

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ INDUSTRIAL WASTEWATER PERMIT APPLICATION

INDUSTRIAL ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report

Item 1. Application Information and Fees (Instructions, Page 25)

- a. Complete each field with the requested information, if applicable.

Applicant Name: Remy Jade Generating LLC EPA ID No.: TX0141747

Permit No.: WQ0005333000 Expiration Date: June 2, 2027

- b. Check the box next to the appropriate authorization type.

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

- c. Check the box next to the appropriate facility status.

☐ Active

☒ Inactive

- d. Check the box next to the appropriate permit type.

☒ TPDES Permit

☐ TLAP

- e. Check the box next to the appropriate application type.

☐ New

☐ Renewal with changes

☐ Renewal without changes

☐ Major amendment with renewal

☒ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

- f. If applying for an amendment or modification, describe the request: Change the flow direction from Outfall 001 to a different receiving stream

- g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$350	<input checked="" type="checkbox"/> \$350	<input type="checkbox"/> \$315	<input type="checkbox"/> \$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$150
Major facility	N/A ¹	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,015	<input type="checkbox"/> \$450

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

¹ All facilities are designated as minors until formally classified as a major by EPA.

Permit Number _____

h. Payment Information

Mailed

Check or money order No.: Click to enter text. Check or money order amt.: Click to enter text.

Named printed on check or money order: Click to enter text.

Epay

Voucher number: 659182 Copy of voucher attachment: 1

Item 2. Applicant Information (Instructions, Pages 25)

- a. Customer Number, if applicant is an existing customer: CN605940451

Note: Locate the customer number using the [TCEQ's Central Registry Customer Search](#)².

- b. Legal name of the entity (applicant) applying for this permit: Remy Jade Generating LLC

Note: The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

- c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

☐ Mr. ☒ Ms. First/Last Name: Jennifer Coleman

Title: Director of Regulatory Compliance Credential: Click to enter text.

- d. Will the applicant have overall financial responsibility for the facility?

☒ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 3. Co-applicant Information (Instructions, Page 26)

- ☐ Check this box if there is no co-applicant.; otherwise, complete the below questions.

- a. Legal name of the entity (co-applicant) applying for this permit: Click to enter text.

Note: The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

- b. Customer Number (if applicant is an existing customer): CNClick to enter text.

Note: Locate the customer number using the TCEQ's Central Registry Customer Search.

- c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

☐ Mr. ☐ Ms. First/Last Name:

Title: Click to enter text. Credential: Click to enter text.

- d. Will the co-applicant have overall financial responsibility for the facility?

☐ Yes ☐ No

² <https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 4. Core Data Form (Instructions, Pages 26)

- a. Complete one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)) and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: 3

Item 5. Application Contact Information (Instructions, Page 26)

Provide names of two individuals who can be contact for additional information about this application. Indicate if the individual can be contact about administrative or technical information, or both.

- a. ☒ Administrative Contact ☒ Technical Contact
☐ Mr. ☒ Ms. Full Name (First and Last): Jennifer Coleman
Title: Director of Regulatory Compliance Credential: Click to enter text.
Organization Name: Remy Jade Generating LLC
Mailing Address: 2001 Proenergy Blvd
City: Sedalia State: MO Zip Code: 65301
Phone No: 660-829-5100 Fax No: Click to enter text. Email: compliance@wattbridge.info
- b. ☒ Administrative Contact ☒ Technical Contact
☒ Mr. ☐ Ms. Full Name (First and Last): John Christiansen
Title: Program Manager - Industrial Water and Wastewater Credential: PE
Organization Name: Tetra Tech
Mailing Address: 1500 CityWest Boulevard, Suite 1000
City: Houston State: TX Zip Code: 77042
Phone No: 713-851-1641 Fax No: Click to enter text. Email: john.christiansen@tetrattech.com
Attachment: Click to enter text.

Item 6. Permit Contact Information (Instructions, Pages 26)

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

- a. ☐ Mr. ☒ Ms. Full Name (First and Last): Jennifer Coleman
Title: Director of Regulatory Compliance Credential: Click to enter text.
Organization Name: Remy Jade Generating LLC
Mailing Address: 2001 Proenergy Blvd
City: Sedalia State: MO Zip Code: 65301
Phone No: 660-829-5100 Fax No: Click to enter text. Email: compliance@wattbridge.com
- b. ☒ Mr. ☐ Ms. Full Name (First and Last): John Christiansen
Title: Program Manager - Industrial Water and Wastewater Credential: PE
Organization Name: Tetra Tech, Inc.
Mailing Address: 1500 CityWest Blvd, Suite 1000
City: Houston State: TX Zip Code: 77042

Phone No: 713-851-1641
john.christiansen@tetrattech.com

Fax No: Click to enter text.

Email:

Attachment: Click to enter text.

Item 7. Billing Contact Information (Instructions, Page 27)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for 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 (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

☐ Mr. ☒ Ms. Full Name (First and Last): Jennifer Coleman

Title: Director of Regulatory Compliance Credential: Click to enter text.

Organization Name: Remy Jade Generating LLC

Mailing Address: 2001 Proenergy Blvd

City: Sedalia State: MO Zip Code: 65301

Phone No: 660-829-5100 Fax No: Click to enter text. Email: Click to enter text.

Item 8. DMR/MER Contact Information (Instructions, Page 27)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

☐ Mr. ☒ Ms. Full Name (First and Last): Jennifer Coleman

Title: Director of Regulatory Compliance Credential: Click to enter text.

Organization Name: Remy Jade Generating LLC

Mailing Address: 2001 Proenergy Blvd

City: Sedalia State: MO Zip Code: 65301

Phone No: 660-829-5100 Fax No: Click to enter text. Email: Click to enter text.

Item 9. NOTICE INFORMATION (Instructions, Pages 27)

a. Individual Publishing the Notices

☐ Mr. ☒ Ms. Full Name (First and Last): Jennifer Coleman

Title: Director of Regulatory Compliance Credential: Click to enter text.

Organization Name: Remy Jade Generating LLC

Mailing Address: 2001 Proenergy Blvd

City: Sedalia State: MO Zip Code: 65301

Phone No: 660-829-5100 Fax No: Click to enter text. Email: Click to enter text.

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

☒ E-mail: compliance@wattbridge.com

☐ Fax: Click to enter text.

☒ Regular Mail (USPS)

Mailing Address: 2001 Proenergy Blvd

City: Sedalia State: MO Zip Code: 65301

c. Contact in the Notice

☐ Mr. ☒ Ms. Full Name (First and Last): Jennifer Coleman

Title: Director of Regulatory Compliance Credential: Click to enter text.

Organization Name: Remy Jade Generating LLC

Phone No: 660-829-5100

Fax No: Click to enter text.

Email: compliance@wattbridge.info

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.

Public building name: Stratford Branch Library

Location within the building: Study Room

Physical Address of Building: 509 Stratford Street

City: Highlands, TX

County: Harris

e. Bilingual Notice Requirements

This information is required for new, major amendment, minor amendment or minor modification, and renewal 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 Item 8 (Regulated Entity and Permitted Site Information.)

