TPDES Permit New Application Submittal

Submitted to:

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

For:

Stephen Selinger
Shankle Road WWTP
620 Truelove Trail
Southlake, TX 76092

Owner:

Stephen Selinger
620 Truelove Trail
Southlake, Texas 76092

Issue Date: January 26, 2022

consulting environmental engineers, inc.

150 n. harbin drive – suite 408 • stephenville, tx 76401
phone: (254) 968-8130 fax: (254) 968-8134
email: ceeinc@ceeinc.org registered firm: #F-2323

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Shankle Road WWTP
Exhibit Cross Reference

Exhibit I.D.	Description	Reference
I	Core Data Form 10400	Section 3 (C) page 4 of 21
II	Topographic Map	Item 13, page 11 of 20
III	Affected Landowners Map	Item 1 (a), page 13 of 20
IV	Affected Landowners Cross Reference	Item 1 (b), page 13 of 20
V	Affected Landowners Disk	Item 1 (c), page 13 of 20
VI VI(a)	Photographs Photograph Location map	Item 2, page 14 of 20
VII	Buffer Zone Map	Item 3 (a), page 14 of 20
VIII	SPIF Topographic Map	Item 5, page 16 of 20
IX	Flow Diagram	Item 2 (c), page 2 of 79
X	Site Drawing	Item 3, page 3 of 79
XI	Close Proximity WWTP Data	Item 3, page 22 of 79
XII	Design Calculations	Item 4, page 24 of 79
XIII	Flood Plain Map	Item 5 (a), page 25 of 79
XIV	Wind Rose	Item 5 (b), page 25 of 79
XV	Sewage Sludge Solids Management	Item 7, page 26 of 79
XVI	Copy of Check	
XVII	Domestic Administrative Report Form 10053	
XVIII	Domestic Technical Report Form 10054	

Shankle Road WWTP
Core Data Form 10400

TCEQ Core Data Form

TCEQ Use Only

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

SECTION I: General Information

1. Reason for Submission (*If other is checked please describe in space provided.*)

☒ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☐ Renewal (*Core Data Form should be submitted with the renewal form*) ☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN **60581593**		RN

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	1/28/2022

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership

☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)* *If new Customer, enter previous Customer below:*

Selinger Stephen R

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*

11. Type of Customer: ☐ Corporation ☒ Individual Partnership: ☐ General ☐ Limited

Government: ☐ City ☐ County ☐ Federal ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ Yes ☐ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☒ Owner ☐ Operator ☐ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ Voluntary Cleanup Applicant ☐ Other:

15. Mailing Address:

620 Truelove Trail

City	Southlake	State	TX	ZIP	76092	ZIP + 4	

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	steve_selinger@yahoo.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(817) 421-0731		( ) -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected below this form should be accompanied by a permit application)*

☒ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).

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

Shankle Road WWTP

23. Street Address of the Regulated Entity: *(No PO Boxes)*								
	1008 Shankle Road							
	City	Palmer	State	TX	ZIP	75152	ZIP + 4	
24. County	Ellis							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:					
26. Nearest City			State	Nearest ZIP Code	
Palmer			TX	75152	
27. Latitude (N) In Decimal:	32.412290		28. Longitude (W) In Decimal:	-96.606006	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
32	24	43.33	-96	36	22.06

29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)	32. Secondary NAICS Code (5 or 6 digits)
4952		221320	

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Provide wastewater service to the Shankle Road Subdivision

34. Mailing Address:								
	620 Truelove Trail							
	City	Southlake	State	TX	ZIP	76096	ZIP + 4	
35. E-Mail Address:	steve_selinger@yahoo.com							

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(817) 421-731		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Waste Water	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	New Permit			

SECTION IV: Preparer Information

40. Name:	Charles Gillespie	41. Title:	President

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(254) 968-8130		( ) -	ceeinc@ceeinc.org

SECTION V: Authorized Signature

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

Company:	Consulting Environmental Engineers, Inc	Job Title:	President
Name *(In Print):*	Charles Gillespie	Phone:	(254) 968- 8130
Signature:		Date:	

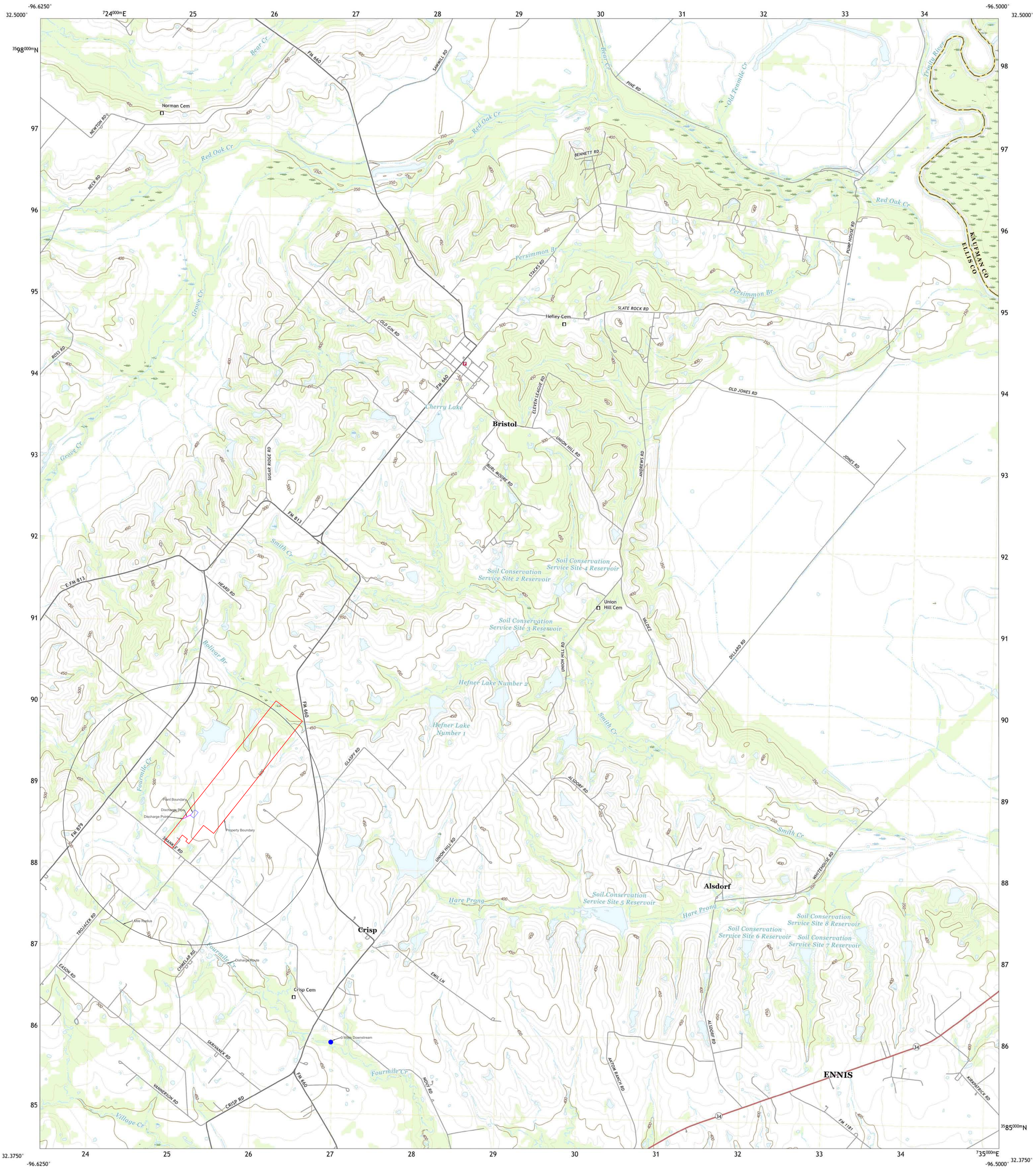
Shankle Road WWTP
Topographic Map

USGS science for a changing world

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

The National Map US Topo

BRISTOL QUADRANGLE
TEXAS
7.5-MINUTE SERIES



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 14S

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery	NAIP, September 2016 - November 2016	
Roads	U.S. Census Bureau, 2015 -	2018
Names	GNIS, 1979 -	2018
Hydrography	National Hydrography Dataset, 2002 -	2018
Contours	National Elevation Dataset, 2003 -	2004
Boundaries	Multiple sources; see metadata file 2016 -	2017
Wetlands	FWS National Wetlands Inventory	1982

MN
GN
1°18' 23 MILS
2°59' 53 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
QA
Grid Zone Designation
14S

