TCFQ

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: Vale Building Grou	ıp, LLO	<u>-</u>			
PERMIT NUMBER:		text.			
Indicate if each of the following	ng iter	ns is include	ed in your application.		
	Y	N		Y	N
Administrative Report 1.0	\boxtimes		Original USGS Map	\boxtimes	
Administrative Report 1.1	\boxtimes		Affected Landowners Map	\boxtimes	
SPIF	\boxtimes		Landowner Disk or Labels	\boxtimes	
Core Data Form	\boxtimes		Buffer Zone Map	\boxtimes	
Technical Report 1.0			Flow Diagram	\boxtimes	
Technical Report 1.1	\boxtimes		Site Drawing	\boxtimes	
Worksheet 2.0	\boxtimes		Original Photographs	\boxtimes	
Worksheet 2.1		\boxtimes	Design Calculations	\boxtimes	
Worksheet 3.0		\boxtimes	Solids Management Plan	\boxtimes	
Worksheet 3.1		\boxtimes	Water Balance		\boxtimes
Worksheet 3.2		\boxtimes			
Worksheet 3.3		\boxtimes			
Worksheet 4.0		\boxtimes			
Worksheet 5.0		\boxtimes			
Worksheet 6.0		\boxtimes			
Worksheet 7.0		\boxtimes			
For TCEQ Use Only					
Segment Number Expiration Date			County 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 F	ees (Instructions	Page 29)
Indicate the amount submitted		
Flow	New/Major Amend	·
<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 ≥0.50 but <1.0 MGD	\$1,250.00	\$1,215.00 🗆
≥0.30 but <1.0 MGD ≥1.0 MGD	\$1,650.00 □ \$2,050.00 □	\$1,615.00 □ \$2,015.00 □
21.0 MGD	\$2,030.00	\$2,015.00
Minor Amendment (for any flow	v) \$150.00 □	
Payment Information:		
Mailed Check/Mon	ey Order Number: 30	360
Check/Mon	ey Order Amount: \$1,	250
Name Print	ed on Check: Vale Build	ling Group LLC
EPAY Voucher Nu	ımber: Click here to ei	iter text.
Copy of Payment Vouche	er enclosed?	Yes 🗆
Section 2. Type of Appli	cation (Instruction	ons Page 29)
		New TLAP
New TPDES ■	<u>_</u>	
☐ Major Amendment <u>with</u> Re	newal \square	Minor Amendment <u>with</u> Renewal
☐ Major Amendment <u>without</u>	Renewal	Minor Amendment without Renewal
☐ Renewal without changes		Minor Modification of permit
For amendments or modification	ns, describe the propo	osed changes:
For existing permits:		
Permit Number: WQ00	e to enter text.	
EPA I.D. (TPDES only): TX	iere to enter text.	
Expiration Date:	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?

Vale Building Group, LLC

(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: 604294330

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: Edwin Vale

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

Title: <u>President</u>

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

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

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

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

CN: 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):

First and Last Name:

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

Title:

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

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the

customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0.

Attachment: <u>10</u>

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): <u>Mr.</u>
	First and Last Name: <u>Aaron Rojas</u>
	Credential (P.E, P.G., Ph.D., etc.): <u>P.E.</u>
	Title: <u>Civil Engineer</u>
	Organization Name: MRB Group
	Mailing Address: 8834 N. Capital of Texas Hwy Suite 220
	City, State, Zip Code: Austin, TX 78759
	Phone No.: <u>5124368571</u> Ext.: Fax No.:
	E-mail Address: aaron.rojas@mrbgroup.com
	Check one or both: $oximes$ Administrative Contact $oximes$ Technical Contact
В.	Prefix (Mr., Ms., Miss):
	First and Last Name:
	Credential (P.E, P.G., Ph.D., etc.):
	Title: Click here to enter text.
	Organization Name:
	Mailing Address:
	City, State, Zip Code: Make Manage Control
	Phone No.: Ext.: Fax No.:
	E-mail Address:
	Check one or both: \square Administrative Contact \square Technical Contact
Se	ection 5. Permit Contact Information (Instructions Page 30)
Dar	oride two records of individuals that can be contacted throughout the requisit torus
	ovide two names of individuals that can be contacted throughout the permit term.
Α.	Prefix (Mr., Ms., Miss): Mr.
	First and Last Name: <u>Joshua Welch</u>
	Credential (P.E, P.G., Ph.D., etc.):
	Title: Project Manager

Organization Name: Vale Building Group, LLC

Mailing Address: 1165 N Patterson Ave

City, State, Zip Code: Florence, TX, 76527

Phone No.: <u>254-368-9649</u> Ext.: Fax No.:

E-mail Address: joshuadwelch1010@outlook.com

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

First and Last Name: <u>Edwin Vale</u> Credential (P.E, P.G., Ph.D., etc.):

Title: President

Organization Name: Vale Building Group, LLC

Mailing Address: 1165 N Patterson Ave

City, State, Zip Code: Florence, TX, 76527

Phone No.: <u>254-394-3740</u> Ext.: Fax No.:

E-mail Address: valeirvinhomes@gmail.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: Joshua Welch

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

Title: Project Manager

Organization Name: Vale Building Group, LLC

Mailing Address: 1165 N Patterson Ave

City, State, Zip Code: Florence, TX, 76527

Phone No.: 254-368-9649 Ext.: Fax No.:

E-mail Address: joshuadwelch1010@outlook.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: Joshua Welch

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

Title: Project Manager

Organization Name: Vale Building Group, LLC

Mailing Address: 1165 N Patterson Ave

City, State, Zip Code: Florence, TX, 76527

Phone No.: <u>254-368-9649</u> Ext.: Fax No.:

E-mail Address: joshuadwelch1010@outlook.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: Joshua Welch

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

Title: Project Manager

Organization Name: Vale Building Group, LLC

Mailing Address: 1165 N Patterson Ave

City, State, Zip Code: Florence, TX, 76527

Phone No.: 254-368-9649 Ext.: Fax No.:

E-mail Address: joshuadwelch1010@outlook.com

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

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

- \Box Fax
- □ Regular Mail

C. Contact person to be listed in the Notices

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

First and Last Name: Joshua Welch

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

Title: Project Manager

Organization Name: Vale Building Group, LLC

Phone No.: <u>254-368-9649</u> Ext.:

E-mail: joshuadwelch1010@outlook.com

	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: <u>City Hall</u>				
	Location within the building: Lobby				
	Physical Address of Building: <u>2205 S Main St</u>				
	City: <u>Weir</u> County: <u>Williamson</u>				
	Contact Name: Make have to an entertial				
	Phone No.: Click here to enter text 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?				

Section 9. Regulated Entity and Permitted Site Information (Instructions

D. Public Viewing Information

Page 33)

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

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):

Weir Subdivision WWTP

C. Owner of treatment facility: Vale Building Group, LLC

Ownership of Facility: \square **Public** Both **Federal Private**

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

Prefix (Mr., Ms., Miss):

First and Last Name: Vale Building Group, LLC

Mailing Address: 1165 N Patterson Ave

City, State, Zip Code: Florence, TX, 76527

Phone No.: 254-394-3740 E-mail Address: valeirvinhomes@gmail.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: NA

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss):

First and Last Name: Vale Building Group, LLC

Mailing Address: 1165 N Patterson Ave

City, State, Zip Code: Florence, TX, 76527

Phone No.: 254-394-3740 E-mail Address: valeirvinhomes@gmail.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: NA

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

Prefix (Mr., Ms., Miss):

First and Last Name: Vale Building Group, LLC

Mailing Address: 1165 N Patterson Ave

City, State, Zip Code: Florence, TX, 76527

Phone No.: 254-394-3740 E-mail Address: valeirvinhomes@gmail.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: NA

Se	ction 10. TPDES Discharge Information (Instructions Page 34)
Α.	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 - The effluent disposal site will be located on the northern property 1,800
	<u>feet west of the intersection of Farm-to-Market Road 1105 and Farm-to-Market Road 194,</u> north of the City of Weir, Texas.
	Indicated the early of Heal Tellage
В.	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 - From the plant site to an unnamed tributary, thence to Weir Branch, thence
	to the San Gabriel/North Fork San Gabriel River in Segment 1248 of the Brazos River
	<u>Basin.</u>
	City nearest the outfall(s): <u>Weir</u>
	County in which the outfalls(s) is/are located: <u>Williamson</u>
	Outfall Latitude: <u>30°41'15.85" N</u> Longitude: <u>97°35'36.39" W</u>
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:
	\square Authorization granted \square Authorization pending
	For new and amendment applications, provide copies of letters that show proof of contact and the approval letter upon receipt.
	Attachment: <u>NA</u>
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.
	NA

Se	ection 11. TLAP Disposal Information (Instructions Page 36)
Α.	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:
	<u>NA</u>
В.	City nearest the disposal site:
C.	County in which the disposal site is located:
	Disposal Site Latitude: Longitude:
	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
Sa	ection 12. Miscellaneous Information (Instructions Page 37)
JC	ction 12. Miscenaneous information (mstructions rage 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: Amount past due:
E.	Do you owe any penalties to the TCEQ?
	□ Yes ⊠ No
	If yes , please provide the following information:
	Enforcement order number: Amount past due:
Se	ection 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 boundaryTreatment 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 reding information
	 1 mile radius information 3 miles downstream information (TPDES only)
	• All ponds.
	☐ Attachment 1 for Individuals as co-applicants
	□ Other Attachments. Please specify:

Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: Vale Building Group, LLC

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 \S 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or)	printed); Edwin Vale	
Signatory title: President		
Signature Wall Va	Da	te: 6-23-2022
(Use blue ink	:)	
Subscribed and Sworn to b	pefore me by the said Eddia	Vale
on this 27/	day of June	20 22
My commission expires on	the 23 rd day of Augus	t ,20 22.
	V	

hvainta M. Dlalan Notary Public

Alilliam gon County, Texas EVARISTA M DALAN Notary ID #3641358 My Commission Expires August 23, 2025

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

	follo	owing information, as applicable:
	\boxtimes	The applicant's property boundaries
	\boxtimes	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).)
	\boxtimes	The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
	\boxtimes	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
В.	⊠ add	Indicate by a check mark that a separate list with the landowners' names and mailing resses cross-referenced to the landowner's map has been provided.
C.	Indi	cate by a check mark in which format the landowners list is submitted:
		☐ Readable/Writeable CD Four sets of labels
D.		vide the source of the landowners' names and mailing addresses: <u>Williamson Central</u> praisal <u>District</u>
E.		required by $Texas\ Water\ Code\ \S\ 5.115$, is any permanent school fund land affected by this lication?
		□ Yes ⊠ No
	If ye	es, provide the location and foreseeable impacts and effects this application has on the

	land(s):
	CHC	
S	ectio	on 2. Original Photographs (Instructions Page 44)
Pro	ovide (original ground level photographs. Indicate with checkmarks that the following cion 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
S	ectio	on 3. Buffer Zone Map (Instructions Page 44)
Α.	infor	or zone map. Provide a buffer zone map on 8.5×11 -inch paper with all of the following mation. The applicant's property line and the buffer zone line may be distinguished by g 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.
В.		r zone compliance method. Indicate how the buffer zone requirements will be met. k all that apply.
		Ownership
		Restrictive easement
		Nuisance odor control
		Variance
C.		itable site characteristics. Does the facility comply with the requirements regarding itable site characteristic found in 30 TAC § 309.13(a) through (d)?