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 ☐ N/A

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

f. Plain Language Summary Template – Complete the Plain Language Summary at the end of this application.

g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: 4

Item 10. Regulated Entity and Permitted Site Information (Instructions Pages 28-30)

- a. TCEQ issued Regulated Entity Number (RN), if available: RN111340964

Note: If your business site is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

- b. Name of project or site (the name known by the community where located): Remy Jade Power Station

- c. Is the location address of the facility in the existing permit the same?

☒ Yes ☐ No ☐ N/A (new permit)

Note: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.

- d. Owner of treatment facility:

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Remy Jade Generating LLC

Mailing Address: 2001 Proenergy Blvd

City: Sedalia State: MO Zip Code: 65301

Phone No: 660-829-5100

Fax No: Click to enter text.

Email: compliance@wattbridge.info

- e. Ownership of facility: ☐ Public ☒ Private ☐ Both ☐ Federal

- f. Owner of land where treatment facility is or will be: Click to enter text.

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Remy Jade Generating LLC

Mailing Address: 2001 Proenergy Blvd

City: Sedalia State: MO Zip Code: 65301

Phone No: 660-829-5100

Fax No: Click to enter text.

Email: compliance@wattbridge.info

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: Click to enter text.

- g. Owner of effluent TLAP disposal site (if applicable): Click to enter text.

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text.

City: Click to enter text.

State: Click to enter text.

Zip Code: Click to enter text.

Phone No: Click to enter text.

Fax No: Click to enter text.

Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

- h. Owner of sewage sludge disposal site (if applicable):

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Click to enter text.

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

City: [Click to enter text.](#)

State: [Click to enter text.](#)

Zip Code: [Click to enter text.](#)

Phone No: [Click to enter text.](#)

Fax No: [Click to enter text.](#)

Email: [Click to enter text.](#)

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: [Click to enter text.](#)

Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Pages 30-32)

- a. Is the facility located on or does the treated effluent cross Native American Land?

☐ Yes ☒ No

- b. Attach an original full size USGS Topographic Map (or an 8.5"×11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.

☒ One-mile radius

☒ Three-miles downstream information

☒ Applicant's property boundaries

☐ Treatment facility boundaries

☒ Labeled point(s) of discharge

☒ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☐ All wastewater ponds

☐ Sewage sludge disposal site

☐ New and future construction

Attachment: 5

- c. Is the location of the sewage sludge disposal site in the existing permit accurate?

☐ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: [Click to enter text.](#)

- d. Are the point(s) of discharge in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: [Click to enter text.](#)

- e. Are the discharge route(s) in the existing permit correct?

☐ Yes ☒ No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: [The flow goes from the discharge point, thence to an unnamed ditch flowing south, then west in drainage ditches until it reaches Harris County Flood Control Ditch G103-03-00, thence to San Jacinto River Segment No. 1001.](#)

- f. City nearest the outfall(s): [Barrett](#)

- g. County in which the outfalls(s) is/are located: [Harris County](#)

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

☐ Yes ☒ No

If yes, indicate by a check mark if: ☐ Authorization granted ☐ Authorization pending

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: [Click to enter text.](#)

For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: [N/A](#)

- i. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
☐ Yes ☒ No or New Permit
If no, or a new application, provide an accurate location description: [Click to enter text.](#)
- j. City nearest the disposal site: [Click to enter text.](#)
- k. County in which the disposal site is located: [Click to enter text.](#)
- l. Disposal Site Latitude: [Click to enter text.](#) Longitude: [Click to enter text.](#)
- m. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site:
[Click to enter text.](#)
- n. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: [Click to enter text.](#)

Item 12. MISCELLANEOUS INFORMATION (Instructions, Page 32)

- a. 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: [Click to enter text.](#)
- b. Do you owe any fees to the TCEQ?
☐ Yes ☒ No
If yes, provide the account no.: [Click to enter text.](#) and total amount due: [Click to enter text.](#)
- c. Do you owe any penalties to the TCEQ?
☐ Yes ☒ No
If yes, provide the enforcement order no.: [Click to enter text.](#) and amount due: [Click to enter text.](#)

Item 13. SIGNATURE PAGE (Instructions, Pages 32-33)

Permit No: WQ0005333000

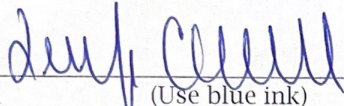
Applicant Name: Remy Jade Generating LLC

Certification: I, Jennifer Coleman, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.


I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document and can provide documentation in proof of such authorization upon request.

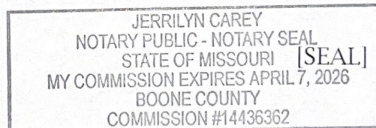
Signatory name (typed or printed): Jennifer Coleman

Signatory title: Director of Regulatory Compliance

Signature:  (Use blue ink) Date: 8-31-23

Subscribed and Sworn to before me by the said Jennifer Coleman
on this 31 day of August, 2023.
My commission expires on the 7 day of April, 2026.


Notary Public
Boone County, Missouri
County, Texas



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

INDUSTRIAL ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Item 1. AFFECTED LANDOWNER INFORMATION (Instructions, Pages 34-35)

- a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.
- ☒ The applicant's property boundaries.
 - ☒ The facility site boundaries within the applicant's property boundaries.
 - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.
 - ☒ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.
 - ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.
 - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.
 - ☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
 - ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of 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 (e.g., sludge surface disposal site or sludge monofil) is located.

Attachment: 6

- b. Check the box next to the format of the landowners list:

☒ Readable/Writeable CD ☐ Four sets of labels

Attachment: 6

- d. Provide the source of the landowners' names and mailing addresses: Harris County Appraisal District

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

☐ Yes ☒ No

If yes, provide the location and foreseeable impacts and effects this application has on the land(s):
Click to enter text.

Item 2. Public Involvement Plan Form (Instructions, Page 36)

Complete and attach one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment to a permit.

The PIP is included as Attachment 4.

Item 3. ORIGINAL PHOTOGRAPHS (Instructions, Page 36)

Provide original ground level photographs. Check the box next to each of the following items to indicate it is included.

- ☐ 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.

Attachment: 7

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

**FOR AGENCIES REVIEWING INDUSTRIAL
TPDES WASTEWATER PERMIT APPLICATIONS**

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 36)

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 Name: Remy Jade Generating LLC
2. Permit No.: WQ0005333000 EPA ID No.: TX0141747
3. Address of the project (location description that includes street/highway, city/vicinity, and county):
Approximately 3 miles southeast of Barrett, TX, near Danek Road at approximately 1 mile west of intersection with FM 1942 Rd.
4. Provide the name, address, phone and fax number, and email address of an individual that can be contacted to answer specific questions about the property.