SCALE 1:24 000
1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18

QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

1 Ferris
2 India
3 Scurry
4 Palmer
5 Rosser
6 Ennis West
7 Ennis East
8 Rosser SW

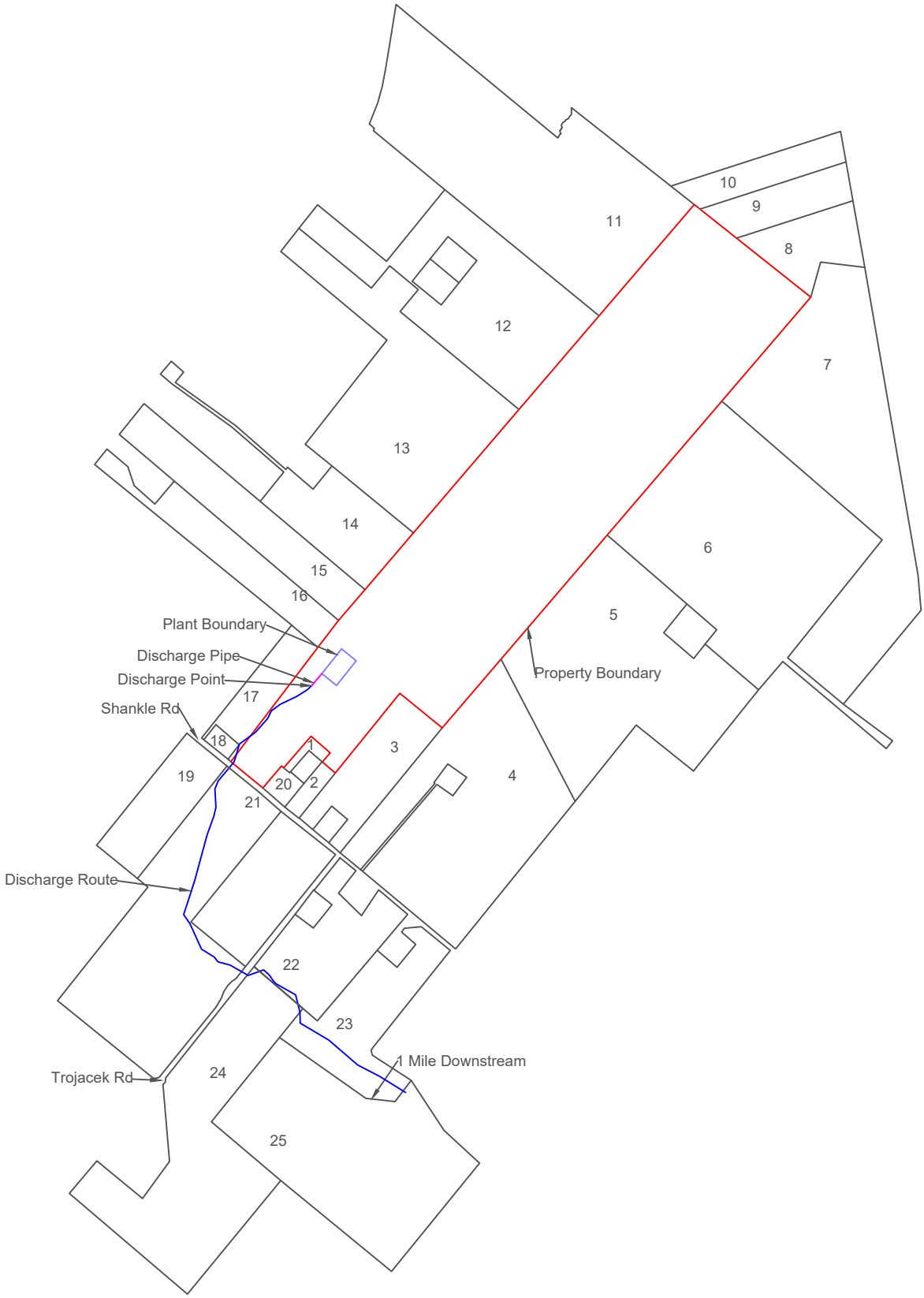
ADJOINING QUADRANGLES

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

BRISTOL, TX
2019

Date January 4, 2022 Drawn By CE Scale 1":1900'	**consulting environmental engineers, inc.** 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas Topographic	Sheet 001

Shankle Road WWTP
Affected Landowners Map



Date January 18, 2022 Drawn By CE Scale 1":1400'	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas Affected Landowners Map	Sheet 002

000009

Shankle Road WWTP
Affected Landowners Cross Reference

Shankle Road WWTP
Wastewater Permit Application
Affected Landowners Cross Reference
Exhibit IV

1. Greenlee James R & Janette
   PO Box 327
   Palmer, TX, 75152

2. Greenlee James R & Janette
   PO Box 327
   Palmer, TX, 75152

3. Greenlee Family Trust
   1008 Shankle Rd
   Ennis, TX, 75119

4. Chmelar Living Trust
   948 Shankle Rd
   Ennis, TX, 75119

5. Martinek Marvin L & Irene
   670 Shankle Rd
   Ennis, TX, 75119

6. Martinek Emil & Margaret
   8046 FM 660
   Ennis, TX, 75119

7. Sims William D
   7191 FM 660
   Ennis, TX, 75119

8. PRACHYL ALAN & DEBBIE
   7686 FM 660
   Ennis, TX, 75119

9. Cabrera Juan & Amanda
   7674 FM 660
   Ennis, TX, 75119

10. Dews Harlan & Christy Dews
    7622 FM 660
    Ennis, TX, 75119

11. LRM PTM Partners LP
    12400 Coit Rd, STE 800
    Dallas, TX, 75251

12. Texas Star Truck Sales Inc
PO Box 247
Ferris, TX, 75125

13. Garcia Herman Sr
8018 FM 879
Palmer, TX, 75152

14. Jurik James & Regina
7764 FM 879
Palmer, TX, 75152

15. Jurik James & Regina
7764879
Palmer, TX, 75152

16. Jurik James & Regina
7764879
Palmer, TX, 75152

17. Slovacek Albin F & Lillie A
1136 Shankle Rd
Ennis, TX, 75119

18. Stiff David A & Shelley R
1128 Shankle Rd
Ennis, TX, 75119

19. Youmans Steven & Michelle
1101 Shankle Rd
Ennis, TX, 75119

20. Greenlee James R & Janette
1040 Shankle Rd
Ennis, TX, 75119

21. Pouzar Charlie J
1013 Shankle Rd
Ennis, TX, 75119

22. Langer Emil Jr & Judith K
947 Shankle Rd
Ennis, TX, 75119

23. Mach Nancy
803 Chmelar Rd
Ennis, TX, 75119

24. Pouzar Charlie J
    1013 Shankle Rd
    Ennis, TX, 75119

25. Chmelar Living Trust
    521 Chmelar Rd
    Ennis, TX, 75119

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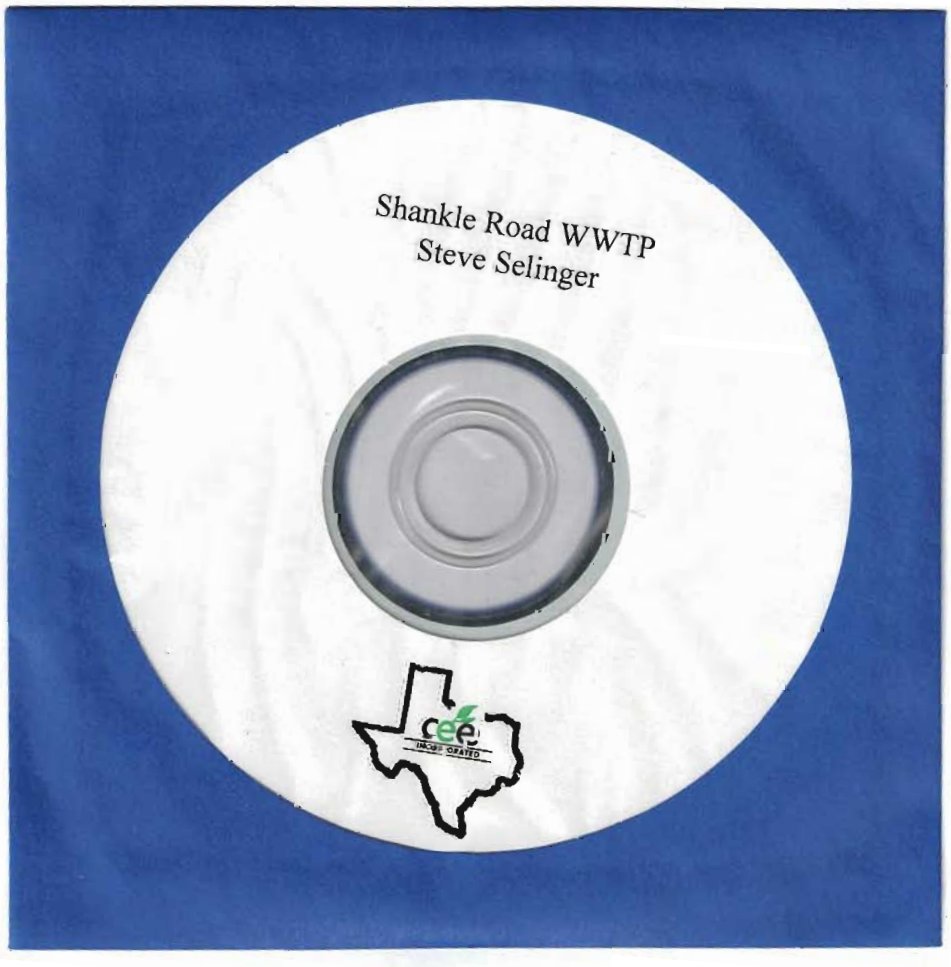
Shankle Road WWTP
Affected Landowners Disk


Shankle Road WWTP
Steve Selinger

Shankle Road WWTP
Photographs

WWTP Discharge Point

Date January 14, 2022 Drawn By CE Scale NTS	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas WWTP Discharge Point Photo	Sheet 008

Looking Downstream

Looking Upstream

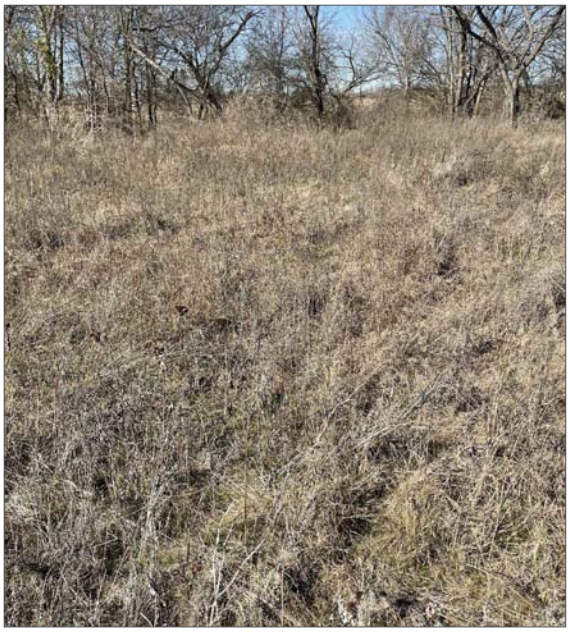
Date January 14, 2022 Drawn By CE Scale NTS	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas Upstream and Downstream Photos	Sheet 009

