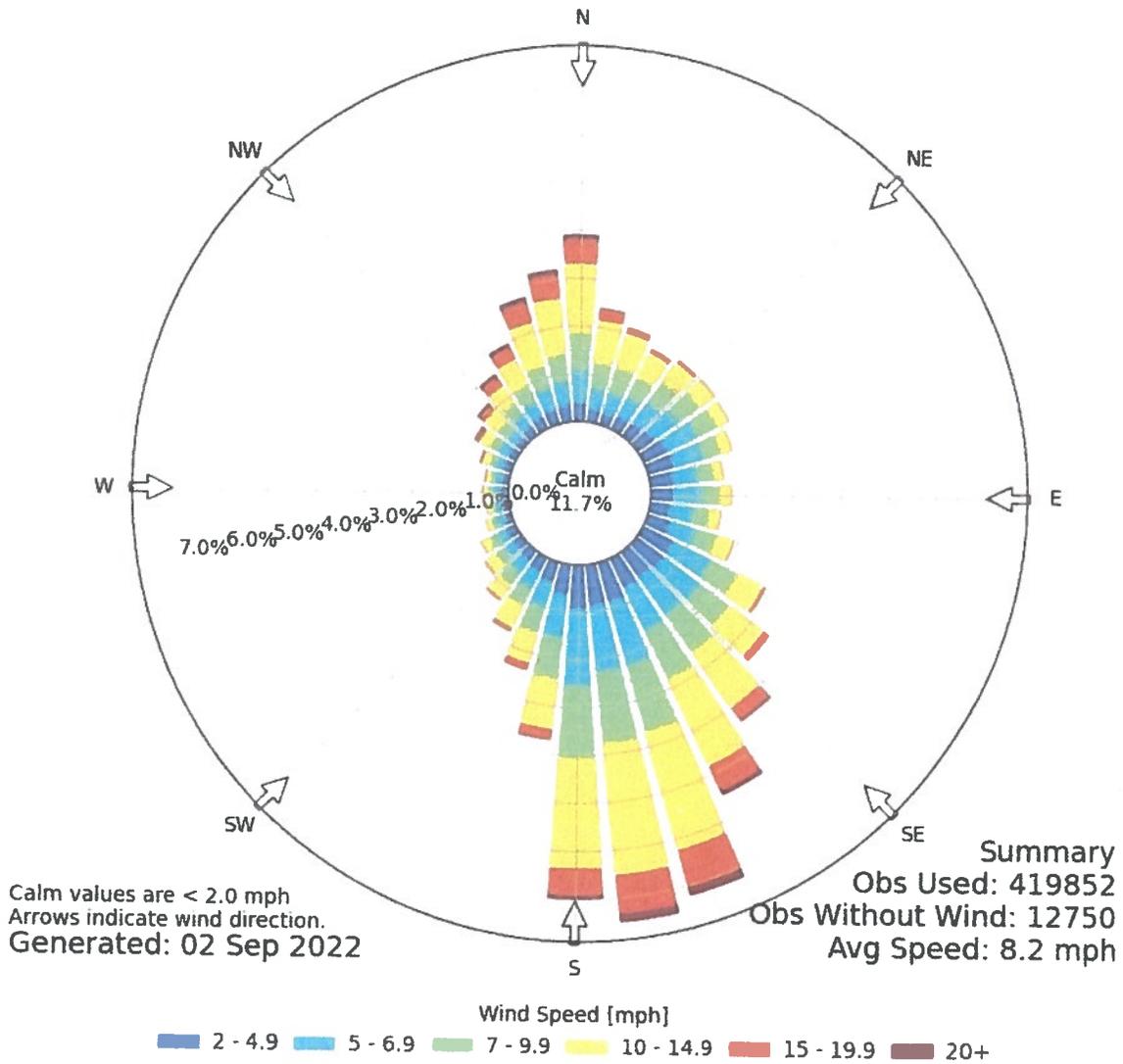


Narrow Road Entrance from Mesa Verde, looking north



Windrose Plot for [CLL] COLLEGE STATION

Obs Between: 31 Dec 1972 06:00 PM - 01 Sep 2022 07:53 PM America/Chicago



B



U



= $\frac{1}{2}$ location
 ON submittal
 = $\frac{1}{2}$ location
 actual

MESA VERDE RD

$\frac{1}{2}$ 500'

DATE	
1988	12/15
1989	1/15
1990	2/15
1991	3/15
1992	4/15
1993	5/15
1994	6/15
1995	7/15
1996	8/15
1997	9/15
1998	10/15
1999	11/15
2000	12/15

84,738 ACRES
(Containing 24,232 Acres)
As of the date of the Survey, there are no known encroachments on the proposed project of 24,232

1. The Survey is a subdivision of the land shown on the attached map and is subject to all laws, regulations, and ordinances of the State of California and the County of San Diego.

2. The Survey is a subdivision of the land shown on the attached map and is subject to all laws, regulations, and ordinances of the State of California and the County of San Diego.

3. The Survey is a subdivision of the land shown on the attached map and is subject to all laws, regulations, and ordinances of the State of California and the County of San Diego.

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Legend and Abbreviations
 --- Boundary
 --- Easement
 --- Right of Way
 --- Enclosure
 --- Well
 --- Structure
 --- Other



LAND TITLE SURVEY
24,738 ACRE TRACT
 BEING ALL OF THE CALLED 6572 ACRE TRACT
 RETURNED IN 1948 BY THE
 ALL OF THE CALLED 16 1/2 ACRE TRACT
 RETURNED IN 1948 BY THE
 VIA BUREAU SURVEY
 BUREAU SURVEY
 1988



Imagery ©2022 Houston-Galveston Area Council, Maxar Technologies, USDA/FPAC/GEO, Map data ©2022 Google 100 ft

X - House

Dimensions start on left (west) point, go right (east), then up (north) along property boundary.



172018

MARCH 2, 2021

Mobile Home Park,

PROJECT- ~~MOVE OFF HWY 6 BETWEEN COLLEGE STA. AND TRAVIS STA~~

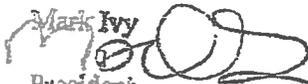
~~DOE~~
SOUTH OF

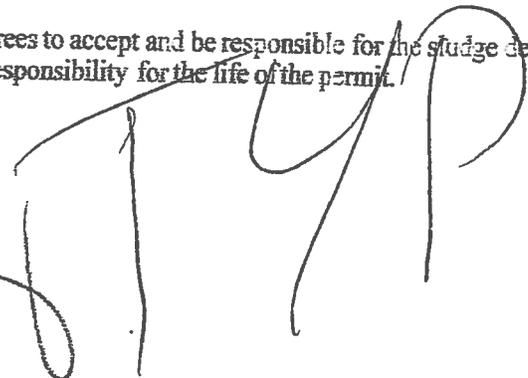
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Mark Ivy
President
M. Marion Ivy & Associates
Operator for MTH MUD

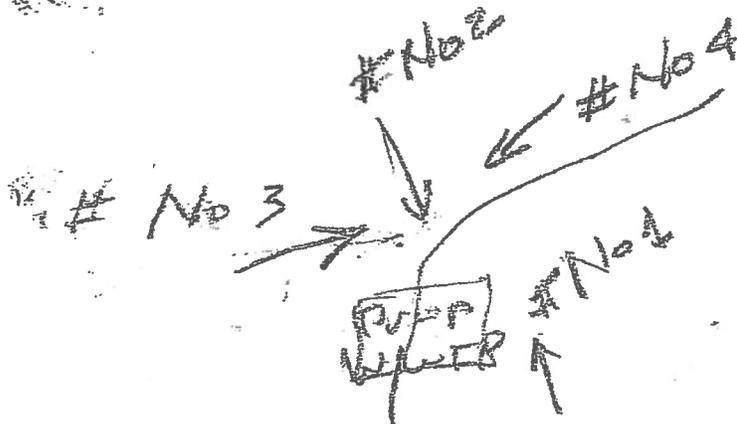



Jerry McCurtain
Vice President
Magna Flow Environmental

SMILING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 0015556) BRAZOS CO

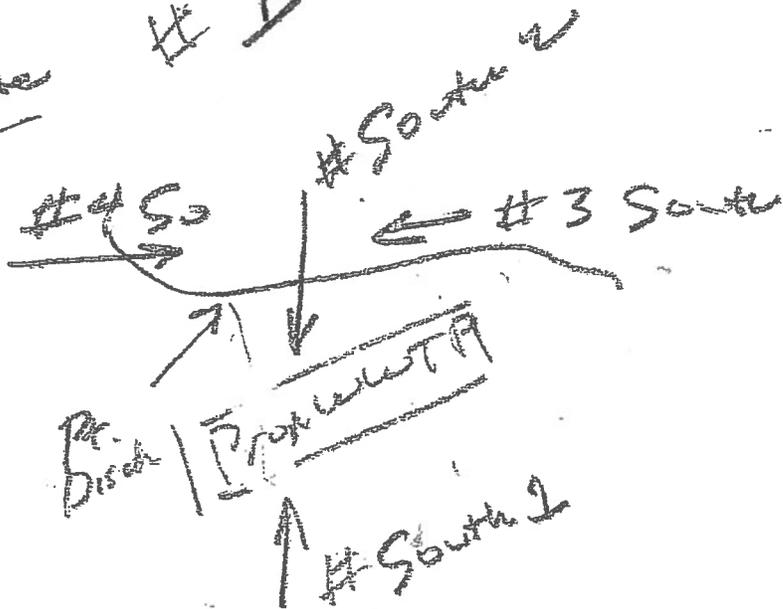
No Site

SITE
12



So Site

SITE
1



• Location 2 - 30° 31' 38" N, 96° 13' 58" W

ATTACH ... 9

FLOW JUSTIFICATION

SMILING MALLARD DEV.LTD APPLICATION to AMEND PERMIT.WQ 0015556-001

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DEVELOPMENT WILL INCLDE SHOPPING, AN INDUSTRIAL WAREHOUSE, HOTEL, RESTAURANT, AND CONV HOUSING

LOCATION #2.. " " " " ... 125,000 GPD

DEVELOPMENT WILL INCLUDE HOUSING W/ AMMINITY CENTER

ORGANIC LOADINGS to WWTP..