Full Name (First and Last): Jennifer Coleman

Organization Name: Remy Jade Generating LLC Mailing Address: 2001 Proenergy Blvd

City: Sedalia State: MO Zip Code: 65301

Phone No: 660-829-5100

Fax No: Click to enter text.

Email: compliance@wattbridge.info

5. List the county in which the facility is located: Harris
6. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property: N/A




7. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number: The flow goes from the discharge point, thence to an unnamed ditch, flowing south, then west in drainage ditches until it reaches Harris County Flood Control Ditch G103-03-00, thence to San Jacinto River Segment No. 1001.
8. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report.) Attachment: SPIF Figure 1
9. Provide original photographs of any structures 50 years or older on the property. Attachment: N/A
10. Does your project involve any of the following? Check all that apply.
- ☒ Proposed access roads, utility lines, construction easements
 - ☐ Visual effects that could damage or detract from a historic property's integrity
 - ☐ Vibration effects during construction or as a result of project design
 - ☐ Additional phases of development that are planned for the future
 - ☐ Sealing caves, fractures, sinkholes, other karst features
 - ☒ Disturbance of vegetation or wetlands
11. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features): 20 acres
12. Describe existing disturbances, vegetation, and land use: agriculture
- THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS
13. List construction dates of all buildings and structures on the property: N/A - currently being constructed
14. Provide a brief history of the property, and name of the architect/builder, if known: agriculture

SPIF FIGURE 1 USGS QUADRANGLE MAP

SPIF FIGURE 1
7.5-MINUTE USGS
TOPOGRAPHIC
QUADRANGLE MAP

HARRIS COUNTY,
 TEXAS

LEGEND

-  Property Boundary
-  1-Mile Downstream of Point of Discharge
-  Outfall 001

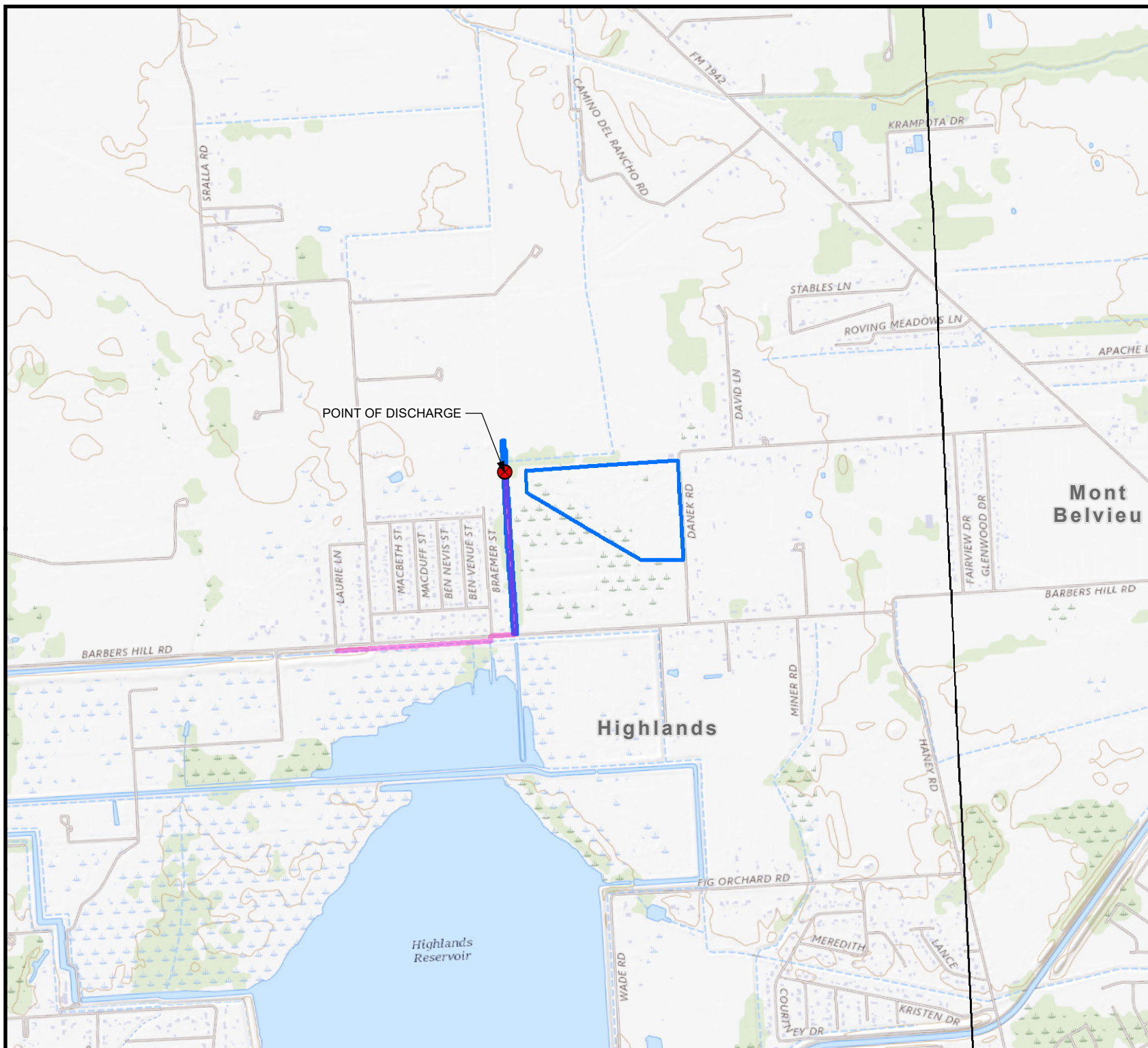
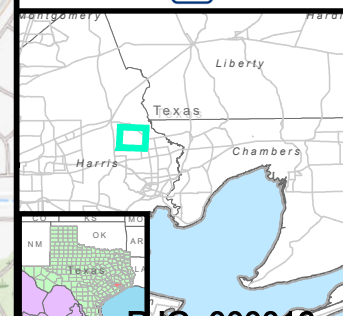


Feet 0 1,000 2,000

Source: USGS The National Map; National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS Global Ecosystems; U.S. Census Bureau TIGER/Line data; USFS Road Data; Natural Earth Data; U.S. Department of State Humanitarian Information Unit; and NOAA National Centers for Environmental Information, U.S. Coastal Relief Model. Data refreshed April, 2023.

Date: 8/30/2023
 Project: 212C-HN-01640

Prepared By:  **TETRA TECH**



WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Permit No: WQ0005333000**

1. Check or Money Order Number: Click to enter text.
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: Click to enter text.
4. Name on Check or Money Order: Click to enter text.

5. APPLICATION INFORMATION

Name of Project or Site: Remy Jade Generating LLC

Physical Address of Project or Site: 8310 McHard Rd, Houston, TX

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. Attachment: Click to enter text.