Site Location

Looking Northwest

Site Location

Looking Northeast

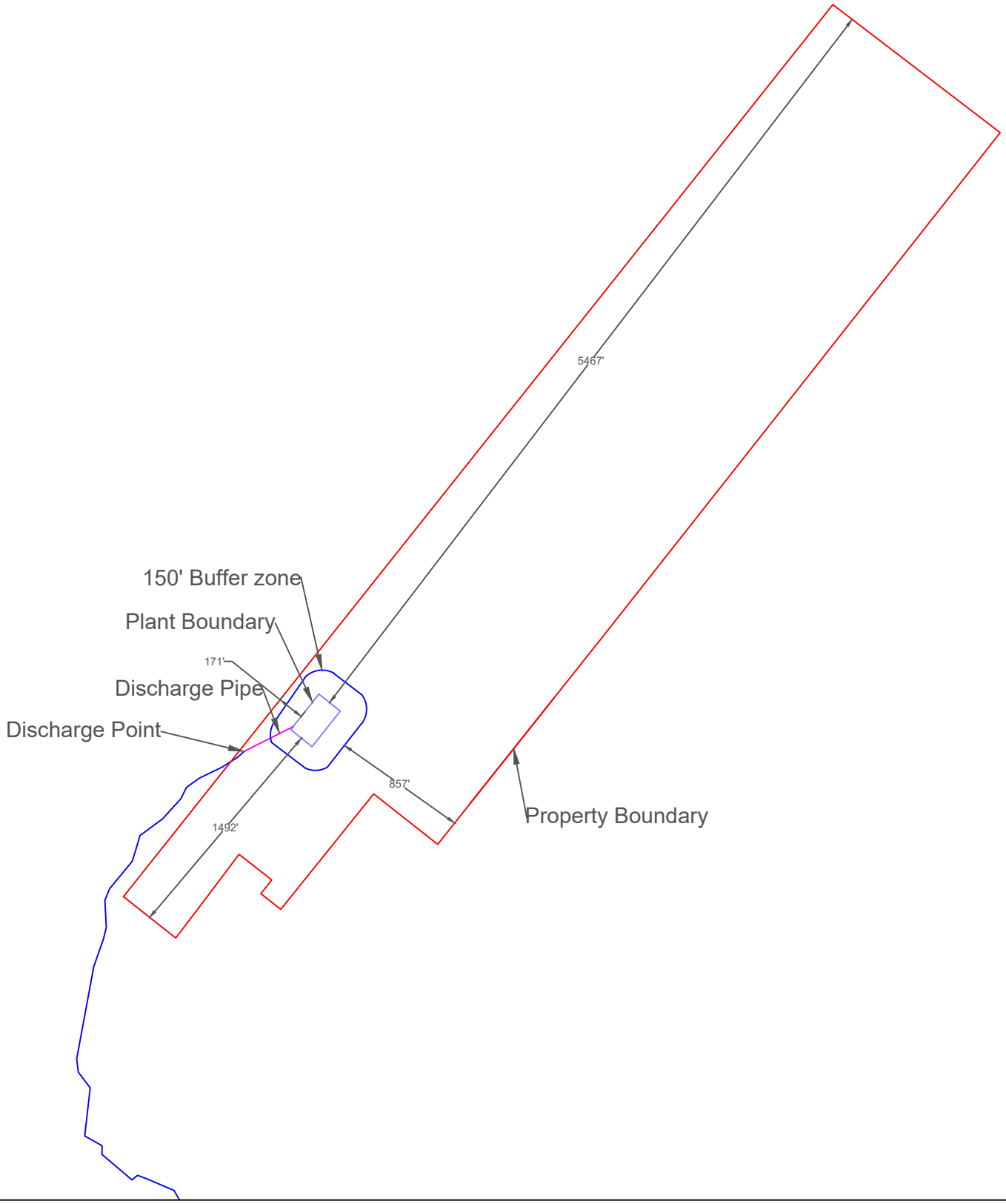


Date January 25, 2022 Drawn By CE Scale NTS	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas Site Location Photos	Sheet 009

Shankle Road WWTP
Photograph Location Map

Date January 25, 2022 Drawn By CE Scale 1":1000'	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas Photograph Map	Sheet 007

Shankle Road WWTP
Buffer Zone Map



Date: January 7, 2022 Drawn By: CE Scale: 1":900'	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas Bufferzone	Sheet 003

Note:
The entirety of the 150' buffer zone is owned by the applicant.

Digester
Aeration Basin
Clarifier
Chlorine Contact Chamber
Outlet

1" : 400'

5350 ft from property line
150' Buffer zone
Plant Boundary
171'
Discharge Pipe
Discharge Point
Unnamed Tributary
857 ft from property line
Property Of:
Stephen Selinger
Shankle Road
1492'
Property Boundary

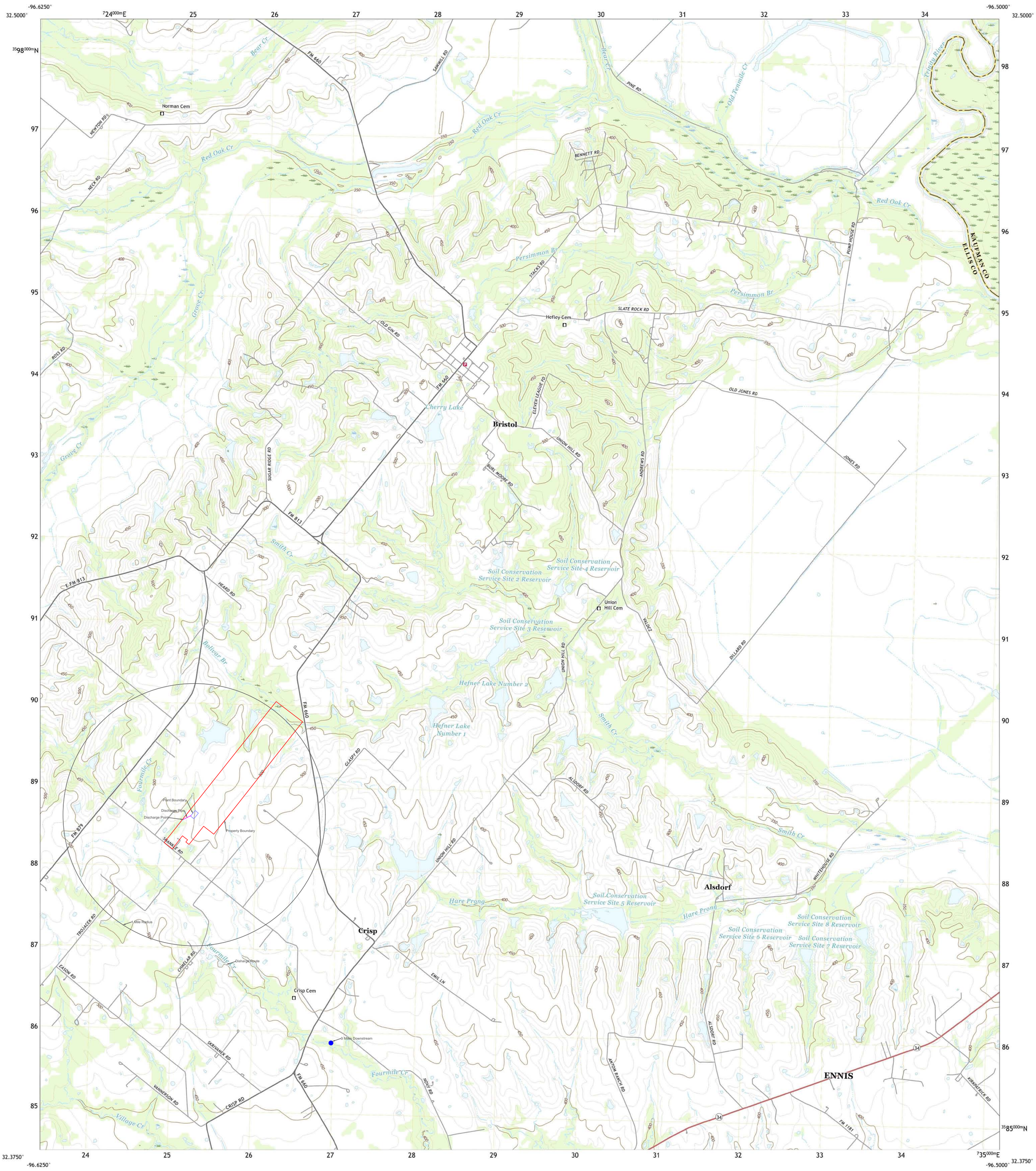
Date: March 22, 2022 Drawn By: CE Scale: 1":400'	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas Bufferzone	Sheet 003

Shankle Road WWTP
SPIF Topographic Map

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

The National Map US Topo

BRISTOL QUADRANGLE
TEXAS
7.5-MINUTE SERIES



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Names	GNIS, 1979 -	2018
Hydrography	National Hydrography Dataset, 2002 -	2018
Contours	National Elevation Dataset, 2003 -	2004
Boundaries	Multiple sources; see metadata file 2016 -	2017
Wetlands	FWS National Wetlands Inventory	1982

MN
GN
2°59'
53 MILS
1°18'
23 MILS
UTM GRID AND 2019 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
QA
Grid Zone Designation
14S

SCALE 1:24 000
1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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A metadata file associated with this product is draft version 0.6.18

QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

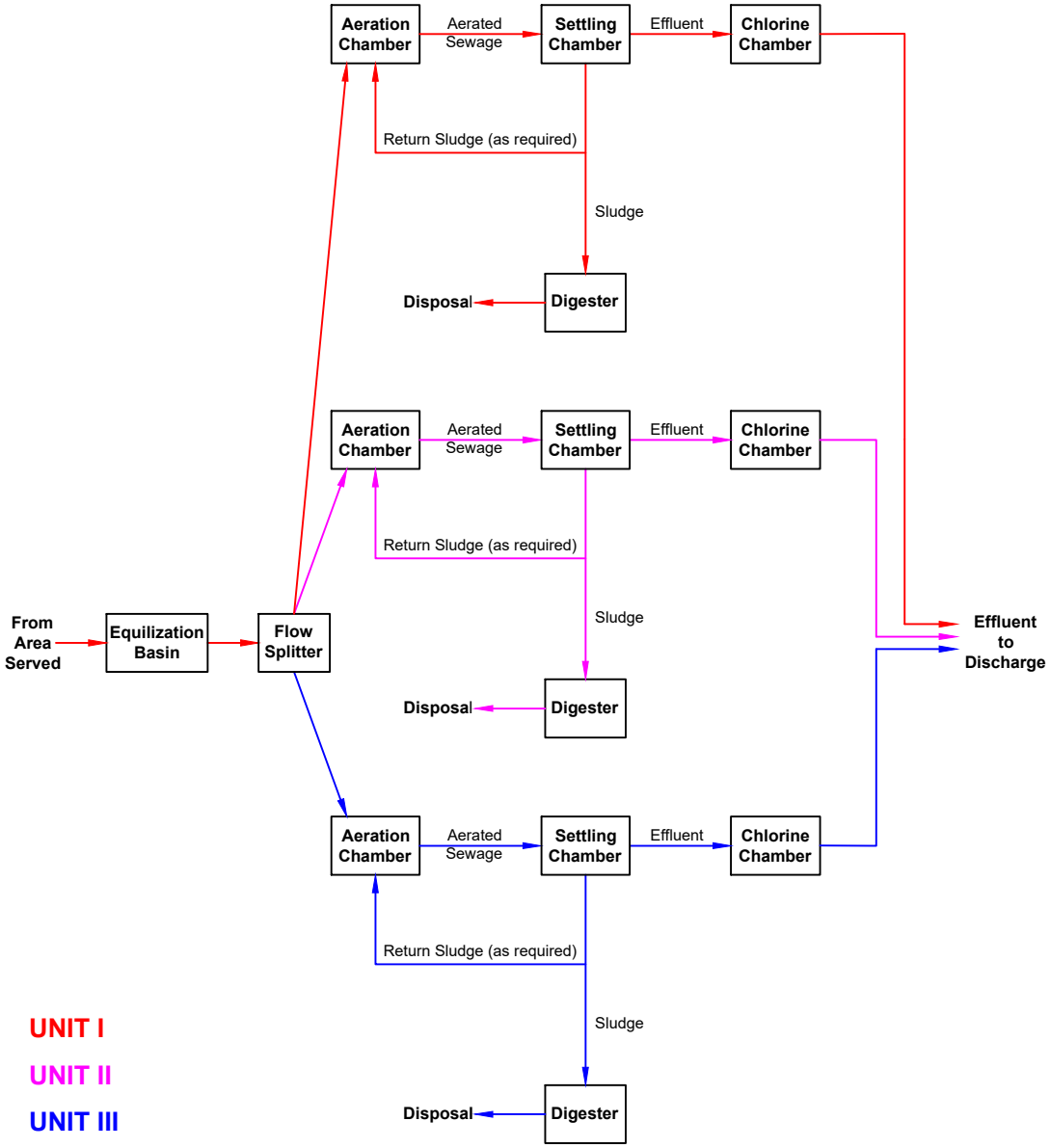
1 Ferris
2 India
3 Scurry
4 Palmer
5 Rosser
6 Ennis West
7 Ennis East
8 Rosser SW
ADJOINING QUADRANGLES

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

BRISTOL, TX
2019

Date January 11, 2022	**consulting environmental engineers, inc.** 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas SPIF Topographic	Sheet 004
Drawn By CE			
Scale 1;1900			

Shankle Road WWTP
Flow Diagram



Date: January 11, 2022 Drawn By: CE Scale: NTS	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas Flow Diagram	Sheet 005

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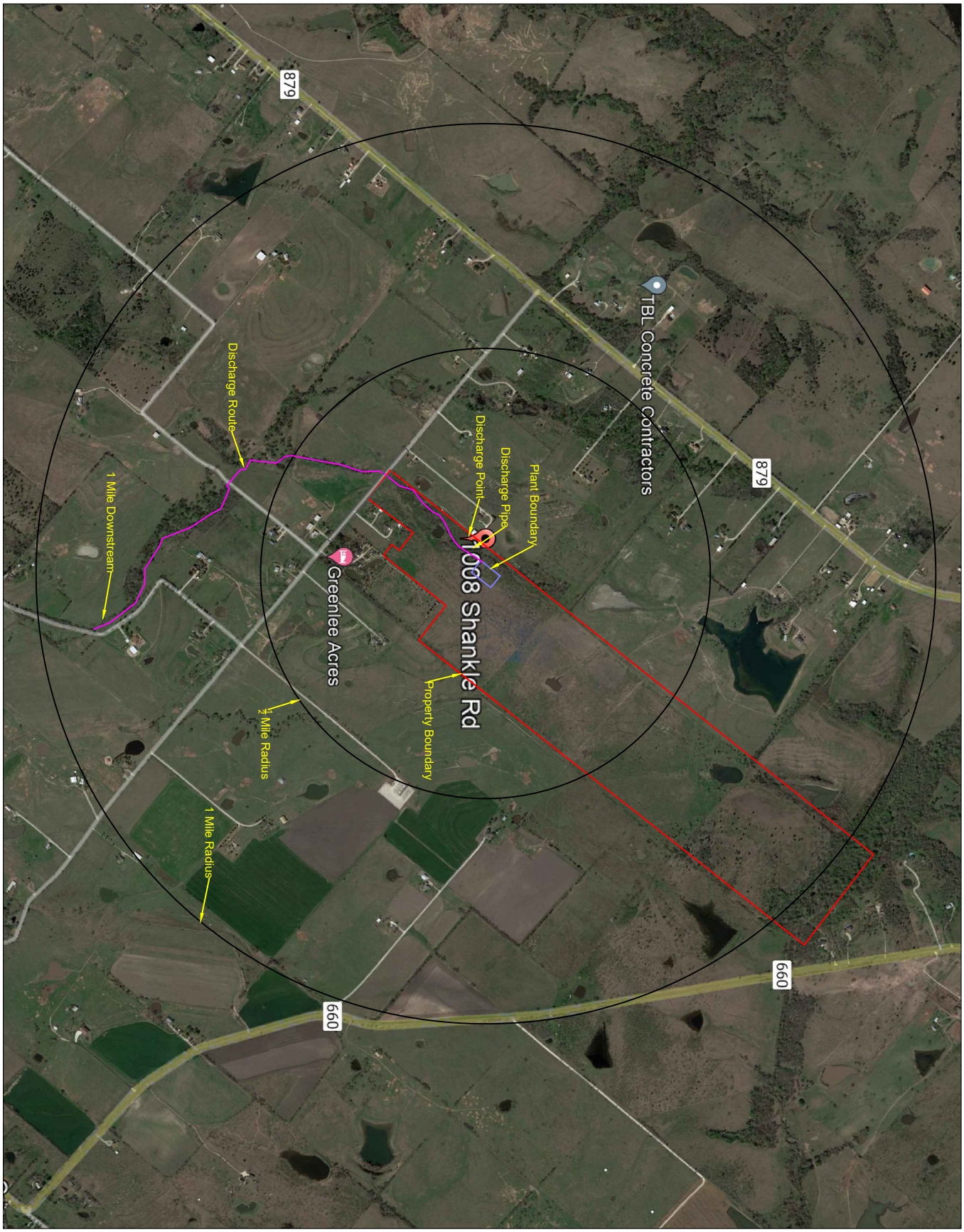
Shankle Road WWTP
Site Drawing



Date January 25, 2022 Drawn By CE Scale 1":1600'	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, TX Site Drawing	Sheet 006

Shankle Road WWTP
Close Proximity WWTP Data

consulting environmental engineers, inc.

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

Branch Office:
11504 PR 7440
Wolfforth, TX 79382
Phone: (817) 504-8390
www.ceeinc.org

email: ceeinc@ceeinc.org

Registered Firm: F-2323

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

None

Shankle Road WWTP
Design Calculations

Shankle Road WWTP - Extended Aeration Design Spreadsheet

INPUT

ADF (average daily flow) = **100,000** $gallons/day$

BOD (biochemical oxygen demand) = **250** mg/l

OUTPUT

I Daily Average Organic Load

$$ADF \times 8.33 \frac{lbs}{gallon} \times \frac{BOD}{1{,}000{,}000\ lbs.}$$

208 lbs/day

II Peak Flow Organic Load

$$4 \times ADF \times 8.33 \frac{lbs}{gallon} \times \frac{BOD}{1{,}000{,}000\ lbs.}$$

833 lbs/day

III Minimum Clarifier Detention Diameter

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

23.83 *ft. dia.*

IV Peak Flow Clarifier Design Diameter

$$\frac{(4)(ADF)}{\sqrt{(.785)(900)}}$$

23.79 *ft*

Diameter

V Digester Volume

$\frac{20\ ft^3}{lb/day} \times$ daily average organic load (above Item I) = **4,165** ft^3

Digester Length

38.9708 *ft*

VI Chlorine Tank Volume

(Minimum=3')

$\frac{4 \times ADF}{(7.48\ gallons)(1440\ minutes)} \times 20\ minutes$ = **743** ft^3

Chlorine Chamber Length

10.659 *ft*

VII Aeration Basin Sizing

daily average organic load (above Item I) $\times \frac{day}{15\ lbs} \times 1{,}000\ ft^3$ = **13,883** ft^3

Basin Length

129.90253 *ft*

VIII Air Supply For Aeration

daily average organic load (above Item1) X $\frac{2.22}{lb\ BOD}$ ft^3/min = **462** ft^3/min

IX Air Supply For Digestion

digester volume (above Item VII) X $\frac{30}{1{,}000}$ $\frac{ft^3/min}{ft^3}$ = **83** ft^3/min

X Total Air Required

air supply for aeration (above itemVIII)
+ air supply for digestion (above item IX)
+ 40 ft³/min (air lifts) = **586** ft^3/min

Shankle Road WWTP - Extended Aeration Design Spreadsheet

INPUT

ADF (average daily flow) = **100,000** $gallons/day$

BOD (biochemical oxygen demand) = **250** mg/l

OUTPUT

I Daily Average Organic Load

$$ADF \times 8.33 \frac{lbs}{gallon} \times \frac{BOD}{1{,}000{,}000\ lbs.}$$

208 lbs/day

II Peak Flow Organic Load

$$4 \times ADF \times 8.33 \frac{lbs}{gallon} \times \frac{BOD}{1{,}000{,}000\ lbs.}$$