LOCATION #1 250 #/ DAY

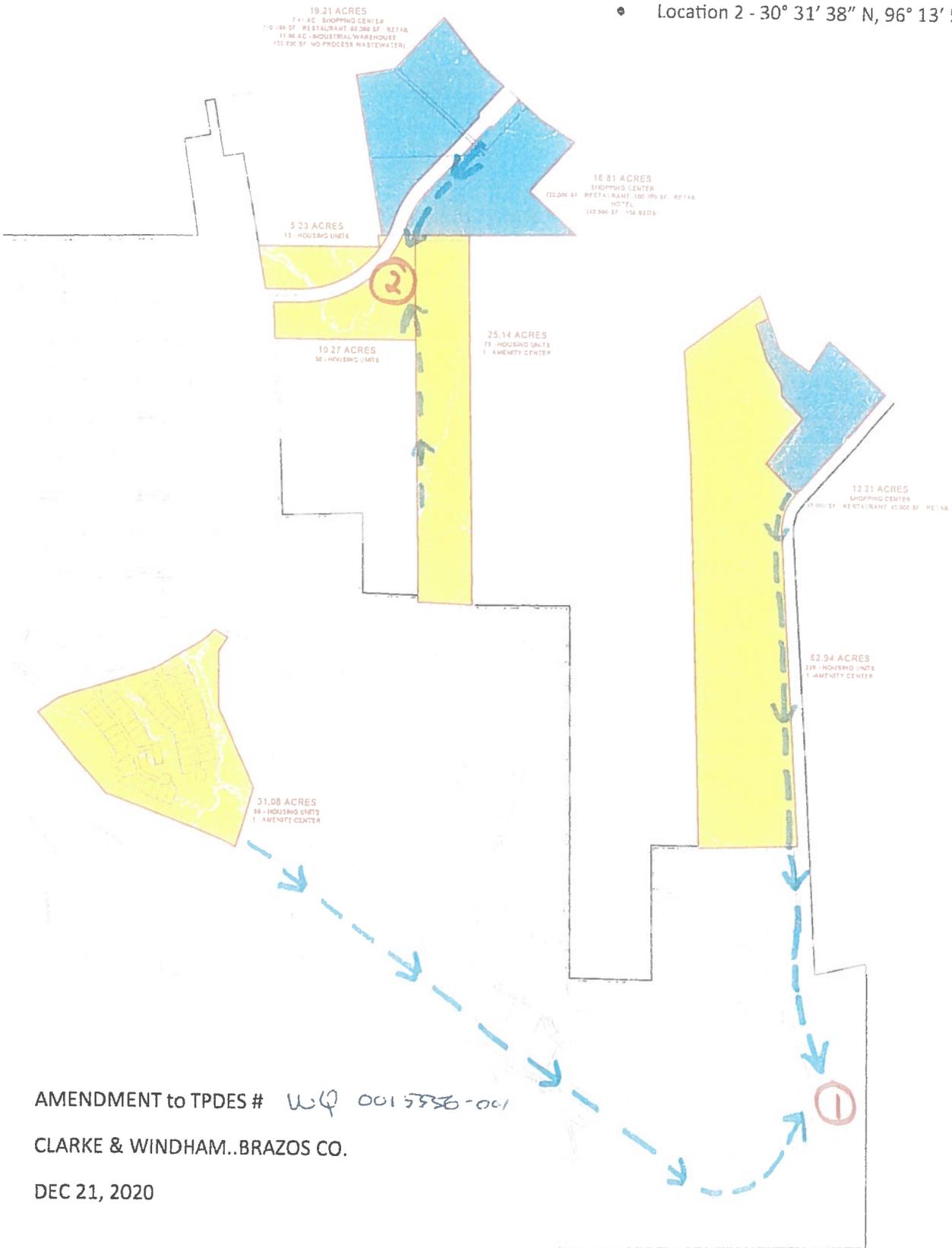
LOCATION #2. 313 # / DAY

#9

**INDIAN LAKES &
SOUTH COLLEGE STATION
WASTEWATER NEEDS PLAN**
SCALE: 1" = 300'

The GPS locations for each are as follows:

- Location 1 - 30° 30' 37" N, 96° 13' 20" W
- Location 2 - 30° 31' 38" N, 96° 13' 58" W



AMENDMENT to TPDES # *WQ 0015356-001*

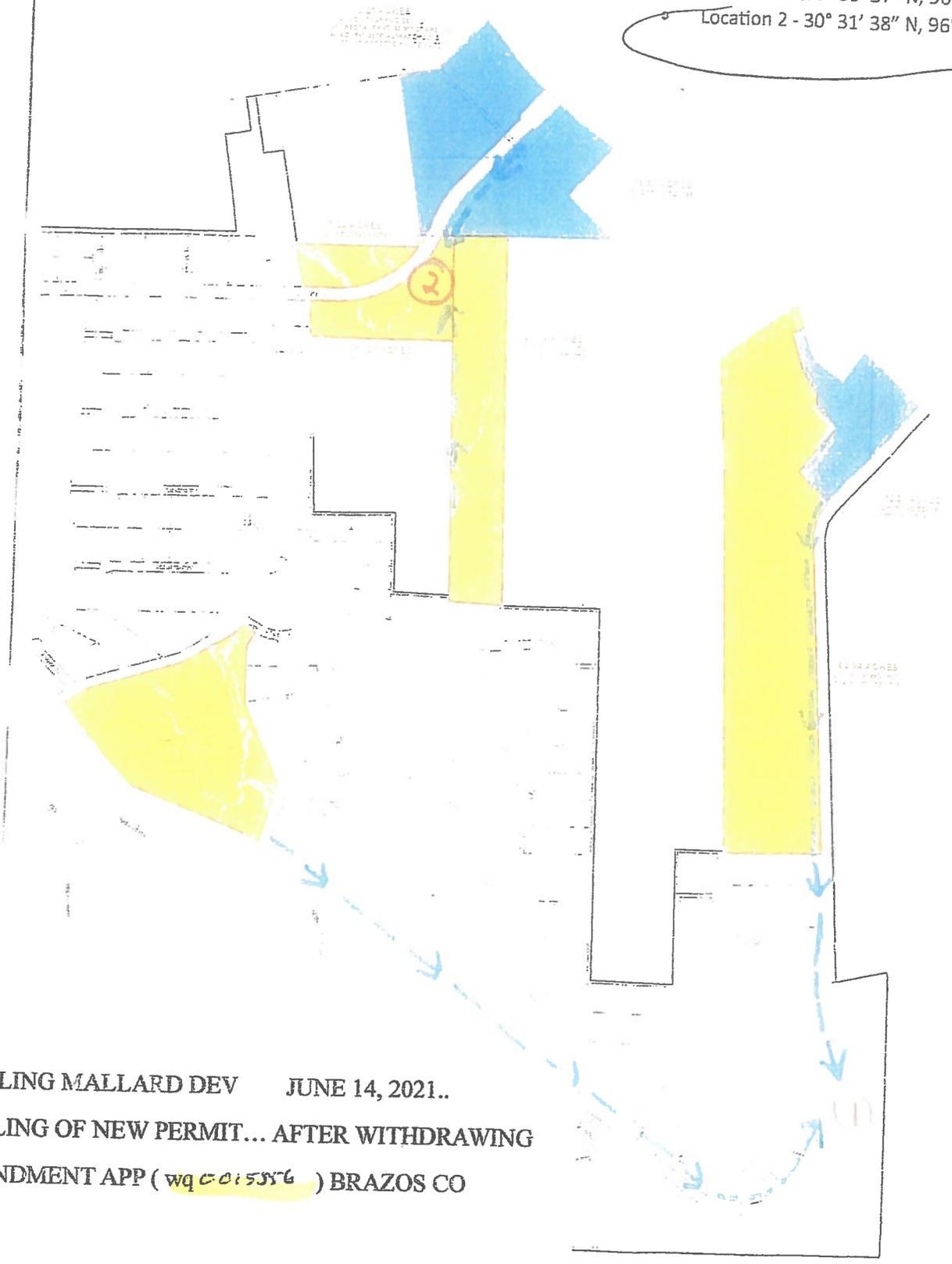
CLARKE & WINDHAM..BRAZOS CO.