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:
Application type:RenewalMajor AmendmentMinor AmendmentNew
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: <u>Vale Building Group, LLC</u>
Permit No. WQ00 EPA ID No. TX
Address of the project (or a location description that includes street/highway, city/vicinity, and county):
The effluent disposal site will be located on the northern property 1,800 feet west of the intersection of Farm-to-Market Road 1105 and Farm-to-Market Road 194, north of the City of Weir, Texas.

		e the name, address, phone and fax number of an individual that can be contacted to specific questions about the property.
	Prefix (Mr., Ms., Miss): <u>Mr.</u>
	First ar	nd Last Name: <u>Joshua Welch</u>
	Creden	tial (P.E, P.G., Ph.D., etc.):
	Title: P	<u>roject Manager</u>
	Mailing	g Address: 1165 N Patterson Ave
	City, St	ate, Zip Code: <u>Florence, TX, 76527</u>
	Phone	No.: <u>254-368-9649</u> Ext.: Fax No.:
	E-mail	Address: joshuadwelch1010@outlook.com
2.	List the	e county in which the facility is located: <u>Williamson</u>
3.	please	property is publicly owned and the owner is different than the permittee/applicant, list the owner of the property.
	NA NA	
4.		e a description of the effluent discharge route. The discharge route must follow the flow
		ent from the point of discharge to the nearest major watercourse (from the point of ge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify
		ssified segment number.
		the plant site to an unnamed tributary, thence to Weir Branch, thence to the San
	Gabri	el/North Fork San Gabriel River in Segment 1248 of the Brazos River Basin.
5.	plotted route f	provide a separate 7.5-minute USGS quadrangle map with the project boundaries and a general location map showing the project area. Please highlight the discharge rom the point of discharge for a distance of one mile downstream. (This map is ed in addition to the map in the administrative report).
	Provide	e original photographs of any structures 50 years or older on the property.
	Does y	our 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
	\boxtimes	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):
	Minor cut/fill excavation and site preparation for the proposed WWTP, site clearing.
7.	Describe existing disturbances, vegetation, and land use:
	Agricultural land use
	E FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR IENDMENTS TO TPDES PERMITS
8.	List construction dates of all buildings and structures on the property:
	06/01/2023
9.	Provide a brief history of the property, and name of the architect/builder, if known.
	Primarily agricultural land use for crops.

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

Texas Commission on Environmental Quality

Financial Administration Division
Cashier's Office, MC-214
Financial Administration Division
Cashier's Office, MC-214

P.O. Box 13088 12100 Park 35 Circle
Austin, Texas 78711-3088 Austin, Texas 78753

Fee Code: WQP	Waste Permit No:	

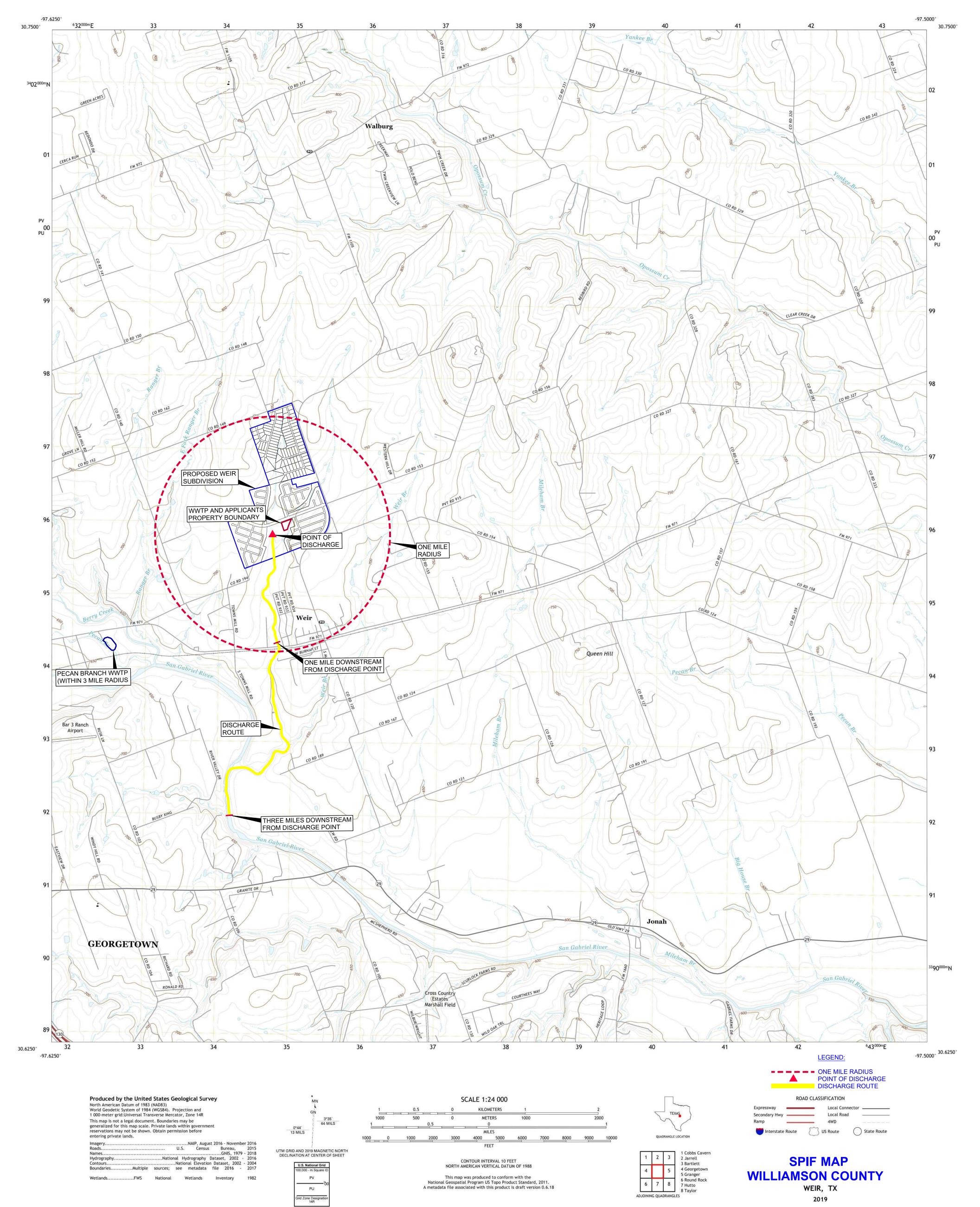
- 1. Check or Money Order Number:
- 2. Check or Money Order Amount:
- 3. Date of Check or Money Order:
- 4. Name on Check or Money Order:
- 5. APPLICATION INFORMATION

Name of Project or Site: Weir Subdivision WWTP

Physical Address of Project or Site:

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

Staple Check or Money Order in This Space



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ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 50)

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

Prefix (Mr., Ms., Miss):
Full legal name (first, middle, last):
Driver's License or State Identification Number:
Date of Birth:
Mailing Address:
City, State, and Zip Code: Mak here to only 1881
Phone Number: Fax Number:
E-mail Address: Mick here to enter that
CN: Click here to enter text
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) (Required for all applications types. Must be completed in its entirety and sig Note: Form may be signed by applicant representative.)	jned.			Yes
Correct and Current Industrial Wastewater Permit Application Forms (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)				Yes
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)			\boxtimes	Yes
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)			\boxtimes	Yes
Current/Non-Expired, Executed Lease Agreement or Easement Attached	\boxtimes	N/A		Yes
Landowners Map (See instructions for landowner requirements)		N/A		Yes

Things to Know:

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

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



A. Existing/Interim I Phase

Design Flow (MGD): <u>0.322</u>

2-Hr Peak Flow (MGD): 1.05

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)

Estimated construction start date: <u>06/2023</u>
Estimated waste disposal start date: <u>06/2024</u>
B. Interim II Phase
Design Flow (MGD):
2-Hr Peak Flow (MGD):
Estimated construction start date:
Estimated waste disposal start date:
C. Final Phase
Design Flow (MGD):
Design Flow (MGD): 2-Hr Peak Flow (MGD):
2-Hr Peak Flow (MGD):
2-Hr Peak Flow (MGD): Estimated construction start date:
2-Hr Peak Flow (MGD): Estimated construction start date:
2-Hr Peak Flow (MGD): Estimated construction start date: Estimated waste disposal start date:

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:

The treatment process will include preliminary treatment (screening), Enhanced Secondary Treatment (Aeration and Clarification) and Disinfection. Flow metering will be performed following the final treatment unit. Process sensors for aeration dissolved oxygen and mixed liquor suspended solids will be included.

Port or pipe diameter at the discharge point, in inches: <u>12</u>

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.

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Bar Screen	1	¼" clear opening design
RAS Mix Basin	1	10' x 8' x 14'
Aeration Basin	2	30' x 25' x 14'
Final Clarifiers	2	25' Dia. X 14'
Chlorine Disinfection	2	25' x 4' x 11'
Aerobic Digesters	2	25' x 22.5' x 12.5'

Table 1.0(1) - Treatment Units

C. Process flow diagrams

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

Attachment: 5

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: 6
Provide the name and a description of the area served by the treatment facility.
Subdivision north of the City of Weir.

Section 4. Unbuilt Phases (Instructions Page 52)
Is the application for a renewal of a permit that contains an unbuilt phase or
phases?
Yes □ No ⊠
If yes, does the existing permit contain a phase that has not been constructed within five years of being authorized by the TCEQ? Yes □ No □
If yes, provide a detailed discussion regarding the continued need for the unbuilt phase. Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases.
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, provid	e a brief description of the closure and the date of plan approval.							
Click here to								
Section 6. P	Permit Specific Requirements (Instructions Page 53)							
Castian 7 D	Allesters Arealess's of Toronto d Efficient (Toronto d'anno							
Section 7. Page 5	ollutant Analysis of Treated Effluent (Instructions 58)							

Is the facility in operation?

Yes □ No ⊠

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

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

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

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

Pollutant	Average	Max	No. of	Sample	Sample
Pollutalit	Conc.	Conc.	Samples	Type	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					

Pollutant	Average	Max	No. of	Sample	Sample
ronutant	Conc.	Conc.	Samples	Type	Date/Time
pH, standard units					
Dissolved Oxygen*, mg/l					
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	Max	No. of	Sample	Sample
ronutant	Conc.	Conc.	Samples	Type	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: <u>TBD</u>

Facility Operator's License Classification and Level: <u>TBD</u>

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.

\boxtimes	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
В.	Sludge disposal site
Dispo	osal site name: <u>Texas Disposal Systems Landfill</u>
TCEQ	permit or registration number: <u>2123</u>

County where disposal site is located: <u>Travis</u>

C. Sludge transportation method				
Method of transportation (truck, train, pipe, other): <u>Truck</u>				
Name of the hauler: <u>Texas Disposal Systems -CITY OF GEORGETOWN</u>				
TRANSFER STATIO	<u>ON</u>			
Hauler registratio	n number: <u>466A</u>			
Sludge is transpor	ted as a:			
Liquid □	semi-liquid □	semi-solid □	solid ⊠	
	Permit Authorizat ons Page 60)	tion for Sewage	Sludge Disposal	
A. Beneficial u	se authorization			
Does the existing sludge for benefic Yes No	permit include author ial use?	ization for land ap	plication of sewage	
If yes , are you reg sludge for benefic Yes □ No □	uesting to continue thial use?	nis authorization to	land apply sewage	<u> </u>
	oleted Application for CEQ Form No. 10451 or details)?			see
B. Sludge proc	essing authorization			
.	permit include author se or disposal options?	-	he following sludge	ā
Sludge Compo	sting	Yes □	No □	
Marketing and	Distribution of sludg	e Yes □	No □	
Sludge Surface	e Disposal or Sludge M	Ionofill Yes □	No □	
Temporary sto	orage in sludge lagoon	s Yes 🗆	No □	
continue this auth	e above sludge option orization, is the compage Sludge Technical ermit application?	oleted Domestic W a	stewater Permit	

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: Mick here to enter text
• USDA Natural Resources Conservation Service Soil Map:
Attachment: lick here to enter text.
• Federal Emergency Management Map:
Attachment: Mak here to enter text.
• Site map:
Attachment:
Discuss in a description if any of the following exist within the lagoon area.
Check all that apply.
□ Overlap a designated 100-year frequency flood plain
☐ Soils with flooding classification
□ Overlap an unstable area
□ Wetlands
□ Located less than 60 meters from a fault
□ None of the above
Attachment: 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:

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: Total Kjeldahl Nitrogen, mg/kg: Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: Phosphorus, mg/kg: Potassium, mg/kg: pH, standard units: Ammonia Nitrogen mg/kg: Arsenic: Cadmium: Chromium: Copper: Lead: Mercury: Molybdenum: Nickel: Selenium: Zinc: Total PCBs: Provide the following information: Volume and frequency of sludge to the lagoon(s): Total dry tons stored in the lagoons(s) per 365-day period: Total dry tons stored in the lagoons(s) over the life of the unit: C. Liner information Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of 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):
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: Make the second of
 Procedures to prevent the occurrence of nuisance conditions
Attachment:
E. Groundwater monitoring
Is groundwater monitoring currently conducted at this site, or are any wells available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)? Yes No
If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.