833 lbs/day

III Minimum Clarifier Detention Diameter

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

23.83 *ft. dia.*

IV Peak Flow Clarifier Design Diameter

$$\frac{(4)(ADF)}{\sqrt{(.785)(900)}}$$

23.79 *ft*

Diameter

V Digester Volume

$\frac{20\ ft^3}{lb/day} \times$ daily average organic load (above Item I) = **4,165** ft^3

Digester Length

38.9708 *ft*

VI Chlorine Tank Volume

(Minimum=3')

$\frac{4 \times ADF}{(7.48\ gallons)(1440\ minutes)} \times 20\ minutes$ = **743** ft^3

Chlorine Chamber Length

10.659 *ft*

VII Aeration Basin Sizing

daily average organic load (above Item I) $\times \frac{day}{15\ lbs} \times 1{,}000\ ft^3$ = **13,883** ft^3

Basin Length

129.90253 *ft*

VIII Air Supply For Aeration

daily average organic load (above Item1) X $\frac{2.22}{lb\ BOD}$ ft^3/min = **462** ft^3/min

IX Air Supply For Digestion

digester volume (above Item VII) X $\frac{30}{1{,}000}$ $\frac{ft^3/min}{ft^3}$ = **83** ft^3/min

X Total Air Required

air supply for aeration (above itemVIII)
+ air supply for digestion (above item IX)
+ 40 ft³/min (air lifts) = **586** ft^3/min

Shankle Road WWTP - Extended Aeration Design Spreadsheet

INPUT

ADF (average daily flow) = **300,000** $gallons/day$

BOD (biochemical oxygen demand) = **250** mg/l

OUTPUT

I Daily Average Organic Load

$$ADF \times 8.33 \frac{lbs}{gallon} \times \frac{BOD}{1{,}000{,}000\ lbs.}$$

625 lbs/day

II Peak Flow Organic Load

$$4 \times ADF \times 8.33 \frac{lbs}{gallon} \times \frac{BOD}{1{,}000{,}000\ lbs.}$$

2,499 lbs/day

III Minimum Clarifier Detention Diameter

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

41.27 *ft. dia.*

IV Peak Flow Clarifier Design Diameter

$$\frac{(4)(ADF)}{\sqrt{(.785)(900)}}$$

41.21 *ft*

Diameter

V Digester Volume

$\frac{20\ ft^3}{lb/day} \times$ daily average organic load (above Item I) = **12,495** ft^3

Digester Length

116.912 *ft*

VI Chlorine Tank Volume

(Minimum=3')

$$\frac{4 \times ADF}{(7.48\ gallons)(1440\ minutes)} \times 20\ minutes$$

2,228 ft^3

Chlorine Chamber Length

31.9771 *ft*

VII Aeration Basin Sizing

daily average organic load (above Item I) $\times \frac{day}{15\ lbs} \times 1{,}000\ ft^3 =$ **41,650** ft^3

Basin Length

389.7076 *ft*

VIII Air Supply For Aeration

daily average organic load (above Item1) X $\frac{2.22}{lb\ BOD}$ ft^3/min

1,387 ft^3/min

IX Air Supply For Digestion

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

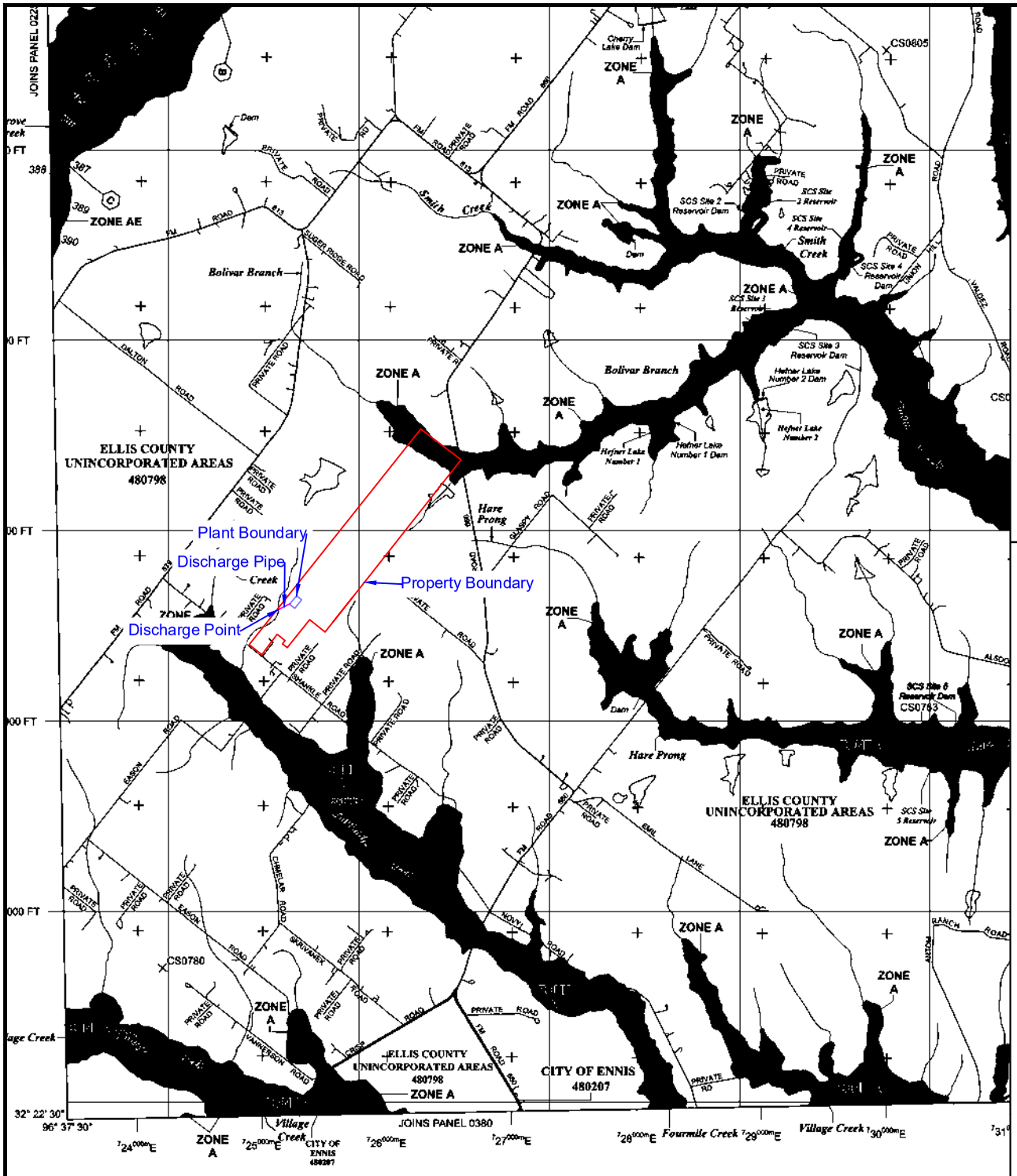
250 ft^3/min

X Total Air Required

air supply for aeration (above itemVIII)
+ air supply for digestion (above item IX)
+ 40 ft³/min (air lifts)

1,677 ft^3/min

Shankle Road WWTP
Flood Plain Map



(EL 987) Base Flood Elevation value where uniform within zone; elevation in feet*

*Referenced to the North American Vertical Datum of 1988

Cross section line

Transect line

45° 02' 08", 93° 02' 12" Geographic coordinates referenced to the North American Datum of 1983 (NAD 83) Western Hemisphere

3100000 FT 5000-foot ticks: Texas State Plane North Central Zone (FIPS Zone 4202), Lambert Conformal Conic projection

1000-meter Universal Transverse Mercator grid values, zone 14

DX5510 Bench mark (see explanation in Notes to Users section of this FIRM panel)

M1.5 River Mile

MAP REPOSITORIES
Refer to Map Repositories list on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP
January 20, 1999

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL
January 5, 2006 - to add Base Flood Elevations, to add floodway, to add roads and road names, to update corporate limits, to incorporate previously issued Letters of Map Revision and to reflect updated topographic information.
June 3, 2013- to update corporate limits, to add roads and road names, to update map format, to change Special Flood Hazard Areas, to reflect updated topographic information and to incorporate previously issued Letters of Map Revision

For community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

MAP SCALE 1" = 2000'
1000 0 2000 4000 FEET
500 0 500 1200 METERS

NFIP NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0250F

FIRM
FLOOD INSURANCE RATE MAP
ELLIS COUNTY, TEXAS
AND INCORPORATED AREAS

PANEL 250 OF 600
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
ELLIS COUNTY, UNINCORPORATED AREAS	480798	0250	F
ENNIS, CITY OF	480207	0250	F

Notice to User: The **Map Number** shown below should be used when placing map orders; the **Community Number** shown above should be used on insurance applications for the subject community.