DEC 21, 2020

INDIAN LAKES &
SOUTH COLLEGE STATION
WASTEWATER NEEDS PLAN
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SMILING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 015356) BRAZOS CO

~~ATTACH~~
11

A. STANDBY POWER.

A PORTABLE 10 KW DIESEL GENSET IS PLANNED FOR SERVING THESE FUNCTIONS, IN CASE OF INTERRUPTED POWER:

1. LIFT STATION SERVING COLLECTION SYSTEM
2. A BLOWER
3. CLARIFIER DRIVE
4. CHLORINATION SYSTEM
5. BASIC LIGHTING

NOTE: A CONSTANT-RECHARGED, POWER-PAC WITH AUTO-SWITCH OVER WILL ALLOW CONTINUOUS CHLORINE APPLICATION. SUFFICIENT SPARE PARTS INVENTORY FOR THE CHLORINATOR WILL BE REQUIRED.

B. TELEMETERED ALARM SYSTEMS WILL ADVISE OF-

1. GENERAL POWER OUTAGE
2. LIFT STA HI LEVEL
3. CLARIFIER DRIVE FAILURE, OF TORQUE OVERLOAD

C. OPERATING FLEXIBILITY FEATURES

1. SLUDGE HOLDING HAS DUAL-COMPARTMENTS FOR ALLOWING ONE TO BE EMPTIED WHILE SLUDGE IS WASTED TO OTHER
2. IF CC BASIN IS OUT OF SERVICE, AND BY-PASSED CHLORINE CAN BE INTRODUCED INTO THE CLARIFIER FOR ALLOWING ADEQUATE DETENTION TIME

D. EQUIPMENT DUPLICITY

1. DUAL BLOWERS, EACH CAPABLE OF THE TOTAL AIR REQUIREMENTS
2. LIFT STATION AT WTP WILL HAVE DUAL PUMPS, EACH CAPABLE OF Q_{max}
3. WATER SYSTEM HAVING EMERGENCY GENERATOR WILL PROVIDE DUAL FEED TO THE WTP

E. OVERFLOW PREVENTION - BASINS HAVE ADEQUATE FREEBOARD AN ADEQUATE SPECIFICATION FOR SEWER LINE TESTING, BOTH DURING CONSTRUCTION, AND LATER IS BEING RECOMMENDED

AMENDMENT to TPDES #

CLARKE & WINDHAM..BRAZOS CO.

DEC 21, 2020

GEORGE H NEILL & ASSOC., INC. INC.
PO BOX 811
ATHENS, TEXAS 75751

281 450 7647

TPDES APP

ATTACH 12

response to 30TAC 309.13...UNSUITABLE SITE CHARACTERISTICS

(a) THE PROPOSED SITE WILL NOT BE LOCATED IN A 100-YR FLOOD PLAIN

(b) " " " " " " " " WETLANDS

(c) THE WTP WILL BE LOCATED IN-EXCESS-OF 500' FROM A PUBLIC WATER WELL, OR RELATED PWS FACILITIES

THE PROPOSED WTP-

(1) DOES NOT INCLUDE SURFACE IRRIGATION, NOR SOIL ABSORPTION SYSTEMS

(2) WILL BE LOCATED IN-EXCESS-OF 500 FT FROM POTABLE WATER STORAGE

(3) " " " 500 FT FROM A PUBLIC WATER WELL

(4) WILL HAVE A COLLECTION SYSTEM LIFT STATION THAT WILL BE IN-EXCESS-OF 300' FROM A PUBLIC WATER WELL

(5) WILL HAVE NO SURFACE WATER TREATMENT PLANTS, EXISTING, NOR PROPOSED, WITHIN 500'

(d) THE PROPOSED WTP WILL HAVE NO SURFACE IMPOUNDMENT

(e) CONTROL OF THE NUISANCE OF ODOR

(1) NO LAGOONS ARE PLANNED

(2) APPLICANT OWNS ALL PROPERTIES WITHIN 150' OF THE PROPOSED WTP,
(SEE ATTACHED BUFFER PLAN)

(f) NO VARIANCE REQUEST IS REQUIRED

(g) NO ALTERNATIVE TO THE RULES IS REQUIRED

(h) NO RENEWAL IS REQUIRED AT THIS TIME .NEW PERMIT

(i) PLANS/SPECS WERE NOT APPROVED PRIOR TO

APPLICATION DATE
NEW PERMIT

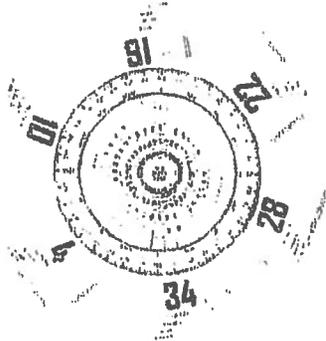
AMENDMENT to TPDES #

CLARKE & WINDHAM..BRAZOS CO.

DEC 21, 2020

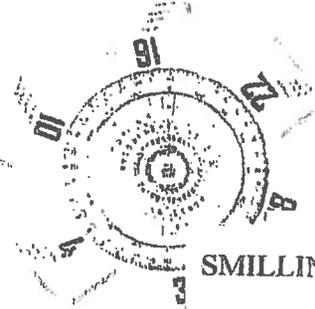
ALL WEATHER AND COVERAGE

Category	10-15	16-20	21-25	26-30
10-15	100%	100%	100%	100%
16-20	100%	100%	100%	100%
21-25	100%	100%	100%	100%
26-30	100%	100%	100%	100%



MP VPD COVERAGE

Category	10-15	16-20	21-25	26-30
10-15	100%	100%	100%	100%
16-20	100%	100%	100%	100%
21-25	100%	100%	100%	100%
26-30	100%	100%	100%	100%



AIRPORT DATA

AIRPORT DATA	EAST 10		WEST 10		EAST 20		WEST 20	
	10	20	10	20	10	20	10	20
APPROACH LIGHTS	600	600	600	600	600	600	600	600
APPROACH LIGHTS (2nd)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (3rd)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (4th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (5th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (6th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (7th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (8th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (9th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (10th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (11th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (12th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (13th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (14th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (15th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (16th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (17th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (18th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (19th)	600	600	600	600	600	600	600	600
APPROACH LIGHTS (20th)	600	600	600	600	600	600	600	600

WIND SPEED COVERAGE

Category	10-15	16-20	21-25	26-30
10-15	100%	100%	100%	100%
16-20	100%	100%	100%	100%
21-25	100%	100%	100%	100%
26-30	100%	100%	100%	100%

OFFICE RECORDS

OFFICE RECORDS	EAST 10		WEST 10		EAST 20		WEST 20	
	10	20	10	20	10	20	10	20
OFFICE RECORDS (1)	600	600	600	600	600	600	600	600
OFFICE RECORDS (2)	600	600	600	600	600	600	600	600
OFFICE RECORDS (3)	600	600	600	600	600	600	600	600
OFFICE RECORDS (4)	600	600	600	600	600	600	600	600
OFFICE RECORDS (5)	600	600	600	600	600	600	600	600
OFFICE RECORDS (6)	600	600	600	600	600	600	600	600
OFFICE RECORDS (7)	600	600	600	600	600	600	600	600
OFFICE RECORDS (8)	600	600	600	600	600	600	600	600
OFFICE RECORDS (9)	600	600	600	600	600	600	600	600
OFFICE RECORDS (10)	600	600	600	600	600	600	600	600

AIRPORT DATA

AIRPORT DATA	EAST 10		WEST 10		EAST 20		WEST 20	
	10	20	10	20	10	20	10	20
AIRPORT DATA (1)	600	600	600	600	600	600	600	600
AIRPORT DATA (2)	600	600	600	600	600	600	600	600
AIRPORT DATA (3)	600	600	600	600	600	600	600	600
AIRPORT DATA (4)	600	600	600	600	600	600	600	600
AIRPORT DATA (5)	600	600	600	600	600	600	600	600
AIRPORT DATA (6)	600	600	600	600	600	600	600	600
AIRPORT DATA (7)	600	600	600	600	600	600	600	600
AIRPORT DATA (8)	600	600	600	600	600	600	600	600
AIRPORT DATA (9)	600	600	600	600	600	600	600	600
AIRPORT DATA (10)	600	600	600	600	600	600	600	600

GENERAL INFORMATION

GENERAL INFORMATION (1)	600	600	600	600
GENERAL INFORMATION (2)	600	600	600	600
GENERAL INFORMATION (3)	600	600	600	600
GENERAL INFORMATION (4)	600	600	600	600

SMILING MALLARD DEV JUNE 14, 2021..
 REFILING OF NEW PERMIT... AFTER WITHDRAWING
 AMENDMENT APP (wq 0015566) BRAZOS CO

Eastwood Airport
AIRPORT DATA SHEET
 College Station, Texas

APPROACH LIGHTS	600	600	600	600
OFFICE RECORDS	600	600	600	600
AIRPORT DATA	600	600	600	600
GENERAL INFORMATION	600	600	600	600