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 37)

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., or Miss): [Click to enter text.](#)

Full legal name (first, middle, and last): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

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

City, State, and Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#)

Fax No.: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

CN: [Click to enter text.](#)

Checklist of Common Deficiencies

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

- ☒ Core Data Form (TCEQ Form No. 10400)
*(Required for all applications types. Must be completed in its entirety and signed.
Note: Form may be signed by applicant representative.)*
- ☒ Correct and Current Industrial Wastewater Permit Application Forms
*(TCEQ Form Nos. 10055 and 10411.
Version dated 5/10/2019 or later.)*
- ☒ Water Quality Permit Payment Submittal Form (Page 14)
*(Original payment sent to TCEQ Revenue Section.
See instructions for mailing address.)*
- ☒ 7.5 Minute USGS Quadrangle Topographic Map Attached
*(Full-size map if seeking "New" permit.
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☒ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☒ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

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

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

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

This template is a guide to assist applicant's in developing a plain language summary as required by [30 Texas Administrative Code Chapter 39 Subchapter H](#). Applicant's may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements.

If you are subject to the alternative language notice requirements in [30 Texas Administrative Code §39.426](#), **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

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.

Remy Jade Generating LLC (CN 605940451) proposes to operate the Remy Jade Power Station RN 111340964, a natural gas-fired electric generating station. The facility will be located at west of Danek Road, approximately 1 mile west of the intersection with Farm-to-Market 1942 Road, in Barrett, Harris County, Texas 77532. The facility requests a change in the receiving stream of the discharge.

Discharges from the facility are expected to contain total dissolved solids, chloride, and sulfate, Reverse osmosis and electrodeionization reject will be discharged through Outfall 001.

PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP

AGUAS RESIDUALES INDUSTRIALES/AGUAS PLUVIALES

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no son representaciones federales exigibles de la solicitud de permiso.

Remy Jade Generating LLC (CN 605940451) propone operar la Remy Jade Power Station RN 111340964, una estación generadora de electricidad alimentada con gas natural. La instalación estará ubicada al oeste de Danek Road, aproximadamente 1 milla al oeste de la intersección con Farm-to-Market 1942 Road, en Barrett, Condado de Harris, Texas 77532. La instalación solicita un cambio en la corriente receptora de la descarga.

Se espera que las descargas de la instalación contengan sólidos disueltos totales, cloruro, y sulfato. Los rechazos de ósmosis inversa y electrodosionización se descargarán a través del Emisario 001.

INSTRUCTIONS

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Choose “operates” in this section for existing facility applications or choose “proposes to operate” for new facility applications.
4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
8. Choose “is” for an existing facility or “will be” for a new facility.
9. Enter the location of the facility in this section.
10. Enter the City nearest the facility in this section.
11. Enter the County nearest the facility in this section.
12. Enter the zip code for the facility address in this section.
13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Example

Individual Industrial Wastewater Application

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.

ABC Corporation (CN6000000000) operates the Starr Power Station (RN100000000000), a two-unit gas fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred as “previously monitored effluents” (low volume wastewater, metal cleaning waste, and stormwater (from diked oil storage area yards, and storm drains)) via Outfall 001. Low volume waste sources, metal cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low volume waste and metal cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN6000000000, PWS 000000) supplies the facility’s potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam. Low volume wastewater from blowdown of boiler Units 1 and 2 and metal cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal cleaning waste from equipment cleaning is generally disposed of off-site.

TECHNICAL REPORT 1.0

INDUSTRIAL

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For additional information or clarification on the requested information, refer to the [Instructions for Completing the Industrial Wastewater Permit Application](#)¹ available on the TCEQ website.

If more than one outfall is included in the application, provide applicable information for each individual outfall. **If an item does not apply to the facility, enter N/A** to indicate that the item has been considered. Include separate reports or additional sheets as **clearly cross-referenced attachments** and provide the attachment number in the space provided for the item the attachment addresses.

NOTE: This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

1. FACILITY/SITE INFORMATION (Instructions, Pages 39-40)

- a. Describe the general nature of the business and type(s) of industrial and commercial activities. Include all applicable SIC codes (up to 4).

ProEnergy Services, LLC (ProEnergy) is constructing and will operate an electric generating station, the Remy Jade Power Station, comprised of eight natural gas-fired simple cycle combustion turbines and ancillary equipment at a greenfield site in Harris County. The Remy Jade Power Station will operate as a combination of contract and merchant power plant, which means the combustion turbines will be dispatched when electric market conditions are favorable. The SIC code is 4911, electric services.

- b. Describe all wastewater-generating processes at the facility.

Wastewater will be comprised of Reverse Osmosis (RO) and Electrodeionization (EDI) reject.

¹ https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

- c. Provide a list of raw materials, major intermediates, and final products handled at the facility.

Materials List

Raw Materials	Intermediate Products	Final Products
Natural gas		Electricity
Water		

Attachment: N/A

- d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
- The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls, and sampling points, if significantly different from outfall locations.

Attachment: 8

- e. Is this a new permit application for an existing facility?

☐ Yes ☒ No

If **yes**, provide background discussion:

- f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: Flood Insurance Rate Map

If **no**, provide the elevation of the 100-year frequency flood plain and describe what protective measures are used/proposed to prevent flooding (including tail water and rainfall run-on controls) of the treatment facility and disposal area:

Attachment:

- g. For **new** or **major amendment** permit applications, will any construction operations result in a discharge of fill material into a water in the state?

☐ Yes ☒ No ☐ N/A (renewal only)

- h. If **yes** to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?

☐ Yes ☐ No

If **yes**, provide the permit number:

If **no**, provide an approximate date of application submittal to the USACE:

2. TREATMENT SYSTEM (Instructions, Page 40)

- a. List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

Raw water is treated by Reverse Osmosis (RO) which contains a pH adjustment system between the first and second passes. The permeate water is then sent to the Electrodeionization Unit (EDI). The RO reject and the EDI reject are combined and sent to Outfall 001.

- b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

Attachment: 9

3. IMPOUNDMENTS (Instructions, Pages 40-42)

Does the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)

☐ Yes ☒ No

If **no**, proceed to Item 4. If **yes**, complete **Item 3.a** for **existing** impoundments and **Items 3.a - 3.e** for **new or proposed** impoundments. **NOTE:** See instructions, Pages 40-42, for additional information on the attachments required by Items 3.a – 3.e.

- a. Complete the table with the following information for each existing, new, or proposed impoundment:

Use Designation: Indicate the use designation for each impoundment as Treatment (T), Disposal (D), Containment (C), or Evaporation (E).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (C), In-situ clay liner (I), Synthetic/plastic/rubber liner (S), or Alternate liner (A). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (A) is selected, include an attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter Y for yes. Otherwise, enter N for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter Y for yes. Otherwise, enter N for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter Y for yes. Otherwise, enter N for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)				
Associated Outfall Number				
Liner Type (C) (I) (S) or (A)				
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), Not Including Freeboard				
Freeboard (ft)				
Surface Area (acres)				
Storage Capacity (gallons)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)				
Associated Outfall Number				
Liner Type (C) (I) (S) or (A)				
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), not including freeboard				
Freeboard (ft)				
Surface Area (acres)				
Storage Capacity (gallons)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment:

The following information (**Items 3.b – 3.e**) is required only for **new or proposed** impoundments.

b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes** in the appropriate box. Otherwise, check **no** or **not yet designed**.

i. Liner data

☐ Yes ☐ No ☐ Not yet designed

ii. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

iii. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

NOTE: Item b.iii is required if the bottom of the pond is not above the seasonal high-water table in the shallowest water-bearing zone.