MAP NUMBER
48139C0250F
EFFECTIVE DATE
JUNE 3, 2013

Federal Emergency Management Agency

Sheet 010

Shankle Road WWTP
Stephen Selinger
Palmer, Texas

Flood Plain Map

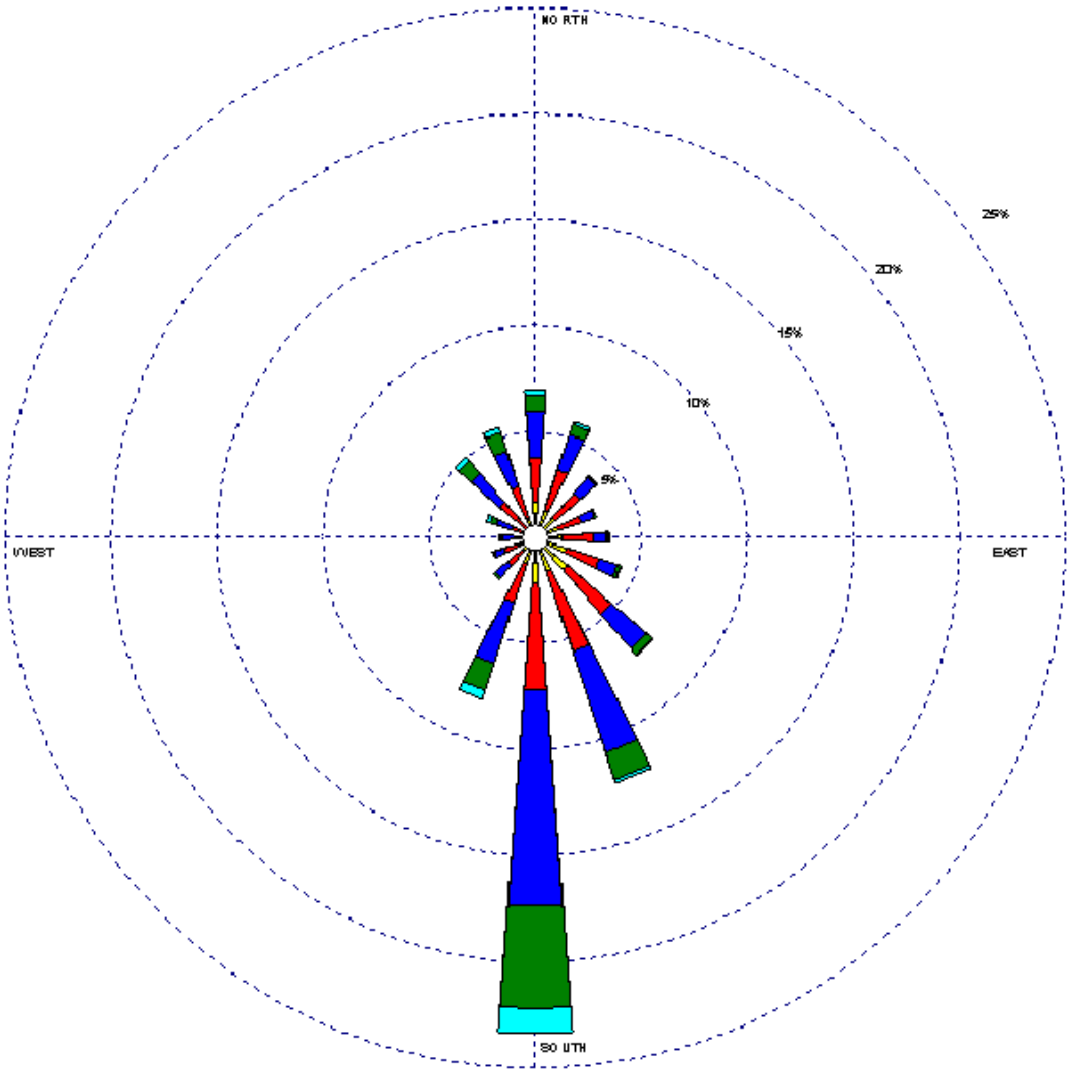
consulting environmental engineers, inc.
150 n. hobbin drive - suite 408 stephenville, tx 76401
(254)968-8330 fax (254)968-8334 email: cesinc@cesinc.org
registered firm: #F-2323

Date January 25, 2022
Drawn By CE
Scale 1":4000'

Shankle Road WWTP
Wind Rose

WIND ROSE PLOT

Station #03927 - DALLAS/FORT WORTH/REGIONAL AR, TX



Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

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

MAPPED BY WRPLOT View 3.3 by Lakes Environmental Software - www.lakes-environmental.com

Date: January 11, 2022 Drawn By: CE Scale: NTS	consulting environmental engineers, inc. 150 n. harbin drive - suite 408 stephenville, tx 76401 (254)968-8130 fax: (254)968-8134 email: ceeinc@ceeinc.org registered firm: #F-2323	Shankle Road WWTP Stephen Selinger Palmer, Texas Wind Rose	Sheet 012

Shankle Road WWTP
Sewage Sludge Solids Management

consulting environmental engineers, inc.

150 n. harbin drive – suite 408 • stephenville, tx 76401
phone: (254) 968-8130 fax: (254) 968-8134
email: ceeinc@ceeinc.org registered firm: #F-2323

Sludge Management Calculation Sheet

Permittee	1	Shankle Road WWTP	
Influent BOD	2	250	mg/l
Effluent BOD	3	20	mg/l
Average Daily Flow	4	100000	gallon/day
Influent TSS	5	20	mg/l
Average Daily Organic Load	6	50.00	lbs/day
Required Digester Volume	7	1000	cubic feet
BOD Removal	8	191.82	lbs/day

Solids Generated		100%	75%	50%	25%
BOD Removed	9	191.82	143.87	95.91	47.96
Non-Volatile TSS	10	16.66	12.50	8.33	4.17
Solids Produced (lbs)	11	95.91	71.93	47.96	23.98
Total Wet Sludge	12	2814.25	2110.69	1407.13	703.56
Volume of Wet Sludge (cubic ft)	13	45.17	33.87	22.58	11.29
Sludge Storage Available	14	22.1	29.5	44.3	88.6

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

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

consulting environmental engineers, inc.

150 n. harbin drive – suite 408 • stephenville, tx 76401
phone: (254) 968-8130 fax: (254) 968-8134
email: ceeinc@ceeinc.org registered firm: #F-2323

Sludge Management Calculation Sheet

Permittee	1	Shankle Road WWTP	
Influent BOD	2	250	mg/l
Effluent BOD	3	20	mg/l
Average Daily Flow	4	100000	gallon/day
Influent TSS	5	20	mg/l
Average Daily Organic Load	6	50.00	lbs/day
Required Digester Volume	7	1000	cubic feet
BOD Removal	8	191.82	lbs/day

Solids Generated		100%	75%	50%	25%
BOD Removed	9	191.82	143.87	95.91	47.96
Non-Volatile TSS	10	16.66	12.50	8.33	4.17
Solids Produced (lbs)	11	95.91	71.93	47.96	23.98
Total Wet Sludge	12	2814.25	2110.69	1407.13	703.56
Volume of Wet Sludge (cubic ft)	13	45.17	33.87	22.58	11.29
Sludge Storage Available	14	22.1	29.5	44.3	88.6

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

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

consulting environmental engineers, inc.

150 n. harbin drive – suite 408 • stephenville, tx 76401
phone: (254) 968-8130 fax: (254) 968-8134
email: ceeinc@ceeinc.org registered firm: #F-2323

Sludge Management Calculation Sheet

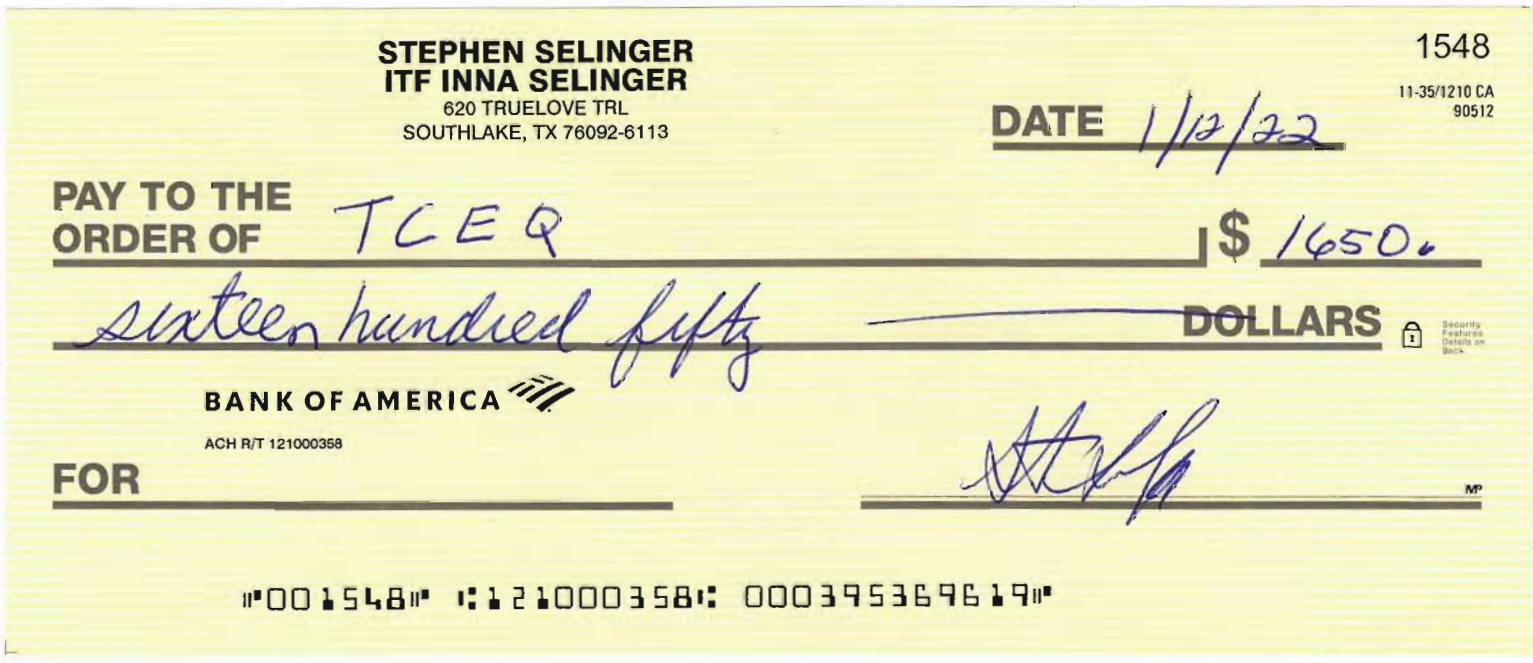
Permittee	1	Shankle Road WWTP	
Influent BOD	2	250	mg/l
Effluent BOD	3	20	mg/l
Average Daily Flow	4	300000	gallon/day
Influent TSS	5	20	mg/l
Average Daily Organic Load	6	50.00	lbs/day
Required Digester Volume	7	1000	cubic feet
BOD Removal	8	575.46	lbs/day

Solids Generated		100%	75%	50%	25%
BOD Removed	9	575.46	431.60	287.73	143.87
Non-Volatile TSS	10	49.98	37.49	24.99	12.50
Solids Produced (lbs)	11	287.73	215.80	143.87	71.93
Total Wet Sludge	12	8442.75	6332.06	4221.38	2110.69
Volume of Wet Sludge (cubic ft)	13	135.50	101.62	67.75	33.87
Sludge Storage Available	14	7.4	9.8	14.8	29.5

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

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

Shankle Road WWTP
Copy of Check



STEPHEN SELINGER
ITF INNA SELINGER
620 TRUELOVE TRL
SOUTHLAKE, TX 76092-6113

1548

11-35/1210 CA
90512

DATE 1/12/22

PAY TO THE ORDER OF TCEQ

$ 1650.

sixteen hundred fifty

DOLLARS

Security Features Details on Back

BANK OF AMERICA

ACH R/T 121000358

FOR

⑈001548⑈ ⑆121000358⑆ 003953696 19⑈

Shankle Road WWTP
Domestic Administrative Report Form 10053

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: Stephen Richard Selinger

PERMIT NUMBER: New Permit

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

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

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 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☒	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 1548

Check/Money Order Amount: $1,650.00

Name Printed on Check: Stephen Selinger ITF Inna Selinger

EPAY Voucher Number: Click here to enter text

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 29)

☒ New TPDES

☐ Major Amendment *with* Renewal

☐ Major Amendment *without* Renewal

☐ Renewal without changes

☐ New TLAP

☐ Minor Amendment *with* Renewal

☐ Minor Amendment *without* Renewal

☐ Minor Modification of permit

For amendments or modifications, describe the proposed changes: Click here to enter text.