Date: 2 of 23

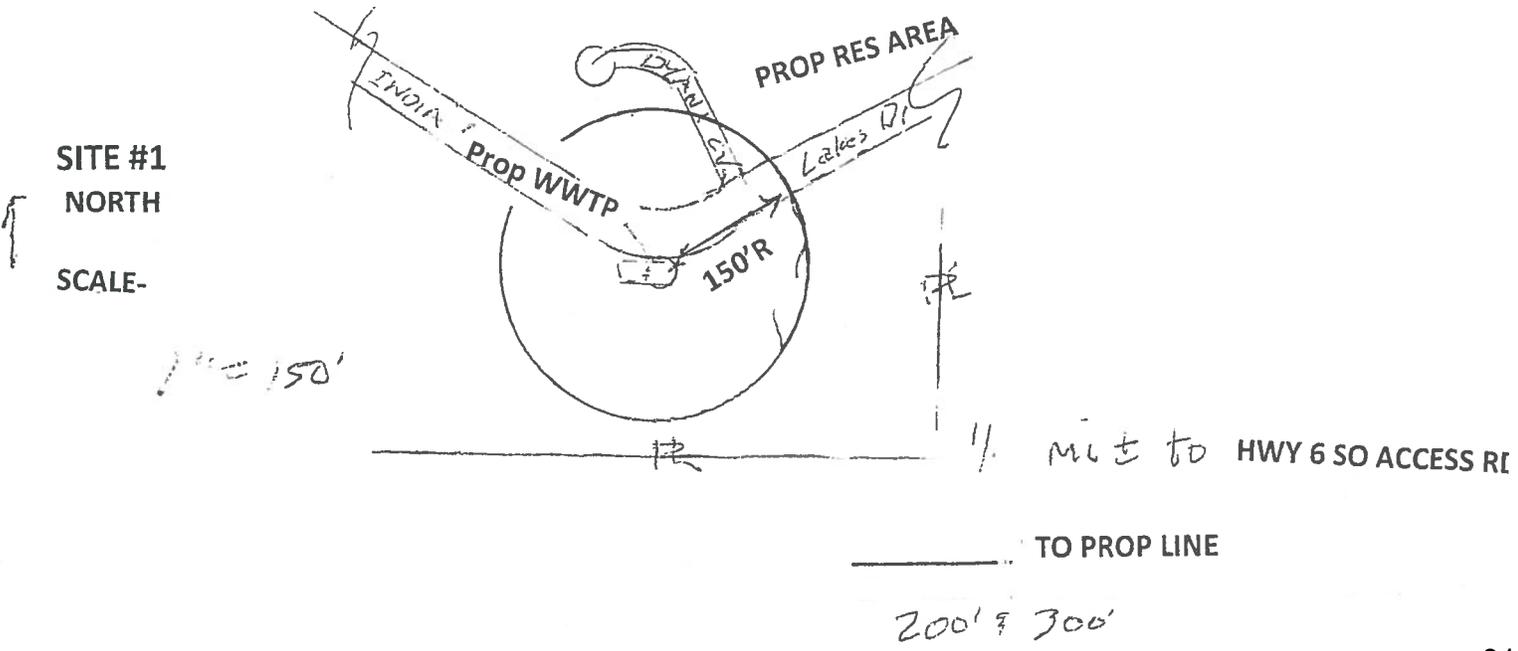
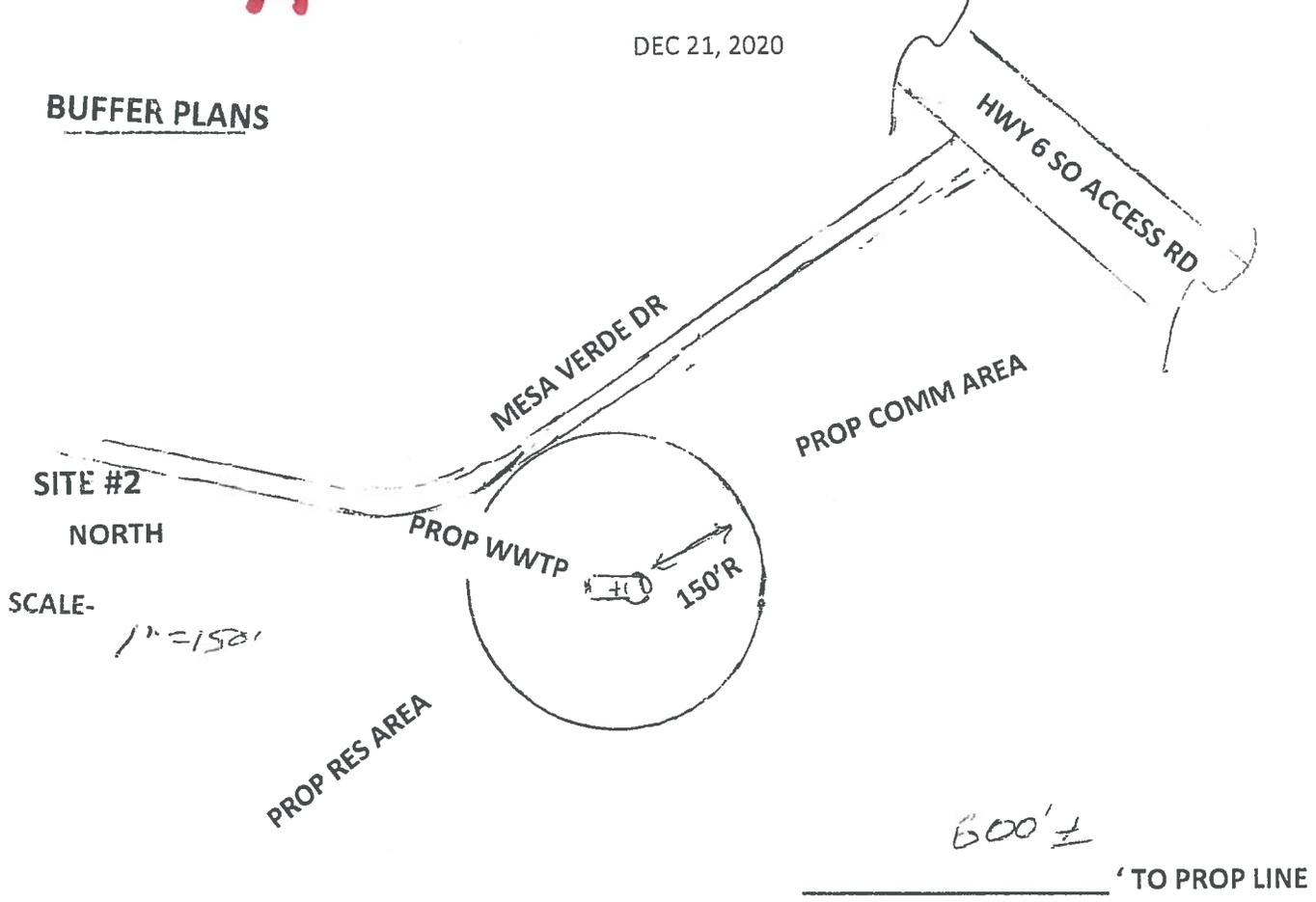
ATTACH 17 **14**

AMENDMENT to TPDES #

CLARKE & WINDHAM..BRAZOS CO.

DEC 21, 2020

BUFFER PLANS



WTP. PLANT RELIABILITY DESIGN FEATURES

ATTACH 15

A. STANDBY POWER.

A PORTABLE 10 KW DIESEL GENSET IS PLANNED FOR SERVING THESE FUNCTIONS, IN CASE OF INTERRUPTED POWER:

- 1. LIFT STATION SERVING COLLECTION SYSTEM**
- 2. A BLOWER**
- 3. CLARIFIER DRIVE**
- 4. CHLORINATION SYSTEM**
- 5. BASIC LIGHTING**

NOTE: A CONSTANT-RECHARGED, POWER-PAC WITH AUTO-SWITCHOVER WILL ALLOW CONTINUOUS CHLORINE APPLICATION. SUFFICIENT SPARE PARTS INVENTORY FOR THE CHLORINATOR WILL BE REQUIRED.

B. TELEMETERED ALARM SYSTEMS WILL ADVISE OF-

- 1. GENERAL POWER OUTAGE**
- 2. LIFT STA HI LEVEL**
- 3. CLARIFIER DRIVE FAILURE, OF TORQUE OVERLOAD**

C. OPERATING FLEXIBILITY FEATURES

- 1. SLUDGE HOLDING HAS DUAL-COMPARTMENTS FOR ALLOWING ONE TO BE EMPTIED WHILE SLUDGE IS WASTED TO OTHER**
- 2. IF CC BASIN IS OUT OF SERVICE, AND BY-PASSED CHLORINE CAN BE INTRODUCED INTO THE CLARIFIER FOR ALLOWING ADEQUATE DETENTION TIME**

D. EQUIPMENT DUPLICITY

- 1. DUAL BLOWERS, EACH CAPABLE OF THE TOTAL AIR REQUIREMENTS**
- 2. LIFT STATION AT WTP WILL HAVE DUAL PUMPS, EACH CAPABLE OF Q_{max}**
- 3. WATER SYSTEM HAVING EMERGENCY GENERATOR WILL PROVIDE DUAL FEED TO THE WTP**

E. OVERFLOW PREVENTION - BASINS HAVE ADEQUATE FREEBOARD AN ADEQUATE SPECIFICATION FOR SEWER LINE TESTING, BOTH DURING CONSTRUCTION, AND LATER IS BEING RECOMMENDED

Attach
15

SMILLING MALLARD DEV JUNE 14, 2021..