Attachment: Mak 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 \square No \boxtimes
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 \square No \boxtimes
Is the permittee required to meet an implementation schedule for compliance or enforcement? Yes \square No \boxtimes
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

Yes □ No ⊠	stewater?
C. Details about wastes rece	eived
If yes to either Subsection A or I concerning these wastes with the	B above, provide detailed information e application.
Attachment:	ter text.

Section 14.	Laboratory Accreditation (Instructions Page 64)

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 City of Weir does not currently have a facility to treat wastewater. The proposed development that will be constructed north of the city will bring with it an increase in wastewater. This development will need a proper treatment facility in order to process the waste and discharge it correctly in accordance with the TCEQ rules and regulations.

B. Regionalization of facilities

Provide the following information concerning the potential for regionalization of domestic wastewater treatment facilities:

1. Municipally incorporated areas

If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.

Is any portion	of the proposed	service area	located in	an incorporated
city?				

Yes □ No ⊠ Not Applicable □

If yes, within the city limits of:

If yes, attach correspondence from the city.

Attachment:

If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.

Attachment: Mak here to enter text

2. Utility CCN areas

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: Makehere to enterrext
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 \boxtimes No \square
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: See USGS Map for location - Attachment 1
If yes , attach copies of your certified letters to these facilities and their response letters concerning connection with their system.
Attachment: <u>3</u>
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 was attack an analysis of armanditures required to compact to a
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.
permitted wastewater treatment facility or collection system located
permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion. Attachment:
permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion.
permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion. Attachment: Section 2. Organic Loading (Instructions Page 67)
permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion. Attachment: Section 2. Organic Loading (Instructions Page 67) Is this facility in operation?

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

Loading

A. Current organic loading Facility Design Flow (flow being requested in application): Average Influent Organic Strength or BOD₅ Concentration in mg/l: Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): Provide the source of the average organic strength or BOD₅ concentration.

B. Proposed organic loading

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

Table 1.1(1) - Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
Municipality		
Subdivision	.256	250 mg/l
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park,		

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
overnight use		
Recreational park, day		
use		
Office building or		
factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all	.256	
sources		
AVERAGE BOD₅ from all		250 mg/l
sources		

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: <u>10</u>

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3.0

Total Phosphorus, mg/l: \underline{NA}

Dissolved Oxygen, mg/l: 4.0

Other:

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l:
Ammonia Nitrogen, mg/l:
Total Phosphorus, mg/l:
Dissolved Oxygen, mg/l:
Other: Lick here to enter text
C. Final Phase Design Effluent Quality
Biochemical Oxygen Demand (5-day), mg/l:
Total Suspended Solids, mg/l:
Ammonia Nitrogen, mg/l:
Total Phosphorus, mg/l:
Dissolved Oxygen, mg/l:
Other:
D. Disinfection Method
Identify the proposed method of disinfection.
\boxtimes Chlorine: <u>0.3</u> mg/l after <u>20</u> minutes detention time at peak flow
Dechlorination process: <u>NA</u>
□ Ultraviolet Light: seconds contact time at peak flow
□ Other: Mick 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: 8

Section 5. Facility Site (Instructions Page 68)

A. 100-year floodplain

Will the proposed facilities be located <u>above</u> 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.
lick here to enter text
Provide the source(s) used to determine 100-year frequency flood plain.
FEMA Flood Maps
For a new or expansion of a facility, will a wetland or part of a wetland be filled?
Yes □ No ⊠
If yes, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit? Yes □ No □
If yes, provide the permit number:
If no, provide the approximate date you anticipate submitting your application to the Corps:
B. Wind rose
Attach a wind rose. Attachment : <u>11</u>
ction 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?

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

No ⊠

Yes □

B. Sludge processing authorization

Identify the sludge processing, storage or disposal options that will be conducted at the wastewater treatment facility:

	Sludge	Com	posting
ш	Siduge	COIII	posmig

☐ Marketing and Distribution of sludge

☐ Sludge Surface Disposal or Sludge Monofill

If any of the above sludge options are selected, attach a completed DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056).

Attachment:

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

Attach a solids management plan to the application.

Attachment: 9

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 No
If yes , provide the following: Owner of the drinking water supply:
Distance and direction to the intake:
Attach a USGS map that identifies the location of the intake.
Attachment: Mick 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:
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: <u>Unnamed tributary</u>
A. Receiving water typeIdentify the appropriate description of the receiving waters.Stream
☐ Freshwater Swamp or Marsh
□ Lake or Pond
Surface area, in acres:
Average depth of the entire water body, in feet:
Average depth of water body within a 500-foot radius of discharge point, in feet:
□ Man-made Channel or Ditch
□ Open Bay
□ Tidal Stream, Bayou, or Marsh

□ Other, specify: □ Other of the latest 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 <i>upstream</i> of the discharge. For new discharges, characterize the area <i>downstream</i> 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: □ Other of the other of t
C. Downstream perennial confluences
List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point.
From the plant site to an unnamed tributary, thence to Weir Branch, thence to the San Gabriel/North Fork San Gabriel River in Segment 1248 of the Brazos River Basin
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 \square No \boxtimes
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						
conditi	ons.		, ,				
Steady	y water flow at an average de	epth o	o <u>f 15".</u>				
	nd time of observation: $03/1$ e water body influenced by some \square		22 12:00 PM water runoff during observations?				
I	on 5. General Characteria Page 74) Justream influences	stics	of the Waterbody (Instructions				
Is the i	- mmediate receiving water up		am of the discharge or proposed ollowing? Check all that apply.				
	Oil field activities		Urban runoff				
	Upstream discharges	\boxtimes	Agricultural runoff				
	Septic tanks		Other(s), specify				
tex							
B. V	Waterbody uses						
Observ	ed or evidences of the follow	ving u	ises. Check all that apply.				
\boxtimes	Livestock watering		Contact recreation				
	Irrigation withdrawal		Non-contact recreation				
	Fishing		Navigation				

	Domestic water supply		Industrial water supply			
	Park activities		Other(s), specify			
c. v	Vaterbody aesthetics					
	eck one of the following that eiving water and the surroun		describes the aesthetics of the area.			
	Wilderness: outstanding na area; water clarity exception		beauty; usually wooded or unpastured			
\boxtimes	Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored					
	Common Setting: not offen be colored or turbid	sive;	developed but uncluttered; water may			
	Offensive: stream does not developed; dumping areas		nce aesthetics; cluttered; highly er discolored			

Section 1. General Information (Instructions Page 75)

Section 2. Data Collection (Instructions Page 75)

Section 3. Summarize Measurements (Instructions Page 76)

Section 1. Type of Disposal System (Instructions Page 7)	Section 1. To	vpe of Disi	posal System	ı (Instructions	Page 77
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Section 2. Land Application Site(s) (Instructions Page 77)

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 77)

Section 4. Flood and Runoff Protection (Instructions Page 77)

Section 5. Annual Cropping Plan (Instructions Page 77)

Section 6. Well and Map Information (Instructions Page 78)

Section 7. Groundwater Quality (Instructions Page 79)

Section 8. Soil Map and Soil Analyses (Instructions Page 79)

Section 9. Effluent Monitoring Data (Instructions Page 80)

Section 1. Surface Disposal (Instructions Page 81)

Section 2. Edwards Aquifer (Instructions Page 82)

Section 1. Subsurface Application (Instructions Page 83)

Section 2. Edwards Aquifer (Instructions Page 83)

Section 1. Administrative Information (Instructions Page 84)

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 84)

Section 3. Required Plans (Instructions Page 84)

Section 4. Floodway Designation (Instructions Page 85)

Section 5. Surface Waters in the State (Instructions Page 85)

Section 6. Edwards Aquifer (Instructions Page 85)

If yes to either question, then the SADDS may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

Section 1. Toxic Pollutants (Instructions Page 87)

Section 2. Priority Pollutants

Section 3. Dioxin/Furan Compounds

Section 1. Required Tests (Instructions Page 97)

Section 2. Toxicity Reduction Evaluations (TREs)

Section 3. Summary of WET Tests

Section 1. All POTWs (Instructions Page 99)

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 100)

WORKSHEET 7.0

Section 1. General Information (Instructions Page 102)