Attachment:

For TLAP applications: Items 3.c – 3.e are not required, continue to Item 4.

c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within 1/2-mile of the impoundments.

Attachment:

d. Attach copies of State Water Well Reports (e.g., driller's logs, completion data, etc.), and data on depths to groundwater for all known water supply wells including a description of how the depths to groundwater were obtained.

Attachment:

e. Attach information pertaining to the groundwater, soils, geology, pond liner, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

Attachment:

4. OUTFALL/DISPOSAL METHOD INFORMATION (Instructions, Pages 42-43)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge operations, and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/or numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

For TLAP applications: Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall** number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).

Outfall Latitude and Longitude

Outfall Number	Latitude-decimal degrees	Longitude-decimal degrees
001	29.8490170330°	-95.0210603953°

Outfall Location Description

Outfall Number	Location Description
001	West side of the property into an unnamed ditch

Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point
	Lift station on the north side of the property before entering the pipe that discharges to Outfall 001

Outfall Flow Information – Permitted and Proposed

Outfall Number	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	0.162	0.242			03/15/24

Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	Y	N	Totalizer

Outfall Discharge – Flow Characteristics

Outfall Number	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	Y	N	Y	8	30	12

Wastestream Contributions

Outfall No.: **001**

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Reverse Osmosis Reject	0.143	89
Electrodeionization Reject	0.019	11

Outfall No.: **002**

Contributing Wastestreams	Volume (MGD)	% of Total Flow

Outfall No.: **003**

Contributing Wastestreams	Volume (MGD)	% of Total Flow

Attachment: **004**

5. BLOWDOWN AND ONCE-THROUGH COOLING WATER DISCHARGES (Instructions, Page 44)

- a. Does the facility use/propose to use any cooling towers which discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

NOTE: If the facility uses or plans to use cooling towers, Item 12 **is required**.

- b. Does the facility use or plan to use any boilers that discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

- c. Does or will the facility discharge once-through cooling water to the outfall(s)?

☐ Yes ☒ No

NOTE: If the facility uses or plans to use once-through cooling water, Item 12 **is required**.

- d. If **yes** to Items 5.a, 5.b, **or** 5.c, attach the SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product or active ingredient, as appropriate, in wastestream.

Attach a summary of this information in addition to the submittal of the SDS for each specific wastestream and the associated chemical additives and specify which outfalls are affected.

Attachment:

- e. Cooling Towers and Boilers

If **yes** to either Item 5.a **or** 5.b, complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Dly Avg Blowdown (gallons/day)	Dly Max Blowdown (gallons/day)
Cooling Towers			
Boilers			

6. STORMWATER MANAGEMENT (Instructions, Page 44)

Are there any existing/proposed outfalls which discharge stormwater associated with industrial activities, as defined at 40 CFR § 122.26(b)(14), commingled with any other wastestream?

☐ Yes ☒ No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in some manner which may result in exposure of the activities or materials to stormwater:

7. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND SEPTAGE MANAGEMENT AND DISPOSAL (Instructions, Page 45)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

- a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.
- ☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. **Complete Item 7.b.**
 - ☐ Domestic sewage disposed of by an on-site septic tank and drainfield system. **Complete Item 7.b.**
 - ☐ Domestic and industrial treatment sludge **ARE commingled** prior to use or disposal.
 - ☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge **IS NOT commingled** prior to sludge use or disposal. **Complete Worksheet 5.0.**
 - ☐ Facility is a POTW. **Complete Worksheet 5.0.**
 - ☐ Domestic sewage is not generated on-site.
 - ☐ Other (e.g., portable toilets), specify and **Complete Item 7.b:**
- b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
United Site Services	455120133

8. IMPROVEMENTS OR COMPLIANCE/ENFORCEMENT REQUIREMENTS (Instructions, Page 45)

- a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?
- ☐ Yes ☒ No
- b. Has the permittee completed or planned for any improvements or construction projects?
- ☐ Yes ☒ No
- c. If **yes** to either 8.a or 8.b, provide a brief summary of the requirements and a status update:

9. TOXICITY TESTING (Instructions, Page 45)

Have any biological tests for acute or chronic toxicity been made on any of the discharges or on a receiving water in relation to the discharge within the last three years?

☐ Yes ☒ No

If **yes**, identify the tests and describe their purposes:

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA.

Attachment: [REDACTED]

10. OFF-SITE/THIRD PARTY WASTES (Instructions, Page 45)

- a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?

☐ Yes ☒ No

If **yes**, provide responses to Items 10.b through 10.d below.

If **no**, proceed to Item 11.

- b. Attach the following information to the application:

- List of wastes received (including volumes, characterization, and capability with on-site wastes).
- Identify the sources of wastes received (including the legal name and addresses of the generators).
- Description of the relationship of waste source(s) with the facility's activities.

Attachment: [REDACTED]

- c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?

☐ Yes ☐ No

If **yes**, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

Attachment: [REDACTED]

- d. Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?

☐ Yes ☐ No

If **yes**, **Worksheet 6.0** of this application **is required**.

11. RADIOACTIVE MATERIALS (Instructions, Pages 46)

- a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material	Concentration (pCi/L)

- b. Does the applicant or anyone at the facility have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L. Do not include information provided in response to Item 11.a.

Radioactive Materials Present in the Discharge

Radioactive Material	Concentration (pCi/L)

12. COOLING WATER (Instructions, Pages 46-47)

- a. Does the facility use or propose to use water for cooling purposes?

☐ Yes ☒ No

If **no**, stop here. If **yes**, complete Items 12.b thru 12.f.

- b. Cooling water is/will be obtained from a groundwater source (e.g., on-site well).

☐ Yes ☐ No

If **yes**, stop here. If **no**, continue.

- c. Cooling Water Supplier

- i. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water Intake Structure(s) Owner(s) and Operator(s)

CWIS ID				
Owner				
Operator				

- ii. Cooling water is/will be obtained from a Public Water Supplier (PWS)

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: PWS No.

- iii. Cooling water is/will be obtained from a reclaimed water source?

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here:

iv. Cooling water is/will be obtained from an Independent Supplier

☐ Yes ☐ No

If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes to the facility and proceed:

If **no**, proceed to Item 12.d.

d. 316(b) General Criteria

- i. The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.

☐ Yes ☐ No

- ii. At least 25% of the total water withdrawn by the CWIS is/will be used at the facility exclusively for cooling purposes on an annual average basis.

☐ Yes ☐ No

- iii. The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

☐ Yes ☐ No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*:

If **yes** to all three questions in Item 12.d, the facility **meets** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA. Proceed to **Item 12.f**.