For existing permits:

Permit Number: WQ00 Click here to enter text

EPA I.D. (TPDES only): TX Click here to enter text

Expiration Date: Click here to enter text.

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?

Stephen Selinger

(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: 605815893

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

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

First and Last Name: Stephen Selinger

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

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?

Click here to enter text.

(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: Click here to enter text.

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): Click here to enter text.

First and Last Name: Click here to enter text.

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Click here to enter text.

Provide a brief description of the need for a co-permittee: Click here to enter text.

C. Core Data Form

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

Attachment: I

Section 4. Application Contact Information (Instructions Page 30)

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

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

First and Last Name: Stephen Selinger

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Owner

Organization Name: Click here to enter text.

Mailing Address: 620 Truelove Trail

City, State, Zip Code: Southlake, TX 76092

Phone No.: 817-421-0731 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: steve_selinger@yahoo.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

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

First and Last Name: Charles Gillespie

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: President

Organization Name: Consulting Environmental Engineers

Mailing Address: 150 N Harbin Dr,, Suite 408

City, State, Zip Code: Stephenville, TX 76401

Phone No.: 254-968-8130 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: ceeinc@ceeinc.org

Check one or both: ☐ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

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

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

First and Last Name: Stephen Selinger

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text

Title: Owner

Organization Name: Click here to enter text

Mailing Address: 620 Truelove Lane

City, State, Zip Code: Southlake, TX 76092

Phone No.: 817-421-0731 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: Steve_selinger@yahoo.com

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

First and Last Name: Inna Selinger

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text

Title: Click here to enter text

Organization Name: Click here to enter text

Mailing Address: 620 Truelove Trail

City, State, Zip Code: Southlake, TX 76092

Phone No.: 310-486-7677 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: steve_selinger@yahoo.com

Section 6. Billing Information (Instructions Page 30)

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

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

First and Last Name: Stephen Selinger

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text

Title: Owner

Organization Name: Click here to enter text

Mailing Address: 620 Truelove Trail

City, State, Zip Code: Southlake, TX 76092

Phone No.: 817-421-0731 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: steve_selinger@yahoo.com

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

Provide the name and complete mailing address of the person delegated to receive and submit Discharge Monitoring Reports (EPA 3320-1) or maintain Monthly Effluent Reports.

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

First and Last Name: Stephen Selinger

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Owner

Organization Name: Click here to enter text.

Mailing Address: 620 Truelove Trail

City, State, Zip Code: Southlake, TX 76092

Phone No.: 817-421-0731 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: steve_selinger@yahoo.com

DMR data is required to be submitted electronically. Create an account at: https://www.tceq.texas.gov/permitting/netdmr/netdmr.html.

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

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

First and Last Name: Charles Gillespie

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: President

Organization Name: Consulting Environmental Engineers, Inc.

Mailing Address: 150 N Harbin Dr., Suite 408

City, State, Zip Code: Stephenville, TX 76401

Phone No.: 254-968-8130 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: ceeinc@ceeinc.org

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact person to be listed in the Notices

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

First and Last Name: Stephen Selinger

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Owner

Organization Name: Click here to enter text.

Phone No.: 817-421-0731 Ext.: Click here to enter text.

E-mail: steve_selinger@yahoo.com

D. Public Viewing Information

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

Public building name: Ennis Public Library

Location within the building: Front Desk

Physical Address of Building: 501 W. Ennis Ave.

City: Ennis County: Ellis

Contact Name: Jessica Diaz

Phone No.: 972-875-5360 Ext.: Click here to enter text.

E. Bilingual Notice Requirements:

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

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

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

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

   ☐ Yes ☐ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☒ No

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** Click here to enter text.

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

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

Shankle Road WWTP

C. Owner of treatment facility: Stephen Selinger

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

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

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

First and Last Name: Stephen Selinger

Mailing Address: 620 Truelove Trail

City, State, Zip Code: Southlake, TX 76092

Phone No.: 817-421-0731 E-mail Address: steve_selinger@yahoo.com

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

Attachment: Click here to enter text.

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss): Click here to enter text.

First and Last Name: Click here to enter text.

Mailing Address: Click here to enter text.

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

Phone No.: Click here to enter text. E-mail Address: Click here to enter text.

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

Attachment: Click here to enter text.

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

Prefix (Mr., Ms., Miss): Click here to enter text.

First and Last Name: Click here to enter text.

Mailing Address: Click here to enter text.

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

Phone No.: Click here to enter text. E-mail Address: Click here to enter text.

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

Attachment: Click here to enter text.

Section 10. TPDES Discharge Information (Instructions Page 34)

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

☐ Yes ☒ No

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

New Permit: 1008 Shankle Road, Palmer TX 75152

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

☐ Yes ☒ No

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

New Permit: The effluent travels through an Unnamed Tributary, thence to Fourmile Creek, thence to Village Creek, thence to the Upper Trinity River Classified Segment No. 0805.

City nearest the outfall(s): Palmer

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

Outfall Latitude: 32.412290 Longitude: -96.606006

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: Click here to enter text.

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

Click here to enter text.

Section 11. TLAP Disposal Information (Instructions Page 36)

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

☐ Yes ☐ No

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

Click here to enter text.

B. City nearest the disposal site: Click here to enter text.

C. County in which the disposal site is located: Click here to enter text.

D. Disposal Site Latitude: Click here to enter text. Longitude: Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

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.

Click here to enter text

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:

Click here to enter text

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number: Click here to enter text Amount past due: Click here to enter text

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number: Click here to enter text Amount past due: Click here to enter text

Section 13. Attachments (Instructions Page 38)

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

☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

☒ Original full-size USGS Topographic Map with the following information:

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information

- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click here to enter text.

Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: Stephen Selinger

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): Stephen Selinger

Signatory title: Proprietor

Signature: _____ Date: 1/12/22

(Use blue ink)

Subscribed and Sworn to before me by the said Stephen Selinger

on this 12th day of January, 2022.

My commission expires on the 2nd day of February, 2022.

William Romero

Notary Public

[SEAL]

Tarrant

County, Texas

WILLIAM ROMERO
NOTARY PUBLIC STATE OF TEXAS
MY COMM. EXP. 02/02/2022
NOTARY ID 13142983-8

DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 41)

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

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

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

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

☒ Readable/Writeable CD ☐ Four sets of labels

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

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

☐ Yes ☒ No

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

Click here to enter text.

Section 2. Original Photographs (Instructions Page 44)

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

☒ At least one original photograph of the new or expanded treatment unit location

☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.

☒ At least one photograph of the existing/proposed effluent disposal site

☒ A plot plan or map showing the location and direction of each photograph

Section 3. Buffer Zone Map (Instructions Page 44)

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

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

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

☒ Ownership

☐ Restrictive easement

☐ Nuisance odor control

☐ Variance

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

☒ Yes ☐ No

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

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

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

The following applies to all applications:

1. Permittee: Stephen Selinger

   Permit No. WQ00 Click here to enter text EPA ID No. TX Click here to enter text

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

   1008 Shankle Road, Palmer TX 75152

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

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

First and Last Name: Stephen Selinger

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Owner

Mailing Address: 620 Truelove Trail

City, State, Zip Code: Southlake, TX 76092

Phone No.: 817-421-0731 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: steve_selinger@yahoo.com

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

   Click here to enter text.

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

   The effluent travels through an Unnamed Tributary, thence to Fourmile Creek, thence to Village Creek, thence to the Upper Trinity River Classified Segment No. 0805.

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

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

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

   ☐ Proposed access roads, utility lines, construction easements

   ☐ Visual effects that could damage or detract from a historic property's integrity

   ☐ Vibration effects during construction or as a result of project design

   ☒ Additional phases of development that are planned for the future

☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

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

N/A

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

Undeveloped Land

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

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

N/A

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

N/A

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:** New Permit

1. Check or Money Order Number: Click here to enter text
2. Check or Money Order Amount: $1,650
3. Date of Check or Money Order: Click here to enter text
4. Name on Check or Money Order: Click here to enter text
5. APPLICATION INFORMATION

   Name of Project or Site: Shankle Road WWTP

   Physical Address of Project or Site: 1008 Shankle Road, Palmer TX 75152

   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

THIS PAGE INTENTIONALLY LEFT BLANK

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 50)

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

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

Full legal name (first, middle, last): Stephen Richard Selinger

Driver's License or State Identification Number: 38316518

Date of Birth: 04/15/1953

Mailing Address: 620 Truelove Trail

City, State, and Zip Code: Southlake, TX 76092

Phone Number: 817-421-0731 Fax Number: Click here to enter text.