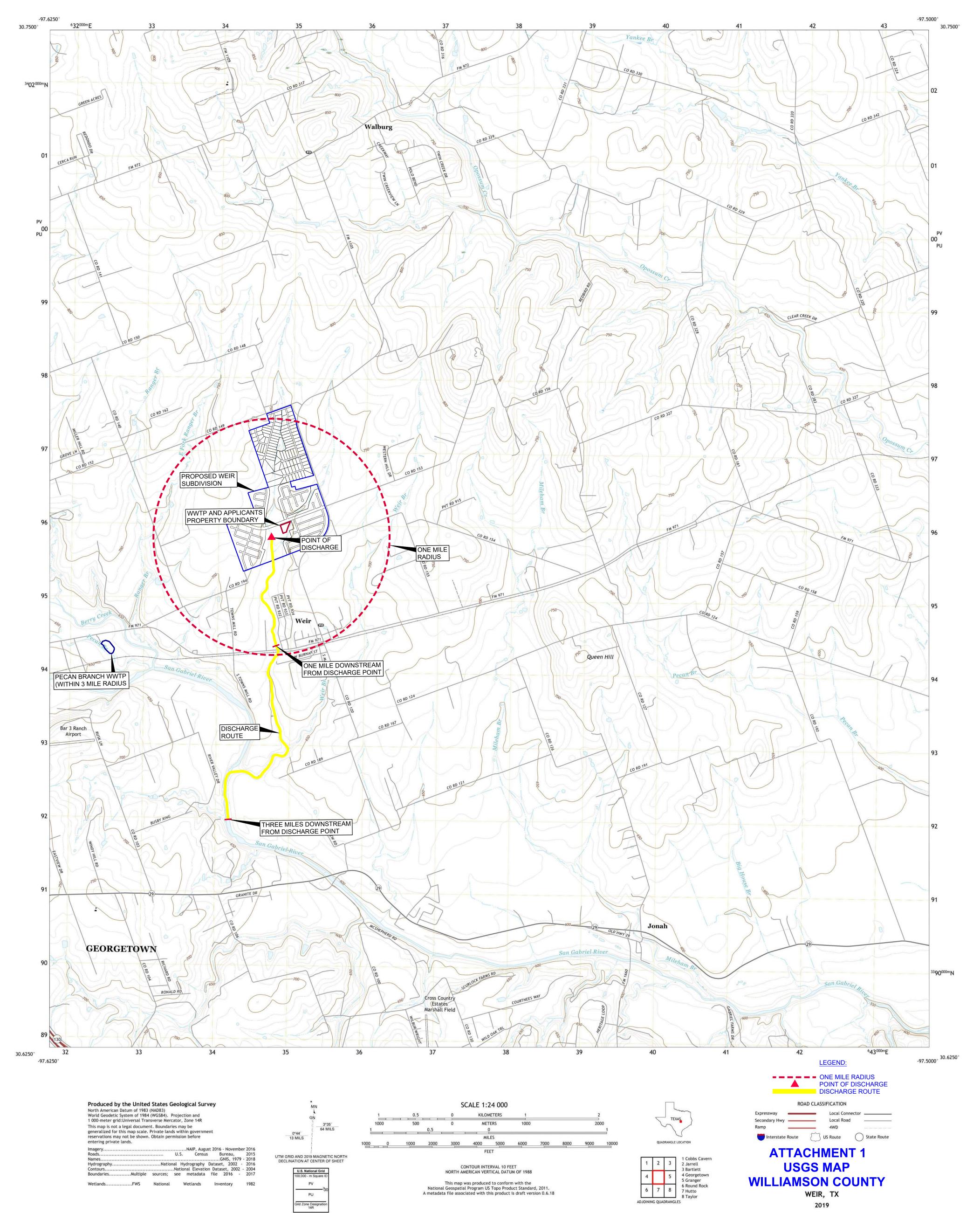
Section 2. Proposed Down Hole Design

Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

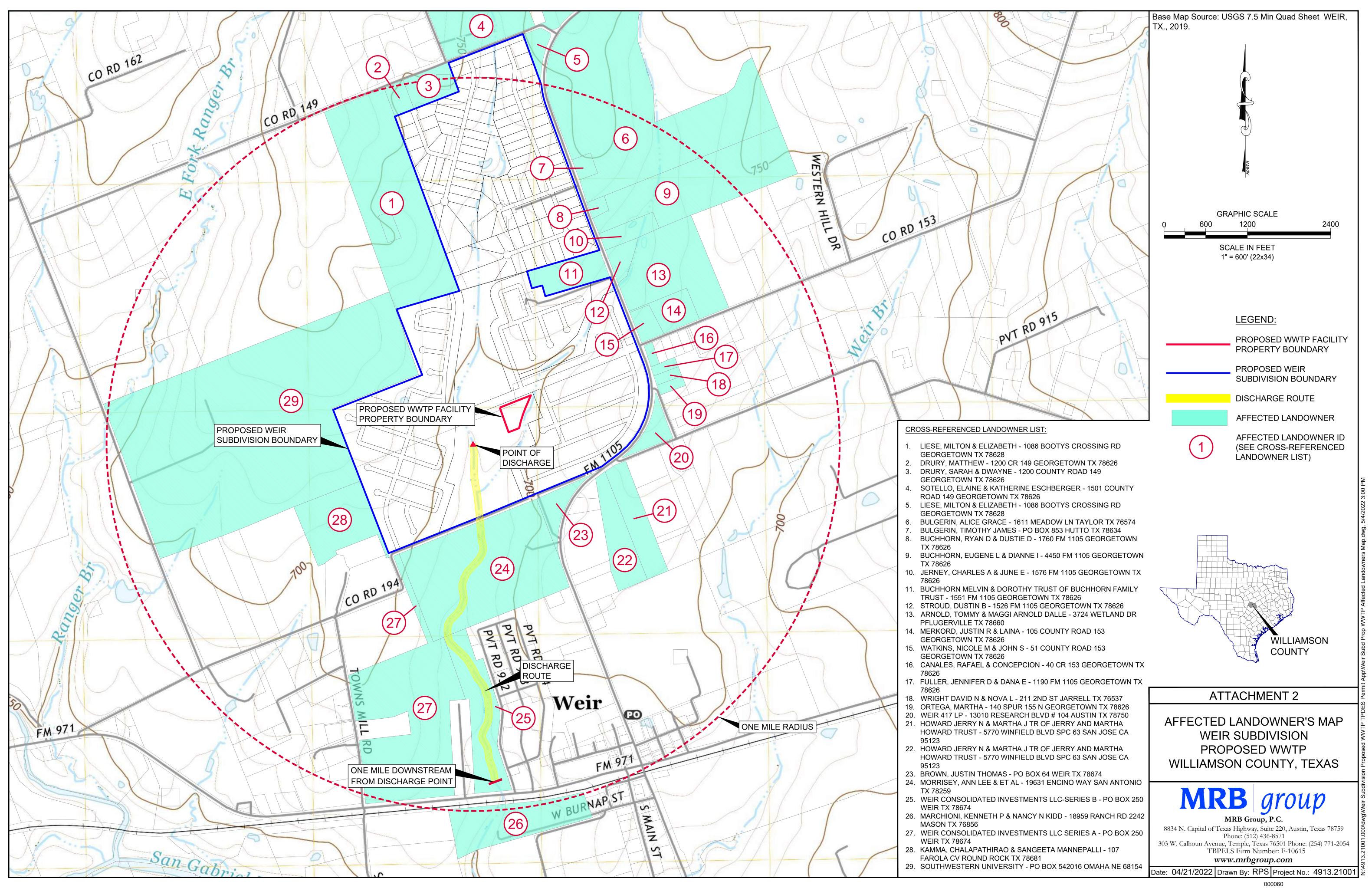
Section 4. Site Hydrogeological and Injection Zone Data

Section 5. Site History

ORIGINAL FULL-SIZE USGS
QUADRANGLE MAP
(FROM ADMINISTRATIVE REPORT 1.0 SEC. 13)



AFFECTED LANDOWNERS MAP (FROM ADMINISTRATIVE REPORT 1.1 SEC. 1)



Cross-referenced Landowner List

- 1. LIESE, MILTON & ELIZABETH 1086 BOOTYS CROSSING RD GEORGETOWN TX 78628
- 2. DRURY, MATTHEW 1200 CR 149 GEORGETOWN TX 78626
- 3. DRURY, SARAH & DWAYNE 1200 COUNTY ROAD 149 GEORGETOWN TX 78626
- 4. SOTELLO, ELAINE & KATHERINE ESCHBERGER 1501 COUNTY ROAD 149 GEORGETOWN TX 78626
- 5. LIESE, MILTON & ELIZABETH 1086 BOOTYS CROSSING RD GEORGETOWN TX 78628
- 6. BULGERIN, ALICE GRACE 1611 MEADOW LN TAYLOR TX 76574
- 7. BULGERIN, TIMOTHY JAMES PO BOX 853 HUTTO TX 78634
- 8. BUCHHORN, RYAN D & DUSTIE D 1760 FM 1105 GEORGETOWN TX 78626
- 9. BUCHHORN, EUGENE L & DIANNE I 4450 FM 1105 GEORGETOWN TX 78626
- 10. JERNEY, CHARLES A & JUNE E 1576 FM 1105 GEORGETOWN TX 78626
- 11. BUCHHORN MELVIN & DOROTHY TRUST OF BUCHHORN FAMILY TRUST 1551 FM 1105 GEORGETOWN TX 78626
- 12. STROUD, DUSTIN B 1526 FM 1105 GEORGETOWN TX 78626
- 13. ARNOLD, TOMMY & MAGGI ARNOLD DALLE 3724 WETLAND DR PFLUGERVILLE TX 78660
- 14. MERKORD, JUSTIN R & LAINA 105 COUNTY ROAD 153 GEORGETOWN TX 78626
- WATKINS, NICOLE M & JOHN S 51 COUNTY ROAD 153 GEORGETOWN TX 78626
- 16. CANALES, RAFAEL & CONCEPCION 40 CR 153 GEORGETOWN TX 78626
- 17. FULLER, JENNIFER D & DANA E 1190 FM 1105 GEORGETOWN TX 78626
- 18. WRIGHT DAVID N & NOVA L 211 2ND ST JARRELL TX 76537
- 19. ORTEGA, MARTHA 140 SPUR 155 N GEORGETOWN TX 78626
- 20. WEIR 417 LP 13010 RESEARCH BLVD # 104 AUSTIN TX 78750
- 21. HOWARD JERRY N & MARTHA J TR OF JERRY AND MARTHA HOWARD TRUST 5770 WINFIELD BLVD SPC 63 SAN JOSE CA 95123
- 22. HOWARD JERRY N & MARTHA J TR OF JERRY AND MARTHA HOWARD TRUST 5770 WINFIELD BLVD SPC 63 SAN JOSE CA 95123
- 23. BROWN, JUSTIN THOMAS PO BOX 64 WEIR TX 78674
- 24. MORRISEY, ANN LEE & ET AL 19631 ENCINO WAY SAN ANTONIO TX 78259
- 25. WEIR CONSOLIDATED INVESTMENTS LLC-SERIES B PO BOX 250 WEIR TX 78674
- 26. MARCHIONI, KENNETH P & NANCY N KIDD 18959 RANCH RD 2242 MASON TX 76856
- 27. WEIR CONSOLIDATED INVESTMENTS LLC SERIES A PO BOX 250 WEIR TX 78674
- 28. KAMMA, CHALAPATHIRAO & SANGEETA MANNEPALLI 107 FAROLA CV ROUND ROCK TX 78681
- 29. SOUTHWESTERN UNIVERSITY PO BOX 542016 OMAHA NE 68154

LANDOWNER LABELS & NEIGHBORING
WWTP LETTER
(FROM TECHNICAL REPORT 1.0 SEC. 2.C)



April 8, 2022

CITY OF GEORGETOWN PECAN BRANCH WWTP 300-1 Industrial Avenue Georgetown, Texas 78626

Dear TCEQ Wastewater Discharge Permit Holder:

We are sending you this letter on behalf of Vale Building Group, LLC. A subdivision is in development 1,800 feet west of the intersection of Farm-to-Market Road 1105 and Farm-to-Market Road 194, north of the City of Weir, Texas with a projected average daily flow of 0.322 mgd (peak 1.05 mgd). There is plans to construct a WWTP within the development to serve the surrounding homes.

We are required to contact all existing TCEQ Wastewater Discharge Permittees within a three mile radius of the project to inquire if an existing permit holder is willing to provide the additional wastewater treatment capacity needed. According to TCEQ records, you are a permittee having an existing wastewater treatment plant located within three miles of the project and having a TCEQ Waste Discharge Permit. If we find a wastewater treatment plant permit holder within three miles that has 0.322 mgd of capacity available or will expand their facility to make it available, we will conduct a feasibility study to determine if it is cost effective to obtain service from them.

We will appreciate receiving a response from you indicating if 0.322 mgd of wastewater treatment capacity in your facility is available, and if so, under what terms. A handwritten reply on a copy of this letter will be adequate. You may email your response to Aaron.Rojas@mrbgroup.com. Please, feel free to call me at (915) 760-0979 if you have any questions.

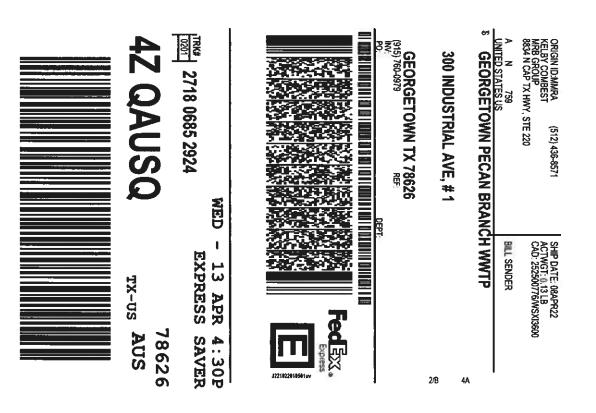
Thank you for your assistance.