If **no** to any of the questions in Item 12.d, the facility **does not meet** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA; however, a determination is required based upon BPJ. Proceed to **Item 12.e**.

- e. The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) **and uses/proposes to use cooling towers**.

☐ Yes ☐ No

If **yes**, stop here. If **no**, complete Worksheet 11.O, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ.

f. Oil and Gas Exploration and Production

- i. The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.

☐ Yes ☐ No

If **yes**, continue. If **no**, skip to Item 12.g.

- ii. The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).

☐ Yes ☐ No

If **yes**, complete Worksheet 11.O, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.iii.

g. Compliance Phase and Track Selection

i. Phase I – New facility subject to 40 CFR Part 125, Subpart I

☐ Yes ☐ No

If **yes**, check the box next to the facility's compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

- ☐ Track I – AIF greater than 2 MGD, but less than 10 MGD
 - Attach information required by *40 CFR §§ 125.86(b)(2)-(4)*.
- ☐ Track I – AIF greater than 10 MGD
 - Attach information required by *40 CFR § 125.86(b)*.
- ☐ Track II
 - Attach information required by *40 CFR § 125.86(c)*.

Attachment:

ii. Phase II – Existing facility subject to 40 CFR Part 125, Subpart J

☐ Yes ☐ No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable.

iii. Phase III – New facility subject to 40 CFR Part 125, Subpart N

☐ Yes ☐ No

If **yes**, check the box next to the facility's compliance track selection and provide the requested information.

- ☐ Track I – Fixed facility
 - Attach information required by *40 CFR § 125.136(b)* and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.
- ☐ Track I – Not a fixed facility
 - Attach information required by *40 CFR § 125.136(b)* and complete Worksheet 11.0, Item 2 (except the CWIS latitude and longitude under Item 2.a).
- ☐ Track II – Fixed facility
 - Attach information required by *40 CFR § 125.136(c)* and complete Worksheet 11.0, Items 2 and 3.

Attachment:

NOTE: Item 13 is required only for existing permitted facilities.

13. PERMIT CHANGE REQUESTS (Instructions, Pages 49-50)

a. Is the facility requesting a **major amendment** of an existing permit?

☒ Yes ☐ No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request.

The facility requests a discharge flow route update based on a recent survey indicating the water flows south instead of north from the discharge point, changing the flow direction in the unnamed ditch. The updated route for Outfall 001 discharge is into an unnamed ditch flowing south, then west in drainage ditches until it reaches Harris County Flood Control Ditch G103-03-00, thence to San Jacinto River Segment No. 1001. See Attachment 10 for the survey and photographs.

b. Is the facility requesting any **minor amendments** to the permit?

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

Indicate changes.

c. Is the facility requesting any **minor modifications** to the permit?

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

Indicate changes.

WORKSHEET 1.0

EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

1. CATEGORICAL INDUSTRIES (Instructions, Pages 50-52)

Is this facility subject to any of the 40 CFR categorical ELGs outlined on page 53 of the instructions?

☐ Yes ☒ No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information in the table below.

40 CFR Effluent Guidelines

Industry	40 CFR Part

2. PRODUCTION/PROCESS DATA (Instructions, Page 54)

NOTE: For all TPDES permit applications requesting individual permit coverage for discharges of oil and gas exploration and production wastewater (discharges into or adjacent to water in the state, falling under the Oil and Gas Extraction Effluent Guidelines – 40 CFR Part 435), see Worksheet 12.0, Item 2 instead.

a. Production Data

Provide the appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

b. Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*.

Percentages of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metal	Appendix A – Cyanide

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

<div>Indicate subcategory</div>

3. PROCESS/NON-PROCESS WASTEWATER FLOWS (Instructions, Page 54)

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

<div>Indicate subcategory</div>

4. NEW SOURCE DETERMINATION (Instructions, Page 54)

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

Wastewater-generating Processes Subject to Effluent Guidelines

Process	EPA Guideline: Part	EPA Guideline: Subpart	Date Process/ Construction Commenced

WORKSHEET 2.0

POLLUTANT ANALYSES REQUIREMENTS

Worksheet 2.0 **is required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

1. LABORATORY ACCREDITATION (Instructions, Page 56)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

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

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 34, for a list of approved signatories.

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

(Signature)

2. GENERAL TESTING REQUIREMENTS (Instructions, Pages 56-58)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): _____
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** _____

3. SPECIFIC TESTING REQUIREMENTS (Instructions, Pages 58-69)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** _____

TABLE 1 and TABLE 2 (Instructions, Page 58)

Completion of Tables 1 and 2 **is required** for **all external outfalls** for all TPDES permit applications.

Table 1 for Outfall No.: 110-0000041Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO ₃)				
Temperature (°F)				
pH (standard units)				

Table 2 for Outfall No.: 110-0000041Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

TABLE 3 (Instructions, Page 58)

Completion of Table 3 **is required** for all **external outfalls** which discharge process wastewater.

Partial completion of Table 3 **is required** for all **external outfalls** which discharge non-process wastewater and stormwater associated with industrial activities commingled with other wastestreams (see instructions for additional guidance).

Table 3 for Outfall No.: 1000000000

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Acrylonitrile					50
Anthracene					10
Benzene					10
Benidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Methyl ethyl ketone					50
Nitrobenzene					10
N-Nitrosodiethylamine					20
N-Nitroso-di-n-butylamine					20
Nonylphenol					333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)					0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]					10
2,4,5-Trichlorophenol					50
TTHM (Total trihalomethanes)					10
Vinyl chloride					10

(*) Indicate units if different from µg/L.

(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

TABLE 4 (Instructions, Pages 58-59)

Partial completion of Table 4 **is required** for each **external outfall** based on the conditions below.

a. Tributyltin

Is this facility an industrial/commercial facility which currently or proposes to directly dispose of wastewater from the types of operations listed below or a domestic facility which currently or proposes to receive wastewater from the types of industrial/commercial operations listed below?

☐ Yes ☒ No

If **yes**, check the box next to each of the following criteria which apply and provide the appropriate testing results in Table 4 below (check all that apply).

- ☐ Manufacturers and formulators of tributyltin or related compounds.
- ☐ Painting of ships, boats and marine structures.
- ☐ Ship and boat building and repairing.
- ☐ Ship and boat cleaning, salvage, wrecking and scaling.
- ☐ Operation and maintenance of marine cargo handling facilities and marinas.
- ☐ Facilities engaged in wood preserving.
- ☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. Enterococci (discharge to saltwater)

- i. This facility discharges/proposes to discharge directly into saltwater receiving waters **and** Enterococci bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

- ii. Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

c. E. coli (discharge to freshwater)

- i. This facility discharges/proposes to discharge directly into freshwater receiving waters **and** *E. coli* bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

- ii. Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

Table 4 for Outfall No.: **1000000000**

Samples are (check one): ☐ Composites ☒ Grabs

Pollutant	Sample 1	Sample 2	Sample 3	Sample 4	MAL
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)					N/A
<i>E. coli</i> (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

Completion of Table 5 **is required** for all **external outfalls** which discharge process wastewater from a facility which manufactures or formulates pesticides or herbicides or other wastewaters which may contain pesticides or herbicides.