Reliability

REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq001555A) BRAZOS CO

a. Electrical Users

1. lift station pumps
2. blowers
3. disinfection system
4. basic lighting
5. telemetry & controls

b. Chlorination

a constant recharged , power-pac with auto-switchover will allow continuous chloring application. Sufficient spare parte inventory is required

c. Telemetering alarm systems will advise of

1. Gneral power outage
2. lift station- high level
3. Clarifier drive failure, or torque overload

d. Operating flexibility features

1. sludge holding (digester) wil;l have dual compartments for allowing one to be emptied while sludge is wasted to the other
2. if CC basin is out-of-service , bypass chlorine can be introduced into the clarifier for allowing adequate detention time

e. Equipment duplicity

1. dual blowers, each capable-of total air requirements
2. lift station to have dual submersible pumps, each capable-of Qmax

f. Overflow prevention

basins have adequate free-board

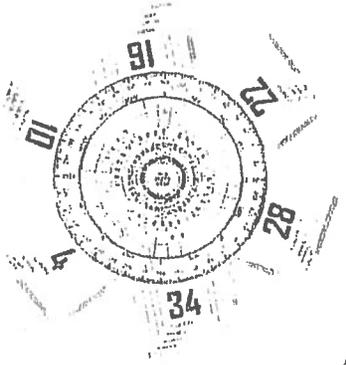
an approved specification is required for testing seweras during construction
During operation, sewer lines to be periodically tested for tighness

TPDES AP
Sailing Mallard
Dev, Ltd

DEC 21, 2020

ALL WEATHER WIND COVERAGE

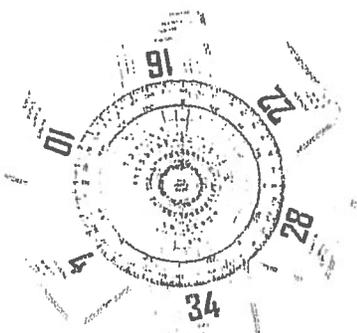
Direction	10 Knots	15 Knots	20 Knots	25 Knots
090	1000	1000	1000	1000
135	1000	1000	1000	1000
180	1000	1000	1000	1000
225	1000	1000	1000	1000
270	1000	1000	1000	1000



1. Wind Speed
2. Wind Direction
3. Wind Frequency
4. Wind Gust
5. Wind Squall
6. Wind Shear
7. Wind Turbulence
8. Wind Drift
9. Wind Crosswind
10. Wind Headwind

IFP WIND COVERAGE

Direction	10 Knots	15 Knots	20 Knots	25 Knots
090	1000	1000	1000	1000
135	1000	1000	1000	1000
180	1000	1000	1000	1000
225	1000	1000	1000	1000
270	1000	1000	1000	1000



RUNWAY DATA

Runway	Runway 15-34			Runway 15-34			Runway 15-34		
	EWING	ULTIMATE	ULTIMATE	EWING	ULTIMATE	ULTIMATE	EWING	ULTIMATE	ULTIMATE
Runway Length	3400	3400	3400	3400	3400	3400	3400	3400	3400
Runway Width	150	150	150	150	150	150	150	150	150
Runway Surface	Asphalt	Asphalt	Asphalt	Asphalt	Asphalt	Asphalt	Asphalt	Asphalt	Asphalt
Runway Slope	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Runway Elevation	100	100	100	100	100	100	100	100	100

WIND SPEED COEFFICIENTS

Wind Speed	Latitude	Longitude
10 Knots	30° N	95° W
15 Knots	30° N	95° W
20 Knots	30° N	95° W
25 Knots	30° N	95° W

HORIZONTAL DATUM: NORTH AMERICAN DATUM 83. VERTICAL DATUM: MEAN SEA LEVEL. HORIZONTAL DATUM: NORTH AMERICAN DATUM 83. VERTICAL DATUM: MEAN SEA LEVEL. HORIZONTAL DATUM: NORTH AMERICAN DATUM 83. VERTICAL DATUM: MEAN SEA LEVEL.

DECLARED DISTANCE

Runway	Runway 15-34			Runway 15-34			Runway 15-34		
	EWING	ULTIMATE	ULTIMATE	EWING	ULTIMATE	ULTIMATE	EWING	ULTIMATE	ULTIMATE
Runway Length	3400	3400	3400	3400	3400	3400	3400	3400	3400
Runway Width	150	150	150	150	150	150	150	150	150

AIRPORT DATA

Latitude	30° 00' N	Longitude	95° 00' W
Elevation	100	Runway Length	3400
Runway Width	150	Runway Surface	Asphalt
Runway Slope	0.00%	Runway Elevation	100
Runway Orientation	15-34	Runway Width	150

REGISTRATION STANDARDS

Registration	Standard	Actual
1000	1000	1000

Enslin Airport
AIRPORT DATA SHEET
College Station, Texas

Number of Runways: 1
Number of Taxiways: 1
Number of Aprons: 1
Number of Buildings: 1
Number of Towers: 1
Number of Fences: 1
Number of Lights: 1
Number of Signs: 1
Number of Obstructions: 1
Number of Hazards: 1
Number of Other: 1

DATE: 12/21/2020
SHEET 2 OF 23

GEORGE H NEILL & ASSOC., INC. , INC.
PO BOX 811
ATHENS, TEXAS 75751

281 450 7647

TPDES APP

ATTACH

16

response to 30TAC 309.16...UNSUITABLE SITE CHARACTERISTICS

(a) THE PROPOSED SITE WILL NOT BE LOCATED IN A 100-YR FLOOD PLAIN

(b) " " " " " " " " WETLANDS

(c) THE WTP WILL BE LOCATED IN-EXCESS-OF 500' FROM A PUBLIC WATER WELL, OR RELATED PWS FACILITIES

THE PROPOSED WTP-

(1) DOES NOT INCLUDE SURFACE IRRIGATION, NOR SOIL ABSORPTION SYSTEMS

(2) WILL BE LOCATED IN-EXCESS-OF 500 FT FROM POTABLE WATER STORAGE

(3) " " " " " " " " 500 FT FROM A PUBLIC WATER WELL

(4) WILL HAVE A COLLECTION SYSTEM LIFT STATION THAT WILL BE IN-EXCESS-OF 300' FROM A PUBLIC WATER WELL

(5) WILL HAVE NO SURFACE WATER TREATMENT PLANTS, EXISTING, NOR PROPOSED, WITHIN 500'

(d) THE PROPOSED WTP WILL HAVE NO SURFACE IMPOUNDMENT

(e) CONTROL OF THE NUISANCE OF ODOOR

(1) NO LAGOONS ARE PLANNED

(2) APPLICANT OWNS ALL PROPERTIES WITHIN 150' OF THE PROPOSED WTP,
(SEE ATTACHED BUFFER PLAN

(f) NO VARIANCE REQUEST IS REQUIRED

(g) NO ALTERNATIVE TO THE RULES IS REQUIRED

(h) NO RENEWAL IS REQUIRED AT THIS TIME...NEW PERMIT

(i) PLANS/SPECS WERE NOT APPROVED PRIOR TO
SMILING MALLARD DEV JUNE 14, 2021... APPLICATION DATE...NEW PERMIT

REFILING OF NEW PERMIT... AFTER WITHDRAWING

AMENDMENT APP (wq 0015556) BRAZOS CO

GEORGE H NEILL & ASSOC.,INC.

ATTACH 17

PO BOX 811 firm 2566

ATHENS, TEXAS 75751

TEMP ADDRESS— 265 MIDIRON..PAGOSA SPRINGS, COLO 81147

APRIL 19, 2021

TO: BRAZOS COUNTY CLERK'S OFFICE

300 E 26TH ST

BRYAN, TEXAS 77803

RE:TPDES APPLICATION CLARKE & WINDHAM WQ 0015556-001

TxCEQ REQUIRES THAT THE ABOVE APPLICATION BE POSTED AT A LOCATION NEAR THE PROPOSED WWTP. PLEASE POST FOR POSSIBLE PUBLIC VIEWING.

THANK YOU. GEORGE H NEILL,PE

A.H. 17

SMILING MALLARD DEVELOPMENT, LTD.

December 11, 2015

Elinor Sansom
Applications Review and Processing Team (MC 148)
Water Quality Division
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

RE: Application for Proposed Permit No. WQ0015430001 (EPA ID No. TX0136808)
Smiling Mallard Development, Ltd.
RN108862830; CN602787814

Dear Ms. Sansom:

I, Paul J. Clarke, acting as Manager of Smiling Mallard Management, LLC, the General Partner of Smiling Mallard Development, Ltd., do hereby authorize Travis Martinek to sign any documents necessary for the approvals of the above-referenced Domestic Wastewater Permit Application.

Please contact me if you need any further information.

Sincerely,

Paul J. Clarke, Manager of
Smiling Mallard Management, LLC, General Partner of
Smiling Mallard Development, Ltd.