Sincerely,

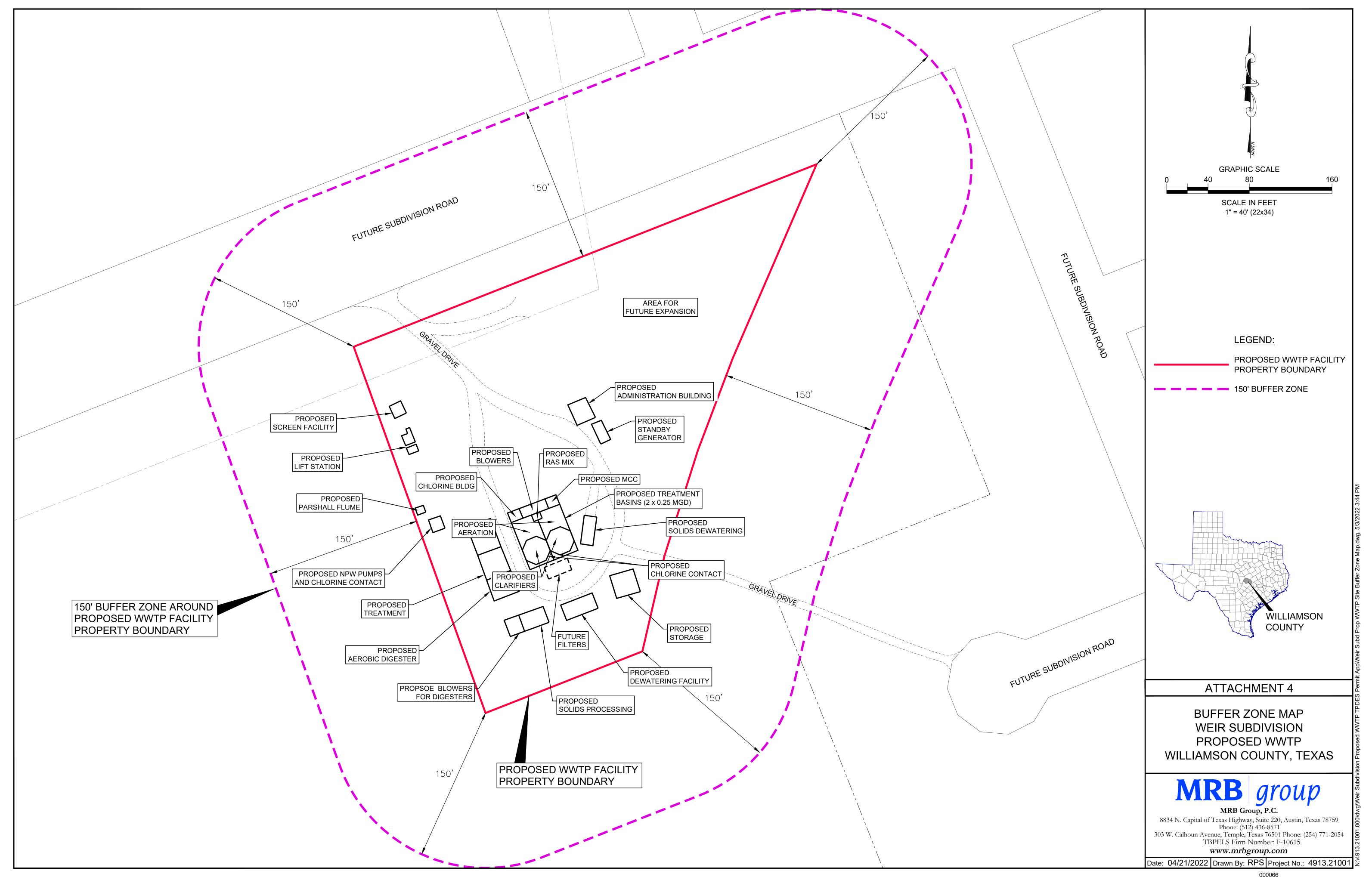
Aaron Rojas, P.E.

REPLY

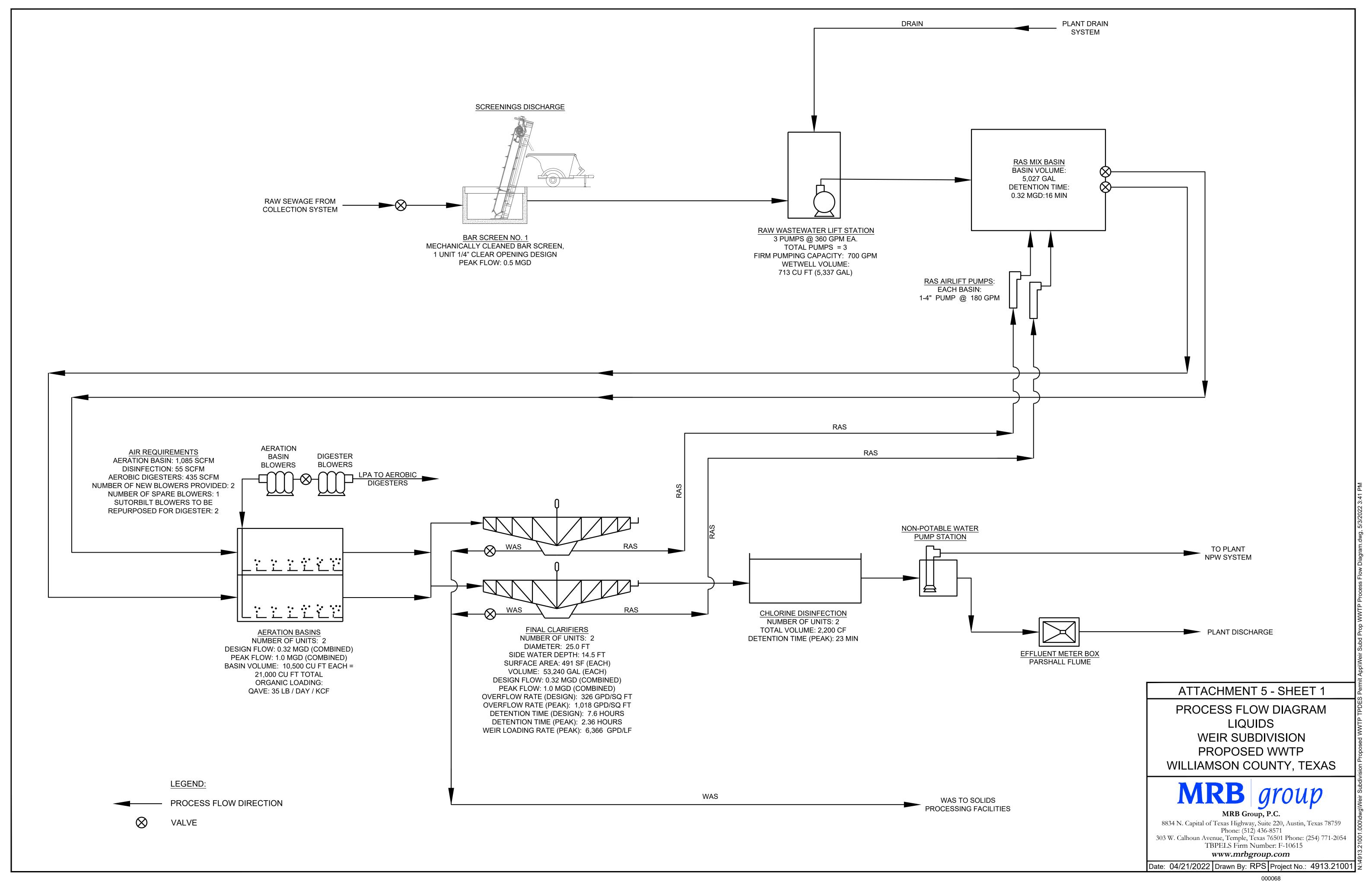
Signature:
Printed Name:
Title:
Address:
Telephone:
Fax:

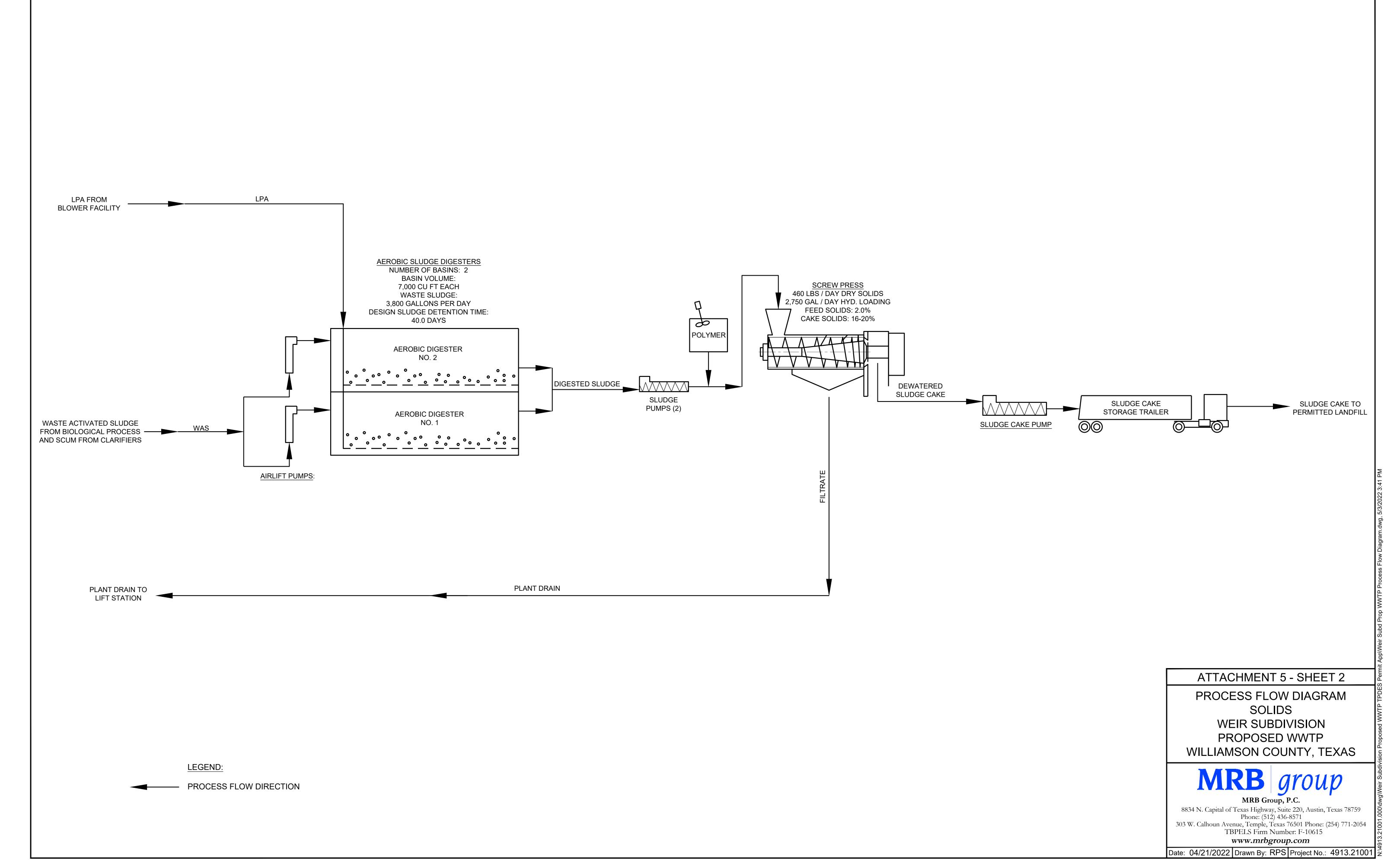


BUFFER ZONE MAP (FROM ADMINISTRATIVE REPORT 1.1 SEC. 3)

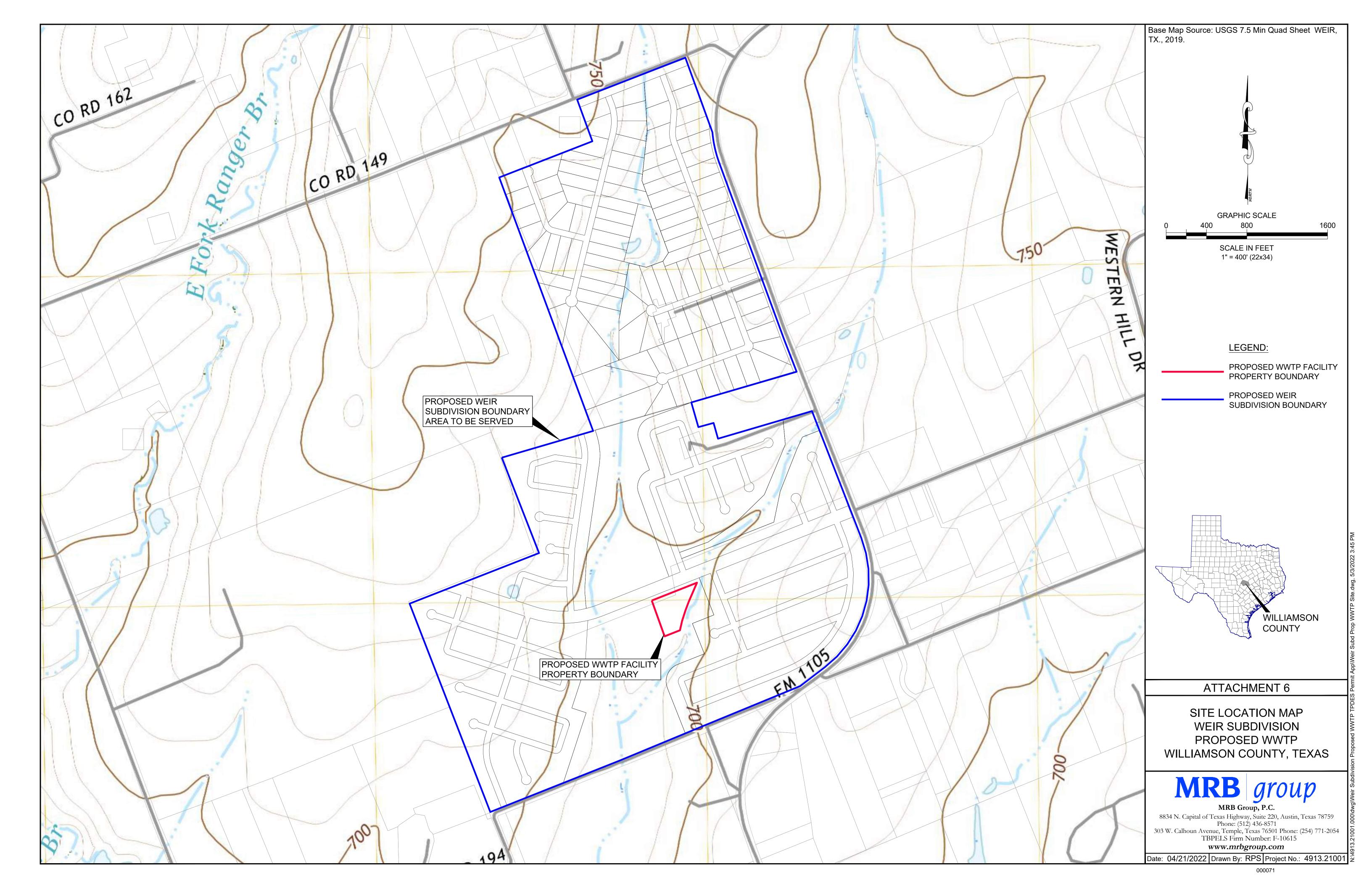


FLOW DIAGRAM (FROM TECHNICAL REPORT 1.0 SEC. 2.C)