If this facility does not/will not manufacture or formulate pesticides or herbicides and does not/will not discharge other wastewaters which may contain pesticides or herbicides, check N/A.

☒ N/A

Table 5 for Outfall No.: 15-0000045

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenprothrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090
Endosulfan I (<i>alpha</i>)					0.01
Endosulfan II (<i>beta</i>)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (<i>alpha</i>)					0.05
Hexachlorocyclohexane (<i>beta</i>)					0.05
Hexachlorocyclohexane (<i>gamma</i>) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 **is required** for all **external outfalls**.

Table 6 for Outfall No.:

Samples are (check one): ☒ Composites ☐ Grabs

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	<input type="checkbox"/>	<input type="checkbox"/>					400
Color (PCU)	<input type="checkbox"/>	<input type="checkbox"/>					—
Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>					—
Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>					—
Sulfite (as SO ₃)	<input type="checkbox"/>	<input type="checkbox"/>					—
Surfactants	<input type="checkbox"/>	<input type="checkbox"/>					—
Boron, total	<input type="checkbox"/>	<input type="checkbox"/>					20
Cobalt, total	<input type="checkbox"/>	<input type="checkbox"/>					0.3
Iron, total	<input type="checkbox"/>	<input type="checkbox"/>					7
Magnesium, total	<input type="checkbox"/>	<input type="checkbox"/>					20
Manganese, total	<input type="checkbox"/>	<input type="checkbox"/>					0.5
Molybdenum, total	<input type="checkbox"/>	<input type="checkbox"/>					1
Tin, total	<input type="checkbox"/>	<input type="checkbox"/>					5
Titanium, total	<input type="checkbox"/>	<input type="checkbox"/>					30

* Indicate units if different from $\mu\text{g/L}$.

TABLE 7 (Instructions, Page 60)

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

☒ N/A

Table 7 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
<input type="checkbox"/> Adhesives and Sealants		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Aluminum Forming	467	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Auto and Other Laundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Battery Manufacturing	461	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Coal Mining	434	No	No	No	No
<input type="checkbox"/> Coil Coating	465	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Copper Forming	468	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Electric and Electronic Components	469	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Electroplating	413	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Explosives Manufacturing	457	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Foundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts A,B,C,E	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts D,F	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Inorganic Chemicals Manufacturing	415	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Iron and Steel Manufacturing	420	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Leather Tanning and Finishing	425	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Mechanical Products Manufacturing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Nonferrous Metals Manufacturing	421,471	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Ore Mining - Subpart B	440	No	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Organic Chemicals Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Paint and Ink Formulation	446,447	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Pesticides	455	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Petroleum Refining	419	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Pharmaceutical Preparations	439	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Photographic Equipment and Supplies	459	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Plastic and Synthetic Materials Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Plastic Processing	463	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Porcelain Enameling	466	No	No	No	No
<input type="checkbox"/> Printing and Publishing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart C	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts F, K	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts I, J, L	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart E	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *
<input type="checkbox"/> Rubber Processing	428	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Soap and Detergent Manufacturing	417	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Steam Electric Power Plants	423	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Textile Mills (Not Subpart C)	410	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Timber Products Processing	429	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 8 for Outfall No.: **: Volatile Compounds**

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acrolein					50
Acrylonitrile					50
Benzene					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane					10
Chloroethane					50
2-Chloroethylvinyl ether					10
Chloroform					10
Dichlorobromomethane [Bromodichloromethane]					10
1,1-Dichloroethane					10
1,2-Dichloroethane					10
1,1-Dichloroethylene [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from µg/L.

Table 9 for Outfall No.: [REDACTED] : Acid Compounds**Samples are (check one):** ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
2-Chlorophenol					10
2,4-Dichlorophenol					10
2,4-Dimethylphenol					10
4,6-Dinitro-o-cresol					50
2,4-Dinitrophenol					50
2-Nitrophenol					20
4-Nitrophenol					50
p-Chloro-m-cresol					10
Pentachlorophenol					5
Phenol					10
2,4,6-Trichlorophenol					10

* Indicate units if different from µg/L.

Table 10 for Outfall No.: [REDACTED] : Base/Neutral Compounds**Samples are (check one):** ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10
Bis(2-chloroethyl)ether					10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate					10
4-Bromophenyl phenyl ether					10
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Diethyl phthalate					10
Dimethyl phthalate					10
Di-n-butyl phthalate					10
2,4-Dinitrotoluene					10
2,6-Dinitrotoluene					10
Di-n-octyl phthalate					10
1,2-Diphenylhydrazine (as Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Indeno(1,2,3-cd)pyrene					5
Isophorone					10
Naphthalene					10
Nitrobenzene					10
N-Nitrosodimethylamine					50
N-Nitrosodi-n-propylamine					20
N-Nitrosodiphenylamine					20
Phenanthrene					10
Pyrene					10
1,2,4-Trichlorobenzene					10

* Indicate units if different from µg/L.

Table 11 for Outfall No.: 100000000 : Pesticides

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-Hexachlorocyclohexane]					0.05
Chlordane					0.2
4,4'-DDT					0.02
4,4'-DDE					0.1
4,4'-DDD					0.1
Dieldrin					0.02
Endosulfan I (alpha)					0.01
Endosulfan II (beta)					0.02
Endosulfan sulfate					0.1

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Endrin					0.02
Endrin aldehyde					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
PCB 1242					0.2
PCB 1254					0.2
PCB 1221					0.2
PCB 1232					0.2
PCB 1248					0.2
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

* Indicate units if different from µg/L.

Attachment: [REDACTED]

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 60-61)

- a. Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- | | | |
|-------------------------------------|--|----------------|
| <input type="checkbox"/> | 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) | CASRN 93-76-5 |
| <input type="checkbox"/> | 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) | CASRN 93-72-1 |
| <input type="checkbox"/> | 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) | CASRN 136-25-4 |
| <input type="checkbox"/> | o,o-dimethyl o-(2,4,5-trichlorophenyl) phosphorothioate (Rannel) | CASRN 299-84-3 |
| <input type="checkbox"/> | 2,4,5-trichlorophenol (TCP) | CASRN 95-95-4 |
| <input type="checkbox"/> | hexachlorophene (HCP) | CASRN 70-30-4 |
| <input checked="" type="checkbox"/> | None of the above | |

Description: [REDACTED]

- b. Does the applicant or anyone at the facility know or have any reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) or any congeners of TCDD may be present in the effluent proposed for discharge?

- ☐ Yes ☒ No

Description: [REDACTED]

If **yes** to either Items a **or** b, complete Table 12 as instructed.