Enclosure: Paul J. Clarke authority documents

CC: George H. Neill, P.E.
George H. Neill & Associates, Inc.
P.O. Box 512
Stafford, Texas 77477

3608 East 29th Street, Suite 100
Bryan, Texas 77802
Phone: (979) 846-4384 Fax: (979) 846-1461

SMILLING MALLARD DEV JUNE 14, 2021..

REFILING OF NEW PERMIT... AFTER WITHDRAWING

AMENDMENT APP (wq 00.5556) BRAZOS CO

1 DEV

GEORGE H NEILL & ASSOC., INC.

265 MIDIRON firm 2566

PAGOSA SPRINGS, COLO 81147 281 450 7647

ATTACH 18

JUNE 14, 2021..

MR RICHARD VANCE

BRAZOS CO ENGINEER'S OFFICE

2617 HWY 21 WEST

BRYAN, TEXAS 77803

RE: PROPOSED WWTP... VILLAGES OF INDIAN LAKES...PH 28

GENTLEMEN

OUR CLIENT, PI SMILLING MALLARD DEV IS PLANNING A SUBDIVISION INCLUDING A WASTEWATER TREATMENT PLANT. THE DISCHARGE FROM THE EXTENDED-AERATION PLANT WILL BE INTO A UNNAMED CREEK. SEE THE ENCLOSED MAP.

THE STATE REQUIRES, DURINGB THE APPLICATION PROCESS, THAT ANT AGENCY WHICH MAY HAVE RESPONSIBILITY FOR MAINTENANCE OF A DISCHARGE ROUTE, CE CONTACTED FOR COMMENTS. THANK YOU ,IN ADVANCE, FOR ANY TIME SPENT ON THIS REQUEST.

FOR ANY QUESTIONS, OR IF EXPERIENCE-RECORD INFORMATION IS NEEDED. PLEASE CALL ME AT THE ABOVE TELNO. WE'VE PLANNED OVER 300 PUBLIC TREATMENT SYSTEMS IN TEXAS OVER 40 YEARS.

SINCERELY,

GEORGE H NEILL, P.E.

Attach 19822

OWNER'S
INFO

AMENDMENT to TPDES #

CLARKE & WINDHAM..BRAZOS CO.

DEC 21, 2020

19

SMILING MALLARD DEVELOPMENT, LTD.

December 11, 2015

Elinor Sansom
Applications Review and Processing Team (MC 148)
Water Quality Division
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

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CC: George H. Neill, P.E.
George H. Neill & Associates, Inc.
P.O. Box 512
Stafford, Texas 77477

3608 East 29th Street, Suite 100
Bryan, Texas 77802
Phone: (979) 846-4384 Fax: (979) 846-1461

DEC 05 2000

CERTIFICATE OF LIMITED PARTNERSHIP

Corporations Section

The undersigned General Partner, who desires to form a limited partnership, certifies that:

1. The name of the partnership is **SMILING MALLARD DEVELOPMENT, LTD.**
2. The address of the partnership's registered office is 3608 East 29th Street, Suite 100, Bryan, TX 77802.
3. The name of the partnership's registered agent for service of process is **PAUL J. CLARKE.**
4. The address of the agent is 3608 East 29th Street, Suite 100, Bryan, TX 77802.
5. The address of the principal office where records that are required to be kept will be kept or made available is 3608 East 29th Street, Suite 100, Bryan, TX 77802.
6. The name and address of the business or residence of each general partner are as follows:

<u>Name</u>	<u>Address</u>
Smiling Mallard Management, LLC	3608 East 29 th Street, Suite 100 Bryan, TX 77802

7. This certificate of limited partnership shall be effective on the date of filing with the Secretary of State.

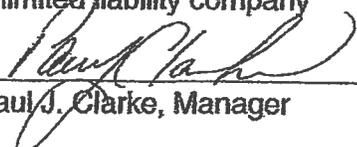
I affirm, under penalty of perjury, that this certificate is executed on December 4, 2000, and, to the best of my knowledge and belief, the facts stated in this certificate are true.

General Partner:

**SMILING MALLARD MANAGEMENT,
LLC**

a Texas limited liability company

By: _____


Paul J. Clarke, Manager

ARTICLES OF ORGANIZATION

OF

SMILING MALLARD MANAGEMENT, LLC

FILED
In the Office of the
Secretary of State of Texas

DEC 05 2000

Corporations Section

I, the undersigned natural person of the age of eighteen years or more, acting as the organizer of a limited liability company (the "Company") under the Texas Limited Liability Company Act, do hereby adopt the following Articles of Organization for such Company:

ARTICLE I

The name of the Company is **SMILING MALLARD MANAGEMENT, LLC**.

ARTICLE II

The period of duration of the Company is perpetual.

ARTICLE III

The purpose for which the Company is organized is to transact any or all lawful business for which limited liability companies may be organized under the Texas Limited Liability Company Act.

ARTICLE IV

The address of the Company's principal place of business in Texas is as follows:

3608 East 29th Street, Suite 100
Bryan, TX 77802

ARTICLE V

The name and address of the Company's initial registered agent and registered office in Texas are as follows:

Paul J. Clarke
3608 East 29th Street, Suite 100
Bryan, TX 77802

ARTICLE VI

The Company is to be managed by one or more managers. The name and address of the person who is to serve as manager until the first annual meeting of the members or until his successors are elected and qualified are as follows:

DEC 05 2000

CERTIFICATE OF LIMITED PARTNERSHIP

Corporations Section

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<u>Name</u>	<u>Address</u>
Smiling Mallard Management, LLC	3608 East 29 th Street, Suite 100 Bryan, TX 77802

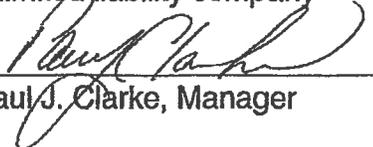
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General Partner:

**SMILING MALLARD MANAGEMENT,
LLC**
a Texas limited liability company

By:


Paul J. Clarke, Manager

ARTICLES OF ORGANIZATION

FILED
In the Office of the
Secretary of State of Texas

OF

DEC 05 2000

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The name and address of the Company's initial registered agent and registered office in Texas are as follows:

Paul J. Clarke
3608 East 29th Street, Suite 100
Bryan, TX 77802

ARTICLE VI

The Company is to be managed by one or more managers. The name and address of the person who is to serve as manager until the first annual meeting of the members or until his successors are elected and qualified are as follows:

ATTACH 20

AMENDMENT to TPDES #
CLARKE & WINDHAM..BRAZOS CO.
DEC 21, 2020

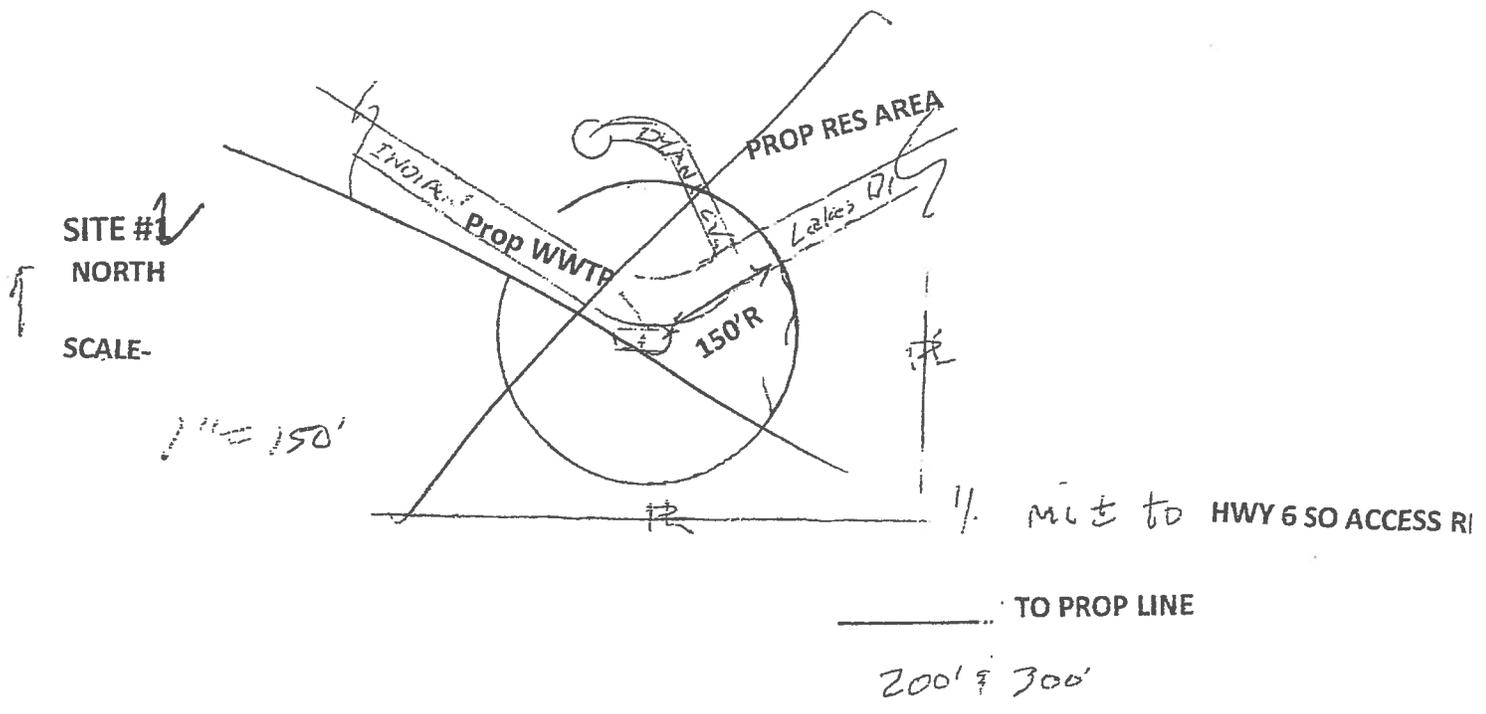
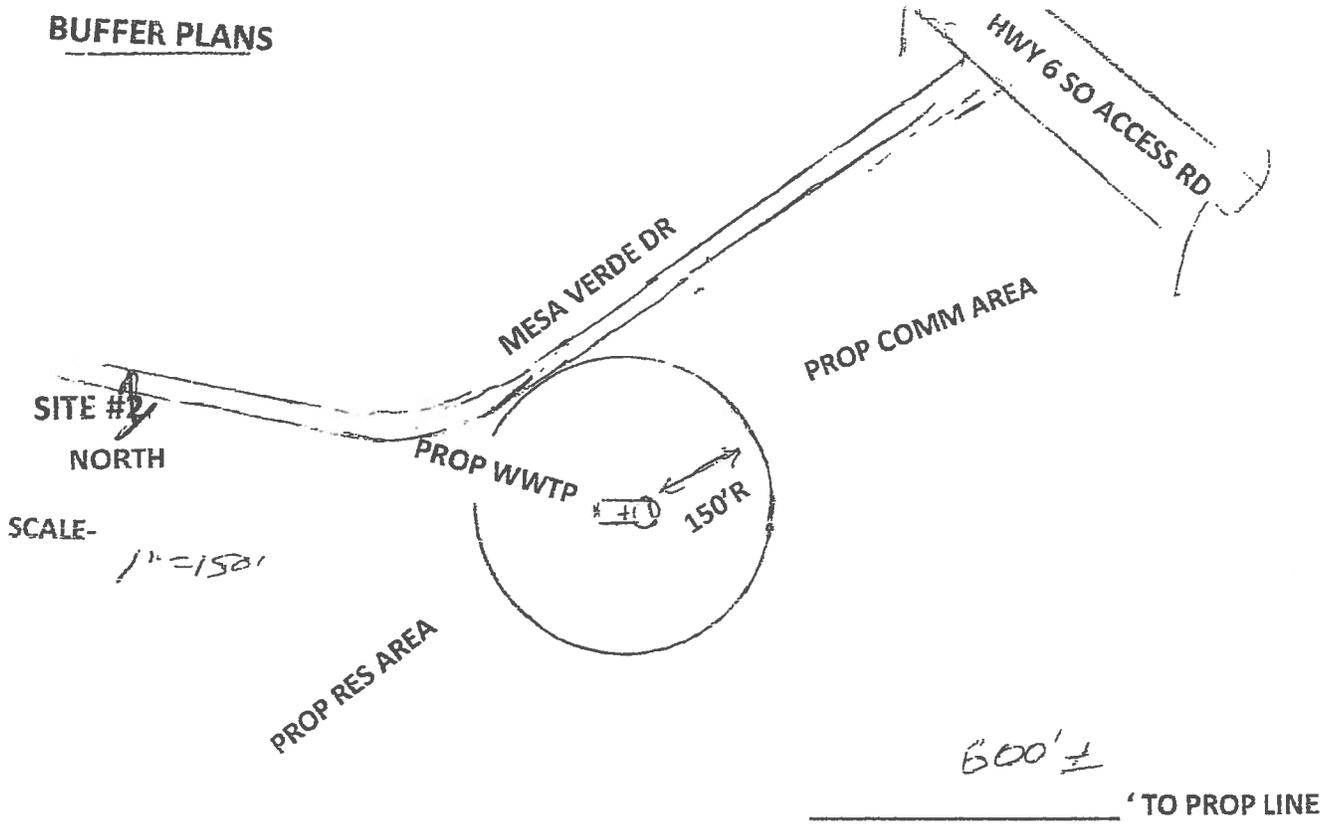
The GPS locations for each are as follows:

- Location 1 - 30° 30' 37" N, 96° 13' 20" W
- Location 2 - 30° 31' 38" N, 96° 13' 58" W

ATTACH ~~19~~ 20

SMILING MALLARD DEV JUNE 14, 2021..
REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq0015557) BRAZOS CO

BUFFER PLANS



ORGE H NEILL & ASSOC., INC

265 MIDIRON

281 450 7647

PAGOSA SPRINGS, COLO 81147

DEC 28, 2020

STATE #4

To:

MUNICIPAL PERMITS..... MC 148
WATER QUALITY DIVN
TxCEQ
PO BOX 13087
NAUSTIN, TEXAS 78711-3087

COPY

PLEASE ACCEPT THE ENCLOSED AMENDED PERMIT APPLICATION. SEE EXPLANATION BELOW.
THANK YOU. GEORGE H NEILL, PE

SMILING MALLARD DEV.LTD APPLICATION to AMEND PERMIT.WQ 0015556-001

CURRENTLY THE PERMIT LIMITED IS FOR ONE WWTP LOCATION, AS SHOWN ON THE ATTACHED PLAN..

THE OWNERS DESIRE TO AMEND THE PERMIT FOR ALLOWING 2 (TWO) SITES- ALSO SEE ATTACHED PLAN-

LOCATION #1.. Qavg-daily allowable flow- 100,000 GPD

DEVELOPMENT WILL INCLDE SHOPPING, AN INDUSTRIAL WAREHOUSE, HOTEL, RESTAURANT, AND CONY HOUSING

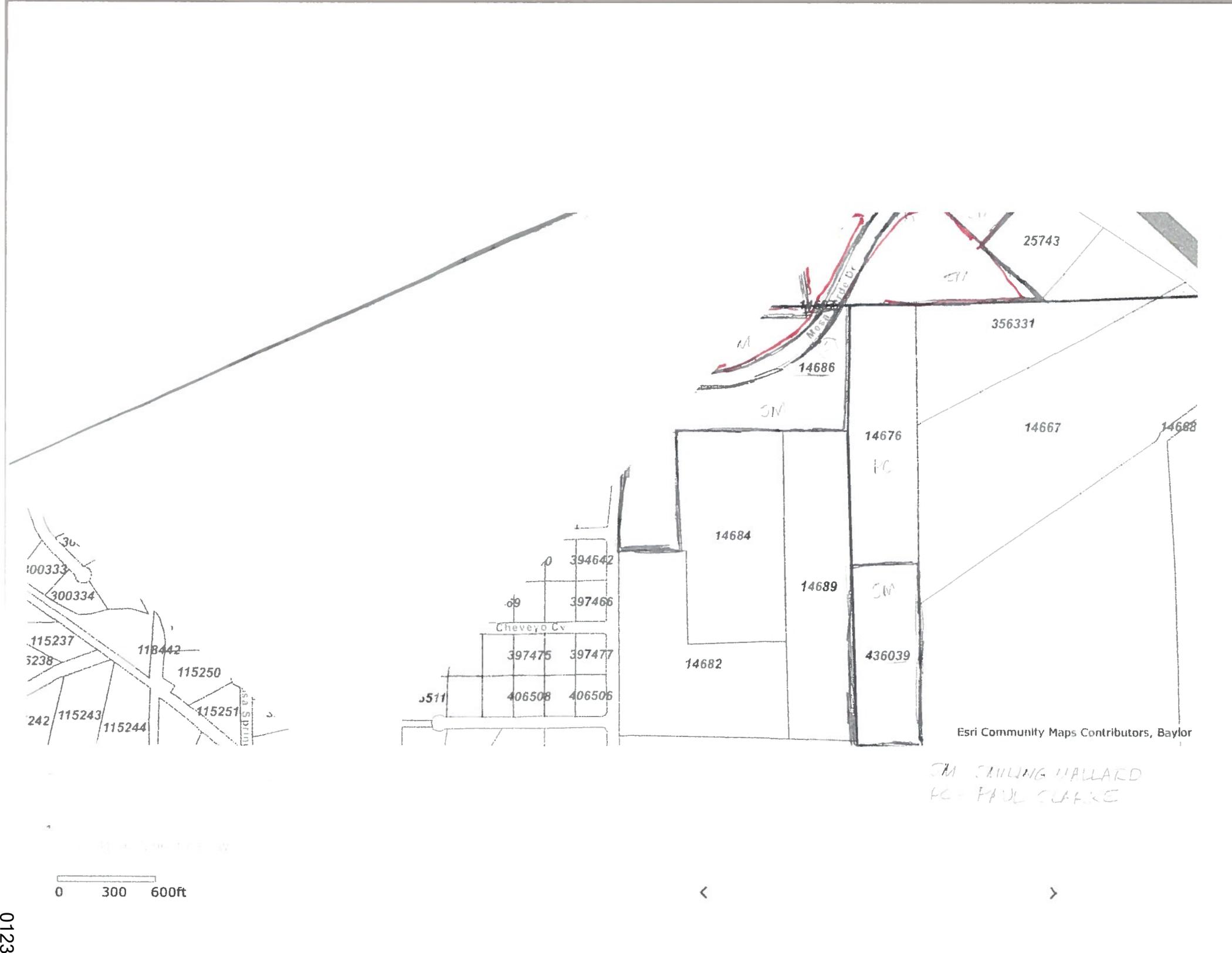
LOCATION #2.. " " " " ... 125,000 GPD

DEVELOPMENT WILL INCLUDE HOUSING W/ AMMINITY CENTER

RECEIVED
MAY 11 2021
WATER QUALITY DIVISION
Applications Team

The GPS locations for each are as follows:

- Location 1 - 30° 30' 37" N, 96° 13' 20" W
- Location 2 - 30° 31' 38" N, 96° 13' 58" W



25743

356331

14686

SM

14667

14688

14676

PC

14684

14689

SM

436039

14682

394642

397466

Cheveyo Cv

397475

397477

5511

406508

406506

100333

300334

115237

5238

118442

115250

242

115243

115244

115251

Asa Spring

Esri Community Maps Contributors, Baylor

SM SMILING WALLARD
PC = PAUL CLARKE

0 300 600ft

<

>

0123

#21

George H Neill & Associates, Inc.
P. O. Box 811
ATHENS, TEXAS 75751
281-450-7647 Firm 2566

JUNE 14, 2021..

BASSICHIS DEVELOPMENT, LTD

CH 217 SUMMARY

217 SUMMARY

001 MGR. ~~SMILING MALLARD DEV~~
SMILING MALLARD DEV

Mr. Louis Herrin III, P. E.
TxCEQ. Municipal W/W Permits. MC148
P. O. Box 13087
Austin, Texas 78711-3087

REFILING OF NEW PERMIT... AFTER WITHDRAWING
AMENDMENT APP (wq 0015352) BRAZOS CO

Dear Mr. Herrin:

The purpose of this letter is to provide TxCEQ with the information necessary for compliance with Chapter 217 rules to Design Criteria for Sewage Systems.

Design Firm- GEORGE H NEILL & ASSOC., INC.
P.O BOX 811
ATHENS, TEXAS 75751
OWNER:

GEORGE H NEILL, P.E. #35544

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

Title: PROJ MGR

First and Last Name: TRAVIS MARTINEK

Organization Name: SMILING MALLARD DEVELOPMENT, LTD

Mailing Address: 3608 E 29TH ST

City, State, Zip Code: BRYAN, TEX 77802

Phone No.: 979 846 4384 Ext.:

NO VARIANCE IS REQUESTED

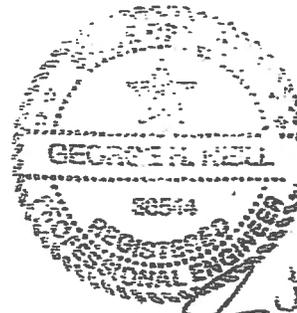
NO- INOVATIVE, nor NON-CONFORMING TECHNOLOGY HAS BEEN USED; CH 217 CRITERIA USED

PLANS/SPECS DESCRIBED HEREIN , ARE IN COMPLIANCE WITH REQMENTS OF CH 217

-SEE ATTACHED NARRATIVE, AND PLANS-

George H Neill, P.E.

CC: Regional Office



S. Neill PE
June 14, 2021

George H Neill & Associates, Inc.
Firm 2566

Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: Smiling Mallard Development, Ltd.

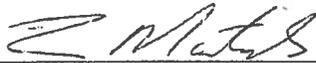
Certification:

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): Travis Martinek

Signatory title: Authorized Representative

Signature:  Date: 6/10/2021
(Use blue ink)

Subscribed and Sworn to before me by the said TRAVIS MARTINEK
on this 10TH day of JUNE, 2021.
My commission expires on the 30TH day of APRIL, 2025.

Shelbi Brooke Scitem
Notary Public

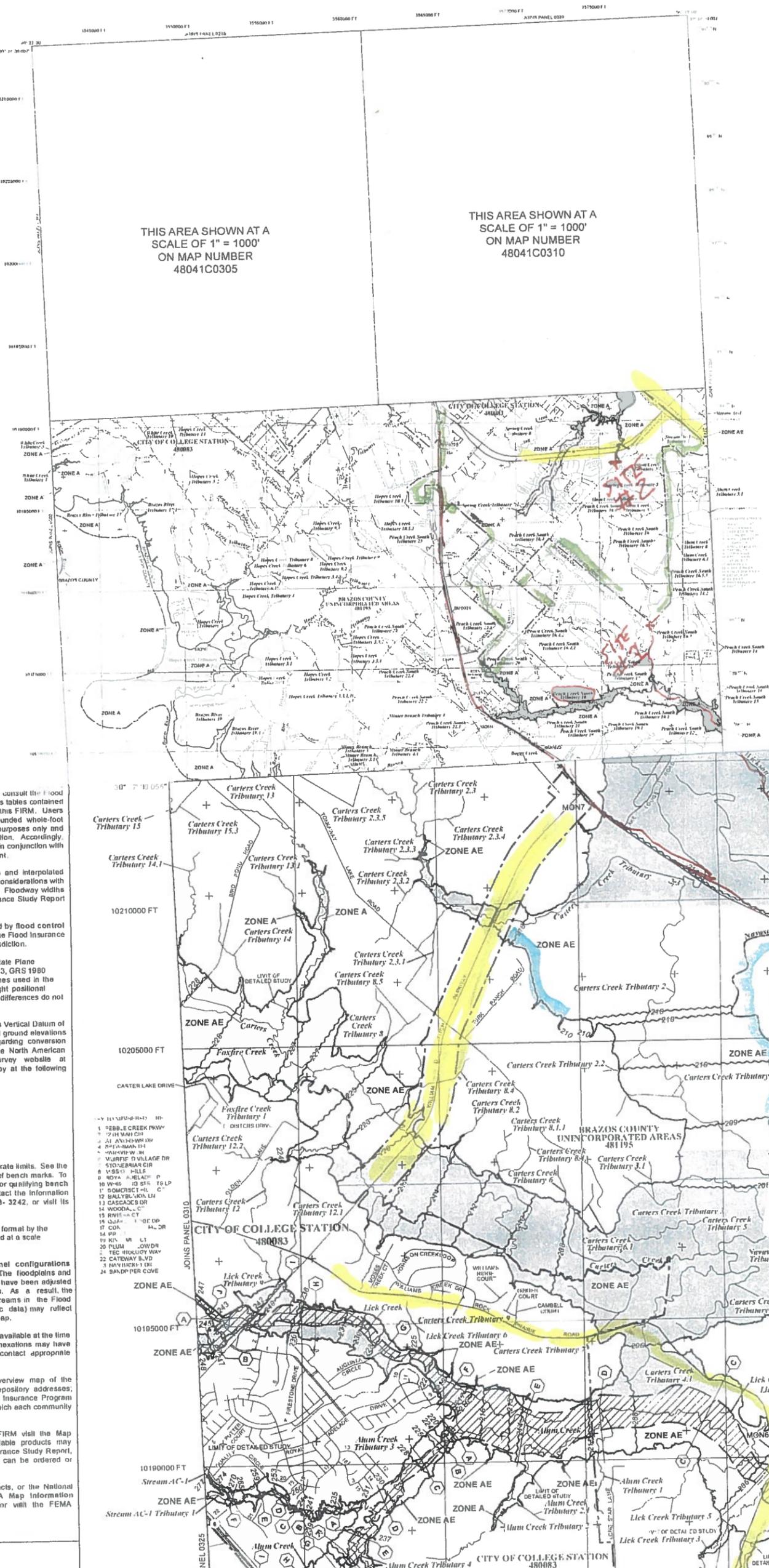
[SEAL]

BRAZOS
County, Texas



NOTES TO USERS

This map is the result of the National Flood Insurance Program... The map is the result of the National Flood Insurance Program... The map is the result of the National Flood Insurance Program...



LEGEND: SPECIAL FLOOD HAZARD AREAS (FIRM) MODEL 1... ZONE A... ZONE AE... FLOODWAY AREAS... OTHER FLOOD AREAS... OTHER PROTECTED AREAS (OPAs)

PANEL 0335E FIRM FLOOD INSURANCE RATE MAP BRAZOS COUNTY, TEXAS AND INCORPORATED AREAS

Peach Creek Partners, Ltd. C/O Jack McFarland 4399 High Prairie Rd Milligan TX 77866

BOUNDARIES OF THE FLOODWAYS... QUALIFYING BENCH MARKS... BASE MAP INFORMATION... THIS MAP REFLECTS MORE DETAILED AND UP-TO-DATE STREAM CHANNEL CONFIGURATIONS... CORPORATE LIMITS SHOWN ON THIS MAP... PLEASE REFER TO THE SEPARATELY PRINTED MAP INDEX... FOR INFORMATION ON AVAILABLE PRODUCTS... IF YOU HAVE QUESTIONS ABOUT THIS MAP...