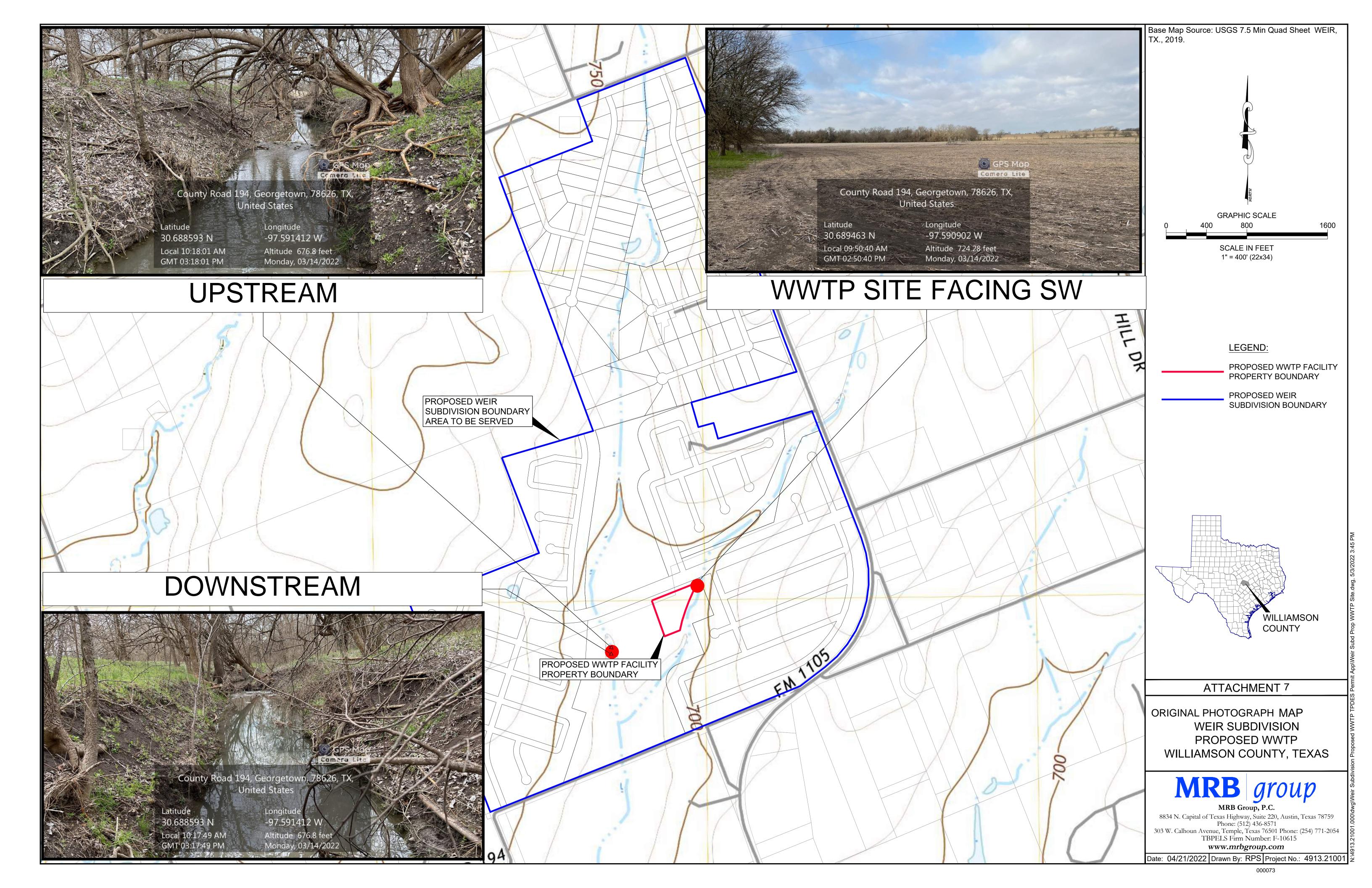




SITE DRAWING (FROM TECHNICAL REPORT 1.0 SEC. 3)



ORIGINAL PHOTOGRAPHS (FROM ADMINISTRATIVE REPORT 1.1 SEC. 2)



ATTACHMENT 8

DESIGN CALCULATIONS (FROM TECHNICAL REPORT 1.1 SEC. 4)



Project: Weir Subdivision Wastewater Treatment

Plant (0.32 mgd) Vale Building Group, LLC

Engineer: MRB Group

8834 N Capital of Texas

Hwy, Suite 220 Austin, Texas 78759

Prepared: April 04, 2022

Design Parameters

Permitted Flows:

Average Daily Flow = 0.32 mgd = 224 gpm (Qavg)

Peak Factor = 3.25

2-hour Peak Flow = 1.05 mgd = 727 gpm (Qpk)

Waste Strength:

CBOD5 = 250 mg/l = 671 ppd

TSS = 250 mg/l = 671 ppdNH3-N = 50 mg/l = 134 ppd

Total P = mg/l = 0 ppd

Effluent Limitations:

 $\begin{array}{ccc} \text{CBOD5} = & & 10 \text{ mg/l} \\ \text{TSS} = & & 15 \text{ mg/l} \end{array}$

NH3-N = 15 mg/l NH3-N = 3 mg/lTotal P = mg/l

D.O. = 4 mg/l

Process Description

The treatment process will include preliminary treatment (screening), Enhanced Secondary Treatment (Aeration and Clarification) and Disinfection. Flow metering will be performed following the final treatment unit. Process sensors for aeration dissolved oxygen and mixed liquor suspended solids will be included.



Subdivision Flow Projections

1 Lot = 1 LUE 1 LUE = 280 gpd flow 920 Projected Lots Projected Average daily flow, gpd 257,600 Projected Average daily flow, MGD 0.26

Notes

Currently the projected average daily flow is 0.26 MGD. Designing for 0.32 MGD will provide the required capacity while also allowing room for expansion, assuming BOD 250 mg/L. Alternatively, BOD could be as high as 500 mg/L and the calculated dimensions herein (21,000 cf aeration) are adequate.

RAS Mix

Target Detention, min Q RAS, gpm QRAS, gpm per basin	16 335 168
Q Plant, gpm	224
Q Flant, gpm Qtotal	559
Q, ft3 / min	75
SWD	14
L	10
W	8
V given, ft3	1,120
V required, ft3	1,196
V given, gal	8,378



Process Aeration

Process Criteria

Organic Loading = 35 lbs BOD5/1,000 cf Oxygen Requirement = 1.5 lbs/lb BOD5 4.6 lbs/lb NH3 - N

Volume Required

Influent BOD5 = 671 ppd Minimum Volume = 19,182 cf

Basin Dimensions

 $\begin{array}{lll} \text{Number of Basins} = & 2 \\ \text{Sidewater Depth} = & 14.00 \text{ ft} \\ \text{Basin Length} = & 30.00 \text{ ft} \\ \text{Basin Width} = & 25.00 \text{ ft} \\ \text{Actual Basin Volume} = & 21,000 \text{ cf} \end{array}$

Actual Loading

Organic Loading = 32 lbs BOD5/1,000 cf

Oxygen Requirement

Carbonaceous Oxygen = 1,007 lbs/day Nitrogenous Oxygen = 618 lbs/day Total Actual Oxygen = 1,625 lbs/day AOR/SOR = 0.65

Airflow Requirement

Clean Water Transfer = 9.28% Required Airflow = 1,085 scfm

Aeration System

Number of Diffusers = 64

Airflow per Diffuser = 17.0 scfm/diffuser

Diffuser Submergence = 13.25 ft



Secondary Clarification

Process Criteria

Surface Loading = 600 gpd/sf @ average flow 1,200 gpd/sf @ peak flow

Detention Time = 3.00 hrs @ average flow 1.80 hrs @ peak flow

R.A.S. Rate = 150%

Basin Requirements

@ Average Flow = 537 sf

5,381 cf

@ Peak Flow = 872 sf

10,493 cf

Number of Basins = 2 Minimum Diameter = 24 ft

Basin Dimensions

Basin Diameter = 25 ft Sidewater Depth = 14.00 ft Actual Surface Area = 491 sf Actual Volume = 6,872 cf

Actual Surface Loading

@ Average Flow = 328 gpd/sf @ Peak Flow = 1,066 gpd/sf

Actual Detention Time

@ Average Flow = 7.66 hrs @ Peak Flow = 2.36 hrs



Disinfection

Process Criteria

Detention Time = 20 min @ peak flow Airflow = 25 scfm/1,000 cf

Volume Required

Peak Flow = 727 gpm Minimum Volume = 1,943 cf

Basin Dimensions

Number of Basins = 2

Sidewater Depth = 11.00 ft @ peak flow

 $\begin{array}{ccc} \text{Basin Length} = & 25.00 \text{ ft} \\ \text{Basin Width} = & 4.00 \text{ ft} \\ \text{Actual Basin Volume} = & 2,200 \text{ cf} \end{array}$

Aeration System

Airflow = 55 scfm

Number of Diffusers = 8

Airflow per Diffuser = 6.9 scfm/diffuser

Diffuser Submergence = 10.25 ft



Solids Handling

Process Criteria

Sludge Production = 0.65 lbs sludge/lb BOD5 0.30 lbs sludge/lb TSS

 $\begin{array}{lll} \text{W.A.S. Concentration} = & 0.80\% \\ \text{Digester Concentration} = & 2.00\% \\ \text{Sludge Retention Time} = & 40 \text{ days} \\ \text{Min. Digester Temperature} = & 20 ^{\circ}\text{C} \\ \end{array}$

Oxygen Requirement = 2.0 lbs/lb VSRAirflow = 30 scfm/1,000 cf

TCEQ Volume Required = 20 cf/lb BOD5

W.A.S. Calculations

Influent BOD5 = 671 lbs/day
Influent TSS = 671 lbs/day
Waste Sludge = 638 lbs/day
Waste Sludge = 3,824 gal/day
Volatile Fraction = 0.68 (estimated)
Temperature x S.R.T. = 800 °C x days

Volatile Solids Reduction = 42%

Volume Required

Sludge Mass = 18,295 lbs @ 40 days Minimum Volume = 14,660 cf @ 2.00%

TCEQ Minimum Volume = 13,427 cf

Basin Dimensions

Number of Basins = 2
Sidewater Depth = 12.50 ft
Basin Length = 25.00 ft
Basin Width = 22.50 ft
Actual Basin Volume = 14,063 cf

Aeration Calculations

Oxygen Required = 361 lbs/day

AOR/SOR = 0.65
Clean Water Transfer = 9.28%
Required Airflow = 241 scfm
Minimum Airflow = 422 scfm



Solids Handling - Continued

Aeration System

Number of Diffusers = 24

Airflow per Diffuser = 17.6 scfm/diffuser

Diffuser Submergence = 12.50 ft

Solids Dewatering

Digested Dry Solids (lbs/d)=	457
Digested Sludge to Press (lbs DS/hr)=	60
Press Hydraulic Loading (gpm max)=	33
Wet Solids, Pressed @ 16% (lbs/d)=	2,859
Wet Solids, Pressed @ 16% (tons/month)=	44
Wet Solids, Pressed @ 16% (yd 3 /d)=	1.70
Wet Solids @ 16% (yd ³ /month)=	53

ATTACHMENT 9

SEWAGE SLUDGE SOLIDS MANAGEMENT
PLAN
(FROM TECHNICAL REPORT 1.1 SEC. 7)

Attachment 9 – Sewage Sludge Solids Management Plan

Influent Design Flow = 0.322 mgd

Influent BOD Concentration = 250 mg/L

Aerobic Digester Volume: 104,720 gallons

Aeration Basin MLSS: 2,000 to 3,000 mg/L

Sludge Production

Solids Generated	100% flow	75% flow	50% flow	25% flow
Pounds Influent BOD ₅	671	503	336	168
Pounds of digested dry sludge produced*	457	343	229	114
Pounds of wet sludge produced	2,859	2144	1430	715
Gallons of wet sludge produced	343	257	172	86

^{*}Assuming 0.65 pounds of digested dry sludge produced per pound of influent BOD_5 at average temperatures of 20 °C and 2.0% solids concentration in the digester.