E-mail Address: Steve_selinger@yahoo.com

CN: 605818129

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 ½ 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)

Shankle Road WWTP
Domestic Technical Report Form 10054

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications

Renewal, New, And Amendment

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.1

2-Hr Peak Flow (MGD): 0.4

Estimated construction start date: 02/03/2023

Estimated waste disposal start date: 03/03/2023

B. Interim II Phase

Design Flow (MGD): 0.2

2-Hr Peak Flow (MGD): 0.8

Estimated construction start date: 03/10/2024

Estimated waste disposal start date: 06/11/2024

C. Final Phase

Design Flow (MGD): 0.5

2-Hr Peak Flow (MGD): 2.0

Estimated construction start date: 06/15/2025

Estimated waste disposal start date: 08/15/2025

D. Current operating phase: Proposed

Provide the startup date of the facility: 03/05/2023

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

Provide a detailed description of the treatment process. **Include the type of**

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

Interim I- Effluent flow from source, to an equalization basin, then to a flow splitter. From there, the effluent will flow to Interim I phase activated sludge plant using continuous aeration treatment. Sewage passes through a bar screen to an aeration chamber and then to a clarifier. Sludge is transferred to a holding chamber and supernatant is moved through a chlorine contact chamber to discharge.
Interim II - Effluent flow from source, to an equalization basin, then to a flow splitter. From there, the effluent will flow to Interim II phase activated sludge plant using continuous aeration treatment. Sewage passes through a bar screen to an aeration chamber and then to a clarifier. Sludge is transferred to a holding chamber and supernatant is moved through a chlorine contact chamber to discharge.
Final Phase - Effluent flow from source, to an equalization basin, then to a flow splitter. From there, the effluent will flow to final phase activated sludge plant using continuous aeration treatment. Sewage passes through a bar screen to an aeration chamber and then to a clarifier. Sludge is transferred to a holding chamber and supernatant is moved through a chlorine contact chamber to discharge.

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

B. Treatment Units

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

Table 1.0(1) – Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Phase 1 & 2 Aeration Basin	2	130.0' x 11.25' x 9.5'
Digester	2	39' x 11.25' x 9.5'
Clarifier (Round)	2	24.0' diameter
Chlorine Chamber	2	11.0' x 11.25' x 9.5'

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Phase 3		
Aeration Basin	1	390.0’ x 11.25’ x 9.5’
Digester	1	117.0’ x 11.25’ x 9.5’
Clarifier (Round)	1	42’ diameter
Chlorine Chamber	1	32.0’ x 11.25’ x 9.5’

C. Process flow diagrams

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

Attachment: IX

Section 3. Site Drawing (Instructions Page 52)

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

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

Attachment: X

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

The facility will provide wastewater services to the proposed Shankle Road single family home subdivision.

Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes ☐ No ☒

Yes ☐ No ☒

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

Click here to enter text

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.

Click here to enter text

Section 6. Permit Specific Requirements (Instructions Page 53)

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

A. Summary transmittal

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

Yes ☐ No ☒

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

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.

Click here to enter text

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.

Ownership

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*.

Click here to enter text

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.

Click here to enter text

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.

Click here to enter text

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.

Click here to enter text

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 Click here to enter text or TXRNE Click here to enter text

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:

Click here to enter text.

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.

Click here to enter text.

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.

Click here to enter text.

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

6. Request for coverage in individual permit

Are you requesting coverage of stormwater discharges associated with your

treatment plant under this individual permit?

Yes ☐ No ☒

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

Click here to enter text

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

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

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

1. Acceptance of sludge from other WWTPs

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

Yes ☐ No ☒

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

In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge

acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click here to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

If yes to any of the above, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click here to enter text.

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.

Click here to enter text.

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). **W*ater 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					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity ($CaCO_3$)*, mg/l					

*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 60)

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

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

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

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: Click here to enter text.

B. Sludge disposal site

Disposal site name: To be determined upon permit approval

TCEQ permit or registration number: Click here to enter text.

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

C. Sludge transportation method

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

Name of the hauler: Click here to enter text

Hauler registration number: Click here to enter text

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

B. Sludge processing authorization

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

Sludge Composting	Yes ☐	No ☒
Marketing and Distribution of sludge	Yes ☐	No ☒
Sludge Surface Disposal or Sludge Monofill	Yes ☐	No ☒
Temporary storage in sludge lagoons	Yes ☐	No ☒

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

Yes ☐ No ☐

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

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

A. Location information

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

- Original General Highway (County) Map:

  Attachment: Click here to enter text.

- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click here to enter text.

- Federal Emergency Management Map:

  Attachment: Click here to enter text.

- Site map:

  Attachment: Click here to enter text.

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

Check all that apply.

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

☐ Wetlands

☐ Located less than 60 meters from a fault

☒ None of the above

Attachment: Click here to enter text.

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

Click here to enter text

B. Temporary storage information

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

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

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

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

Phosphorus, mg/kg: Click here to enter text

Potassium, mg/kg: Click here to enter text

pH, standard units: Click here to enter text

Ammonia Nitrogen mg/kg: Click here to enter text

Arsenic: Click here to enter text

Cadmium: Click here to enter text

Chromium: Click here to enter text

Copper: Click here to enter text

Lead: Click here to enter text

Mercury: Click here to enter text

Molybdenum: Click here to enter text

Nickel: Click here to enter text

Selenium: Click here to enter text

Zinc: Click here to enter text

Total PCBs: Click here to enter text

Provide the following information:

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

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

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

C. Liner information

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

Yes ☐ No ☐

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

Click here to enter text

D. Site development plan

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

Click here to enter text

Attach the following documents to the application.

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

  Attachment: Click here to enter text
- Copy of the closure plan

  Attachment: Click here to enter text
- Copy of deed recordation for the site

  Attachment: Click here to enter text
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click here to enter text
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click here to enter text
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click here to enter text

E. Groundwater monitoring

Is groundwater monitoring currently conducted at this site, or are any wells

available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)?

Yes ☐ No ☐

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

Attachment: Click here to enter text.

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

A. Additional authorizations

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

Yes ☐ No ☒

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

Click here to enter text.

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:

Click here to enter text.

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

A. RCRA hazardous wastes

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

Yes ☐ No ☒

B. Remediation activity wastewater

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

Yes ☐ No ☒

C. Details about wastes received

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

Attachment: Click here to enter text.

Section 14. Laboratory Accreditation (Instructions Page 64)

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

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

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

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

CERTIFICATION:

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

Printed Name: Stephen Selinger

Title: Proprietor

Signature: _____

Date: 1/12/22

DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

Section 1. Justification for Permit (Instructions Page 66)

A. Justification of permit need

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

The proposed 181-acre development of the Shankle Road Subdivision will serve approximately 1800 homes. Assuming full capacity of the subdivision, an estimated daily wastewater flow rate of 500,000 GPD was calculated. The property does not have access to a municipal treatment system and septic systems are not an economically and ecologically sound alternative. Phase 1 will begin construction in 2023 and will contain 285 homes, followed by phase 2 which will contain an additional 285 homes in 2025. Phases 1 and 2 will be constructed at approximately 12 homes per month. Phase 3 is estimated to begin construction in 2027 and will contain 1230 homes. Phase 3 will be constructed at a rate of approximately 17 homes per month until the subdivision has reached its maximum capacity of 1800 homes. With a 1.9% population growth rate, the future population estimates, indicate the need for the WWTP facility to be constructed and operational within the next 5 years.

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: Click here to enter text

If yes, attach correspondence from the city.

Attachment: Click here to enter text

If consent to provide service is available from the city, attach a

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

Yes ☐ No ☒

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

Attachment: XI

3. Nearby WWTPs or collection systems

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

Yes ☐ No ☒

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

Attachment: XI

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

Attachment: XI

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

Yes ☐ No ☒

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

Attachment: Click here to enter text.

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): Click here to enter text.

Average Influent Organic Strength or BOD_5 Concentration in mg/l: Click here to enter text.

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34): Click here to enter text.

Provide the source of the average organic strength or BOD_5 concentration.

Click here to enter text.

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD_5 Concentration (mg/l)
Municipality		
Subdivision	0.5	250
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no		

Source	Total Average Flow (MGD)	Influent BOD_5 Concentration (mg/l)
showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	0.5	
AVERAGE BOD_5 from all sources		250

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

A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 2

Other: N/A

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 2

Other: N/A

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 2

Other: N/A

D. Disinfection Method

Identify the proposed method of disinfection.

☒ Chlorine: 2 mg/l after 20 minutes detention time at peak flow

Dechlorination process: Click here to enter text.

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

☐ Other: Click here to enter text.

Section 4. Design Calculations (Instructions Page 68)

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

Attachment: XII

Section 5. Facility Site (Instructions Page 68)

A. 100-year floodplain

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

Yes ☒ No ☐

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

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

Fema Map: 48139C0250F

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

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

B. Wind rose

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

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

A. Beneficial use authorization

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

Yes ☐ No ☒

If yes, attach the completed Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)

Attachment: Click here to enter text.

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: Click here to enter text.

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

Attach a solids management plan to the application.

Attachment: XV

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

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

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

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

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

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

Yes ☐ No ☒

If yes, provide the following:
Owner of the drinking water supply: Click here to enter text.

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

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

Attachment: Click here to enter text.

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: Click here to enter text.

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).

Click here to enter text.

C. Sea grasses

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

Yes ☐ No ☒

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

Click here to enter text

Section 3. Classified Segments (Instructions Page 73)

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

Yes ☐ No ☒

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Unnamed Tributary

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click here to enter text

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click here to enter text.

B. Flow characteristics

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

☒ Intermittent - dry for at least one week during most years

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click here to enter text.

C. Downstream perennial confluences

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

Unnamed tributary, Fourmile Creek

D. Downstream characteristics

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

Yes ☐ No ☒

If yes, discuss how.

Click here to enter text

E. Normal dry weather characteristics

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

The water body is dry.

Date and time of observation: 1/13/2022 12:30 PM

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☒

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

A. Upstream influences

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

- ☐ Oil field activities
- ☐ Upstream discharges
- ☐ Septic tanks
- ☐ Urban runoff
- ☒ Agricultural runoff
- ☐ Other(s), specify Click here to enter text

B. Waterbody uses

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

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

☐ Domestic water supply ☐ Industrial water supply

☐ Park activities ☒ Other(s), specify None

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