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.

Sludge Removal Schedule

Removal Schedule (days)	100%	75%	50%	25%
	flow	flow	flow	flow
Days between Sludge Removal	7	10	14	30

Liquid digested sludge will be removed from the digester for disposal on a regular basis as required. The calculated mean cell residence time (MCRT) for the digester storage volume of 104,720 gal will be approximately 305 days at 100% capacity and annual average digested sludge production of 457 ppd. The digested sludge will be transported by registered hauler, Texas Disposal Systems City of Georgetown Transfer Station, Registration # 466A to Texas Disposal Systems Landfill, Permit No. 2123 in Travis County.

ATTACHMENT 10

CORE DATA FORM



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 Informatio

DOTION	II Gen	ciai imoin	Idulon												
		sion (<i>If other is c</i>	•			•		,	with	the n	rogran	n annlica	tion)		
	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														
	•	e Number <i>(if iss</i>			this link			3. R	Regul	ated	Entity	/ Referer	ice Nu	ımber (i	f issued)
CN 6042	294330			for CN	or RN r	number	rs in	R	N						
SECTION	II: Cu	stomer Info	ormation												
4. General C	ustomer lı	nformation	5. Effective	Date fo	or Cust	tomer	Infor	matio	on U _l	pdate	es (mn	n/dd/yyyy	·)		
□ New Customer □ Update to Customer Information □ Change in Regulated Entity Ownership															
		ne (Verifiable wit											<u> </u>		
		ne submitted ^f State (SOS)	-	-				•					urrei	nt and	active with the
		me (If an individua								•		, enter pre	evious	Custome	er below:
Vale Build	ding Gro	oup, LLC													
7. TX SOS/C			8. TX State	Tax ID	(11 digits	s)			9. Fe	edera	l Tax	ID (9 digits) 1	0. DUNS	Number (if applicable)
80134431	3		3204305	6715					27-	403	7216	•			
11. Type of C	Customer:		ion		☐ Individual Partnership: ☐ General ☐ Limit					Limited					
Government:	☐ City ☐ 0	County Federal	☐ State ☐ Other			Sole P	roprie	torshi	ip		Other	:			
12. Number ⊙ 0-20	of Employ 21-100	ees 101-250	251-500		501 an	d hiah	or		13. I		ender	ntly Own		d Opera	ted?
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Occupatio	nal License	 ·	nsible Party			luntary	•		Appli	cant		Other:			
	1165 N	N Patterson A	ve												
15. Mailing Address:															
Address.	City	Florence		St	ate	TX		ZIP	7	7652	27		ZII	P + 4	
16. Country	Mailing In	formation (if outsi	ide USA)				17. E	-Mai	il Add	dress	if app	olicable)			
,		,	,												
18. Telephor	ne Number	•		19. Ex	tensio	n or C	Code				20. F	ax Num	ber (if	applicab	le)
(254) 39	(254) 394-3740										()	-		
SECTION	III: Re	egulated En	ntity Info	rmati	on			_	_	_					
						ı" is se	elected	d belo	ow thi	is for	n shoi	uld be ac	сотра	nied by	a permit application)
New Regulation New	ulated Enti	ty 🔲 Update	to Regulated	Entity N	lame	□ (Update	e to F	Regul	ated	Entity	Informati	on		
The Regula	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. Regulate	d Entity N	ame (Enter name	of the site wher	e the reg	gulated	action I	is takin	ng plad	ce.)						
Weir Subo	division	WWTP													

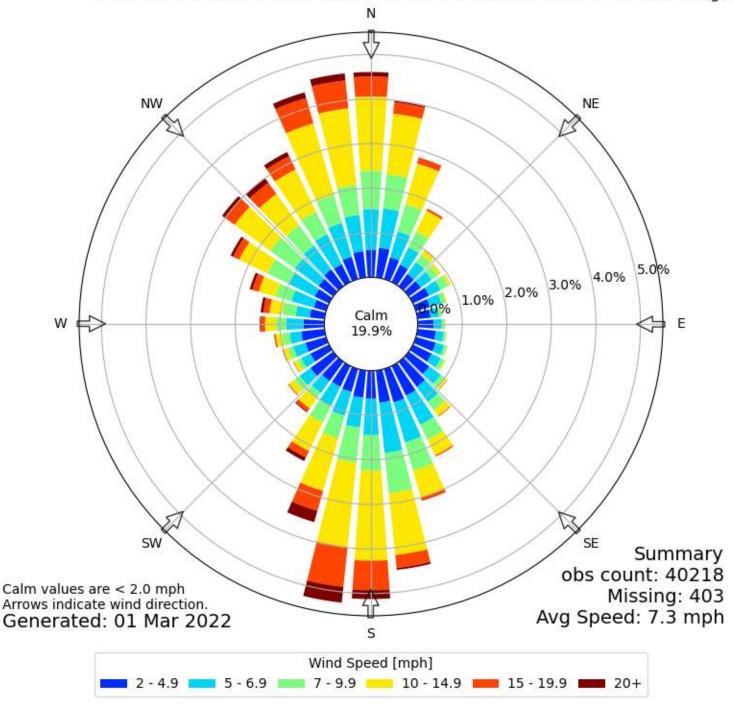
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	F	Enter Physical L	ocation Descripti	on if no str	eet addres	s is provid	ed.			
25. Description to Physical Location:	intersec		acility will be I Road 1105 and							
26. Nearest City						State		Nea	rest ZIP Code	
Weir					TOP ANALOSSIA STRANSFERENCE LETT STRANS	TX	Whitelests and the second	786	526	
27. Latitude (N) In Deci		30.689117		28. L	ongitude (W) In Decin	nal: -	-97.5913	67	
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29. Primary SIC Code (4		. Secondary SIC	Code (4 digits)	31. Primar (5 or 6 digits	y NAICS (ode	32. Sec (5 or 6 dig	condary NAI gits)	CS Code	
4952	N.			221320			NA			
33. What is the Primary			(Do not repeat the SIC	or NAICS desc	ription.)					
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35. E-Mail Address	3:			joshuadwel	ch1010@c	outlook.com	1			
36. Teleph	one Numbe	<u>:</u> r	37. Extensio	n or Code		38. F	ax Numl	ber (if appli	cable)	
(254)	394-3740			() -						
9. TCEQ Programs and II orm. See the Core Data Form	D Numbers instructions for	Check all Programs or additional guidar	s and write in the per nce.	rmits/registrat	ion numbers	that will be a	iffected by	the updates	submitted on this	
☐ Dam Safety	Distric	*is	Edwards Aqui	Emissions Inventory Air			☐ Industrial	Hazardous Waste		
Municipal Solid Waste	☐ New S	Source Review Air	OSSF		Petroleum Storage Tank			☐ PWS		
Sludge	Storm	Water	☐ Title V Air		Tires			☐ Used Oil		
☐ Voluntary Cleanup	■ Waste	water	☐ Wastewater A	☐ Water	Rights	WARA FIFTH AND MINISTER TO THE	Other:			
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42. Telephone Number	43. Ext./Co	de 44. Fa)	x Number	45. E-Ma	ail Address					
(512)436-8571		() -			rbgroup.	com			
SECTION V: Au	<u>thorized</u>	Signature								
6. By my signature below ignature authority to submidentified in field 39.	t. I certify, to it this form o	the best of my kon behalf of the er	nowledge, that the ntity specified in So	information ection II, Fig	provided i	n this form i r as required	is true and For the u	d complete. updates to th	and that I have e ID numbers	
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ATTACHMENT 11

WIND ROSE DIAGRAM (FROM TECHNICAL REPORT 1.1 SEC. 5.B)



[GTU] GEORGETOWN (AWOS) Windrose Plot [Time Domain: Dec,] Time Bounds: 31 Dec 1991 06:00 PM - 31 Dec 2021 11:56 PM America/Chicago





Engineering, Architecture & Surveying, D.P.C.

September 23, 2022

Applications Review and Processing Team (MC-148) Texas Commission on Environmental Quality Water Quality Division Building F, Room 2101 12100 Park 35 Circle Austin, Texas 78753

RE: APPLICATION FOR PROPOSED PERMIT NO. WQ0016212001 VALE BUILDING GROUP, LLC (CN604294330, RN111565321)

Dear Ms. Wilkins:

On September 14, 2022 MRB Group received the Notice of Deficiency letter for the above referenced permit renewal application. Below you will find our response to the items in the letter:

- 1. MRB Response: Section II No. 4 of the Core Data Form has been revised.
- 2. **MRB Response:** Email address has been added to Section II No. 17 of the Core Data Form.
- 3. **MRB Response:** Confirming that we do <u>not</u> need to publish notice in any alternative language
- 4. MRB Response: Corrected to say N/A.
- 5. MRB Response: Corrected to say N/A.
- 6. MRB Response:
 - a. The highlight portion circled in red does not have a landowner associated with it as that portion is the Right of Way.
 - b. The parcel around the facility within the proposed weir subdivision is owned by the applicant.
 - c. Property lines have been edited to be more visible.
 - d. Mailing labels have been corrected (word doc attached).
- 7. MRB Response: Information stated is correct.
- 8. MRB Response: PLS completed and attached.



Ms. Sheila Wilkins
Applications Review and Processing Team (MC-148)
RE: APPLICATION FOR PROPOSED PERMIT NO. WQ0016212001
September 23, 2022
Page 2 of 2

If you have any questions or comments, or need any additional information, please feel free to contact me at 512-436-8571 or via e-mail at aaron.rojas@mrbgroup.com.

Sincerely,

Aaron Rojas, P.E. MRB Group, P.C.

Jon Niermann, Chairman Emily Lindley, Commissioner Bobby Janecka, Commissioner Toby Baker, Executive Director



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

September 14, 2022

Mr. Aaron Rojas, P.E. Civil Engineer MRB Group 8834 North Capital of Texas Highway, Suite 220 Austin, TX 78759

VIA EMAIL

Re:

Application for proposed Permit No. WQ0016212001 (EPA I.D. No. TX0143421) Issued to Vale Building Group, LLC

CN604294330, RN111565321

Dear Mr. Rojas:

We have received the application for the above proposed referenced permit, and it is currently under review. Your attention to the following items is requested before we can declare the application administratively complete. Please submit one original and two copies (including a cover letter) of the complete response.

1. Core Data Form section II no 4

There was no selection mark for number 4, please select the type of customer and send a revise page

2. Core Data Form section II no. 17

There was no email address listed for no. 17, please list the email for Mr. Edwin Vale and send a revise page

3. Admin Report section 8 E

Please confirm that you do not need to publish notice in any alternative language.

4. Admin Report section 9 E

You have marked the owner of the effluent disposal site is Vale Building Group, LLC, however on the application checklist you selected "no" to worksheets 3.0, 3.1, 3.2, 3.3, which are the forms required for land disposal of effluent, please confirm you are not requesting land disposal of effluent, and mark this question N/A, and send a revise page, if you are in fact needing land disposal of effluent, please complete the appropriate worksheets 3.0, 3.1, 3.2, or 3.3.

5. Admin Report section 9 F

You marked the owner of sewage sludge disposal site is Vale Building Group, LLC, if you are seeking a sewage sludge provision, please submit sludge form 10451 or sludge form 10056, which ever is unique to your sludge process, if you are not seeking a sludge provision, please mark N/A and submit a revise page.

Domestic Administrative Report 1.1 Affected Landowners Map

- -Please see the attached landowners map highlighted area and circled in red, is there a name for the landowner of this parcel, if so please mark and update map, cross reference landowner list and labels.
- -Is the parcel around the facility within the proposed weir subdivision own by the

Mr. Aaron Rojas, P.E. Page 2 September 14, 2022 Permit No. WQ0016212001

applicant, or are each of those parcels owned by different individuals? If the parcels are owned by the applicant the map that you have provide is sufficient, if the applicant does not own the parcels in the subdivision, then all properties adjacent to any of the applicant's contiguous properties should be labeled on the map. the map you provide does not show clear property lines for each parcel, please provide a map that shows clear lines for each parcel. the mailing labels that you submitted, were not lined up correctly, the labels must be in Avery 5160 label format (3 columns across, 10 columns down), to ensure we can use the media to print labels, they must be evenly spaced, so that each address prints on one label. Please remove any additional information included with the list, no punctuation. Or you have the option to send the labels in word format.

7. The following is a portion of the Notice of Receipt of Application and Intent to Obtain a Water Quality Permit which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

APPLICATION. Vale Building Group, LLC, 1165 N Patterson Ave, Florence, Texas 76527, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016212001 (EPA I.D. No. TX0143421 to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 322,000 gallons per day. The Domestic wastewater treatment facility will be located approximately 1800 feet west of the intersection of FM Road 1105 and FM Road 194, north of the City of Weir in Williamson County, Texas 78626. The discharge route will be from the plant site *to an unnamed tributary; thence to Weir Branch; thence to the San Gabriel/North Fork San Gabriel River.* TCEQ received this application on September 2, 2022. The permit application is available for viewing and copying at City Hall Lobby, 2205 South Main Street in Weir, Texas. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

https://tceq.maps.arcgis.com/apps/webappviewer/index.html?id=db5bac44afbc468bbddd360f8168250f&marker=-97.591388%2C30.689166&level=12

Further information may also be obtained from Vale Building Group, LLC at the address stated above or by calling Mr. Joshua Welch, Project Manager, at 254-368-9649.

New rule requirements under Title 30 Texas Administrative Code (TAC) Chapter 39 relating to public notices have been implemented. The deficiencies listed below are new items that need to be provided to meet the alternative language requirements.

8. Please use the attached Plain Language Summary (PLS) Template to provide a plain language summary in English. Please provide the PLS in a Microsoft Word document.

Please submit the complete response, addressed to my attention by September 27, 2022. If you should have any questions, please do not hesitate to call me at (512) 239-4312.

Mr. Aaron Rojas, P.E. Page 2 September 14, 2022 Permit No. WQ0016212001

Sincerely,

Application Review and Processing Team (MC 148)

Water Quality Division

Texas Commission on Environmental Quality

Attachment 1 – Municipal TPDES and TLAP PLS Form Attachment 2 – Marked Landowners Map



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.

SE	C	$\mathbf{T}\mathbf{I}$	O.	N	I:	General	Inf	forma	tion

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 											
				ith the rene	ewal form,	ral form) Other 3. Regulated Entity Reference Number (if issued)					
2. Customer	Referenc	e Number <i>(if iss</i>	sued)	Follow this for CN or F			3. Ke	egulated	d Entity Reference	Number (<i>i</i>	f issued)
CN 6042	94330				Registry**		RN	1			
SECTION II: Customer Information											
4. General C	ustomer lı	nformation	5. Effective	Date for C	ustomer	Inforn	natio	n Updat	tes (mm/dd/yyyy)		
<u> </u>	☐ New Customer ☐ Change in Regulated Entity Ownership										
									f Public Accounts)		
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		State (SOS)				IDIIC /		'	•		
6. Customer	Legal Nar	ne (If an individua	I, print last name	tirst: eg: Do	oe, John)		<u>!</u>	t new Cu	ustomer, enter previ	ous Custome	<u>er below:</u>
Vale Buile	ding Gro	oup, LLC									
7. TX SOS/C	_	Number	8. TX State		ligits)				al Tax ID (9 digits)	10. DUNS	Number (if applicable)
80134431	3		32043056	5715			2	27-403	37216		
11. Type of (Customer:		ion		Individ	ual		Pa	ırtnership: 🗌 Gener	al Limited	
Government:	☐ City ☐ 0	County Federal	☐ State ☐ Other		Sole P	ropriet	orship		Other:		
12. Number	of Employ 21-100	ees 101-250	251-500	☐ 501	and high	or		I3. Inde ⊠ Yes	pendently Owned	and Opera	ted?
									ase check one of the	following	
Owner	i Noie (i id	Operation Actual)		=	Owner &			JIIII. I I C C	ise check one of the	lollowing	
Occupatio	nal Licens	 ·	nsible Party		Voluntary	•		pplicant	Other:		
	1165 N	N Patterson A	ve					· · ·			
15. Mailing	11001	· · · · · · · · · · · · · · · · · · ·									
Address:	City	Florence		State	TX		ZIP	765	27	ZIP + 4	
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10. Country	manniy ill	formation (if outsi	ue USAj						es (if applicable)		
18. Telephor	ne Number	•		19. Exten	sion or C		20. Fax Number (if applicable)				
(254) 39									()	_ , , ,	,
(23 : 73)	13710								1		
		egulated En	•								
	•	•	•	•	•						a permit application)
New Reg			to Regulated E	<u> </u>					Entity Information		
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		ame (Enter name			ted action	is takind	n place	e.)			
Weir Subo		·		9			, ,	,			
511 5400											

DRURY SARAH & DWAYNE DRURY MATTHEW LIESE MILTON & ELIZABETH 1200 CR 149 GEORGETOWN TX 1200 COUNTY ROAD 149 1086 BOOTYS CROSSING RD 78626 **GEORGETOWN TX 78626 GEORGETOWN TX 78628** SOTELLO ELAINE & KATHERINE LIESE MILTON & ELIZABETH **BULGERIN ALICE GRACE ESCHBERGER** 1086 BOOTYS CROSSING RD 1611 MEADOW LN TAYLOR TX 1501 COUNTY ROAD 149 **GEORGETOWN TX 78628** 76574 **GEORGETOWN TX 78626 BUCHHORN EUGENE L & DIANNE I BUCHHORN RYAN D & DUSTIE D BULGERIN TIMOTHY JAMES** 1760 FM 1105 GEORGETOWN TX 4450 FM 1105 GEORGETOWN TX PO BOX 853 HUTTO TX 78634 78626 78626 **BUCHHORN MELVIN & DOROTHY** JERNEY CHARLES A & JUNE E STROUD DUSTIN B TRUST OF BUCHHORN FAMILY 1576 FM 1105 GEORGETOWN TX 1526 FM 1105 GEORGETOWN TX **TRUST** 78626 78626 1551 FM 1105 GEORGETOWN TX 78626 ARNOLD TOMMY & MAGGI ARNOLD MERKORD JUSTIN R & LAINA WATKINS NICOLE M & JOHN **DALLE** 105 COUNTY ROAD 153 S 51 COUNTY ROAD 153 3724 WETLAND DR PFLUGERVILLE **GEORGETOWN TX 78626 GEORGETOWN TX 78626** TX 78660 FULLER JENNIFER D & DANA **CANALES RAFAEL & CONCEPCION** WRIGHT DAVID N & NOVA L E 1190 FM 1105 GEORGETOWN TX 211 2ND ST JARRELL TX 76537 40 CR 153 GEORGETOWN TX 78626 78626 HOWARD JERRY N & MARTHA J TR WEIR 417 LP ORTEGA MARTHA OF JERRY AND MARTHA HOWARD 140 SPUR 155 N GEORGETOWN TX 13010 RESEARCH BLVD # 104 **TRUST** 78626 AUSTIN TX 78750 5770 WINFIELD BLVD SPC 63 SAN JOSE CA 95123 **HOWARD JERRY N & MARTHA J TR** MORRISEY ANN LEE & ET AL OF JERRY AND MARTHA HOWARD **BROWN JUSTIN THOMAS** 19631 ENCINO WAY SAN ANTONIO TRUST TX 78259

5770 WINFIELD BLVD SPC 63 SAN JOSE CA 95123

WEIR CONSOLIDATED INVESTMENTS LLC SERIES B PO BOX 250 WEIR TX 78674

KAMMA CHALAPATHIRAO & SANGEETA MANNEPALLI 107 FAROLA CV ROUND ROCK TX 78681

PO BOX 64 WEIR TX 78674

MARCHIONI KENNETH P & NANCY N KIDD 18959 RANCH RD 2242 MASON TX 76856

SOUTHWESTERN UNIVERSITY PO BOX 542016 OMAHA NE 68154 WEIR CONSOLIDATED

INVESTMENTS LLC SERIES A

PO BOX 250 WEIR TX 78674

000095

	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: <u>City Hall</u>										
	Location within the building: <u>Lobby</u>										
	Physical Address of Building: 2205 S Main St										
	City: Weir County: Williamson										
	Contact Name:										
	Phone No.: Ext.:										
E.	Bilingual Notice Requirements:										
	This information is required for new, major amendment, and renewal applications . It is not required for minor amendment or minor modification applications.										
	This section of the application is only used to determine if alternative language notices wil 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 ar required. Which language is required by the bilingual program?										

Section 9. Regulated Entity and Permitted Site Information (Instructions

D. Public Viewing Information

	Page 33)
Α.	If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN
	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):
	Weir Subdivision WWTP
C.	Owner of treatment facility: <u>Vale Building Group, LLC</u>
	Ownership of Facility: \square Public \boxtimes Private \square Both \square Federal
D.	Owner of land where treatment facility is or will be:
	Prefix (Mr., Ms., Miss):
	First and Last Name: <u>Vale Building Group, LLC</u>
	Mailing Address: 1165 N Patterson Ave
	City, State, Zip Code: Florence, TX, 76527
	Phone No.: <u>254-394-3740</u> E-mail Address: <u>valeirvinhomes@gmail.com</u>
	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: NA
E.	Owner of effluent disposal site:
	Prefix (Mr., Ms., Miss): <u>N/A</u>
	First and Last Name:
	Mailing Address: 1165 N Patterson Ave
	City, State, Zip Code:
	Phone No.: E-mail Address:
	If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.
	Attachment: NA
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): <u>N/A</u>
	First and Last Name:

E-mail Address:

Mailing Address:

Phone No.:

City, State, Zip Code:

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS

DOMESTIC WASTEWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

Vale Building Group, LLC (CN604294330) proposes to operate Weir Subdivision WWTP RN111565321. a MUD. The facility will be located on the northern property 1,800 feet west of the intersection of Farm-to-Market Road 1105 and Farm-to-Market Road 194, in the northern portion of Weir, Texas, Williamson County, Texas 78626.

This application is for a new application to discharge at a daily average flow of 322,000 gallons per day of treated domestic wastewater

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD $_5$), total suspended solids (TSS), ammonia nitrogen (NH $_3$ -N), and *Escherichia coli*. Domestic wastewater will be treated by preliminary treatment (screening), then continue to Enhanced Secondary Treatment (Aeration and Clarification) and finally Disinfection before discharging into an unnamed tributary, thence to Weir Branch, thence to the San Gabriel/North Fork San Gabriel River in Segment 1248 of the Brazos River Basin. Flow metering will be performed following the final treatment unit. Process sensors for aeration dissolved oxygen and mixed liquor suspended solids will be included.