Table 12 for Outfall No.:

Samples are (check one): ☒ Composites ☐ Grabs

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50
2,3,7,8-TCDF	0.1					10
1,2,3,7,8-PeCDF	0.03					50
2,3,4,7,8-PeCDF	0.3					50
2,3,7,8-HxCDFs	0.1					50
2,3,4,7,8-HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

TABLE 13 (HAZARDOUS SUBSTANCES)

Complete Table 13 **is required** for all **external outfalls** as directed below. (Instructions, Page 61)

- a. Are there any pollutants listed in the instructions (pages 55-62) believed present in the discharge?
☐ Yes ☒ No
- b. Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?
☐ Yes ☒ No

If **yes** to either Items a **or** b, complete Table 13 as instructed.

Table 13 for Outfall No.:

Samples are (check one): ☒ Composites ☐ Grabs

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method

WORKSHEET 3.0

LAND APPLICATION OF EFFLUENT

This worksheet is required for all applications for a permit to dispose of wastewater by land application.

1. TYPE OF DISPOSAL SYSTEM (Instructions, Page 70)

Check the box next to the type of land disposal requested by this application:

- | | |
|--|---|
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Subsurface application |
| <input type="checkbox"/> Evaporation | <input type="checkbox"/> Subsurface soils absorption |
| <input type="checkbox"/> Evapotranspiration beds | <input type="checkbox"/> Surface application |
| <input type="checkbox"/> Drip irrigation system | <input type="checkbox"/> Other, specify: |

2. LAND APPLICATION AREA (Instructions, Page 70)

Land Application Area Information

Effluent Application (gallons/day)	Irrigation Acreage (acres)	Describe land use & indicate type(s) of crop(s)	Public Access? (Y/N)

3. ANNUAL CROPPING PLAN (Instructions, Page 70)

Attach the required cropping plan that includes each of the following:

- Cool and warm season plant species
- Breakdown of acreage and percent of total acreage for each crop
- Crop growing season
- Harvesting method/number of harvests
- Minimum/maximum harvest height
- Crop yield goals
- Soils map
- Nitrogen requirements per crop
- Additional fertilizer requirements
- Supplemental watering requirements
- Crop salt tolerances
- Justification for not removing existing vegetation to be irrigated

Attachment:

4. WELL AND MAP INFORMATION (Instructions, Page 71)

a. Check each box to confirm the required information is shown and labeled on the attached USGS map:

- ☐ The exact boundaries of the land application area
- ☐ On-site buildings
- ☐ Waste-disposal or treatment facilities
- ☐ Effluent storage and tailwater control facilities
- ☐ Buffer zones
- ☐ All surface waters in the state onsite and within 500 feet of the property boundaries
- ☐ All water wells within 1/2-mile of the disposal site, wastewater ponds, or property boundaries
- ☐ All springs and seeps onsite and within 500 feet of the property boundaries

Attachment:

b. List and cross reference all water wells located on or within 500 feet of the disposal site, wastewater ponds, or property boundaries in the following table. Attach additional pages as necessary to include all of the wells.

Well and Map Information Table

Well ID	Well Use	Producing? Y/N/U	Open, cased, capped, or plugged?	Proposed Best Management Practice

Attachment:

c. Groundwater monitoring wells or lysimeters are/will be installed around the land application site or wastewater ponds.

- ☐ Yes ☐ No

If **yes**, provide the existing/proposed location of the monitoring wells or lysimeters on the site map attached for Item 4.a. Additionally, attach information on the depth of the wells or lysimeters, sampling schedule, and monitoring parameters for TCEQ review, possible modification, and approval.

Attachment:

d. Attach a short groundwater technical report using *30 TAC § 309.20(a)(4)* as guidance.

Attachment:

5. SOIL MAP AND SOIL INFORMATION (Instructions, Page 72)

Check each box to confirm that the following information is attached:

- a. ☐ USDA NRCS Soil Survey Map depicting the area to be used for land application with the locations identified by fields and crops
- b. ☐ Breakdown of acreage and percent of total acreage for each soil type
- c. ☐ Copies of laboratory soil analyses

Attachment:

6. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 73)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

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

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

(Signature)

7. EFFLUENT MONITORING DATA (Instructions, Page 73)

Completion of Table 14 **is required** for all **renewal** and **major amendment** applications. Complete the table with monitoring data for the previous two years for all parameters regulated in the current permit. An additional table has been provided with blank headers for parameters regulated in the current permit which are not listed in Table 14.

Table 14 for Site No.:

Samples are (check one): ☒ Composites ☐ Grabs

[illegible]

Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken.

Attachment: [Click to enter text](#)

Use this table to provide effluent analysis for parameters regulated in the current permit which are not listed in Table 14.

Additional Parameter Effluent Analysis

[illegible]

Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken.

Attachment: [Click to enter text](#)

8. POLLUTANT ANALYSIS (Instructions, Page 73)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018):
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Completion of Tables 15 and 16 **is required** for all applications for the authorization of land application.

Table 15 for Site No.: ; Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Fecal Coliform (cfu/100 mL)				
Specific conductance (mmhos/cm)				
pH (standard units; min/max)				
Soluble sodium				
Soluble calcium				
Soluble magnesium				
SAR (unitless)				

Table 16: for Site No.: ; Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Boron, total					20
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

WORKSHEET 3.1

SURFACE LAND APPLICATION AND EVAPORATION

This worksheet **is required** for all applications for a permit to dispose of wastewater by surface land application or evaporation.

1. EDWARDS AQUIFER (Instructions, Page 74)

- a. Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

☐ Yes ☐ No

If **no**, proceed to Item 2. If **yes**, complete Items 1.b **and** 1.c.

- b. Check the box next to the subchapter applicable to the facility.

☐ *30 TAC Chapter 213, Subchapter A*
☐ *30 TAC Chapter 213, Subchapter B*

- c. If *30 TAC Chapter 213, Subchapter A* applies, attach **either**: 1) a Geologic Assessment (if conducted in accordance with *30 TAC § 213.5*) **or** 2) a report that contains the following information:

- A description of the surface geological units within the proposed land application site and wastewater pond area.
- The location and extent of any sensitive recharge features in the land application site and wastewater pond area
- A list of any proposed BMPs to protect the recharge features.

Attachment:

2. SURFACE SPRAY/IRRIGATION (Instructions, Pages 74-75)

- a. Provide the following information on the irrigation operations:

Area under irrigation (acres):

Design application rate (acre-ft/acre/yr):

Design application frequency (hours/day):

Design application frequency (days/week):

Design total nitrogen loading rate (lbs nitrogen/acre/year):

Average slope of the application area (percent):

Maximum slope of the application area (percent):

Irrigation efficiency (percent):

Effluent conductivity (mmhos/cm):

Soil conductivity (mmhos/cm):

Curve number:

Describe the application method and equipment:

- b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance.

Attachment:

3. EVAPORATION PONDS (Instructions, Page 75)

- a. Daily average effluent flow into ponds: [REDACTED] gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions.

Attachment: [REDACTED]

4. EVAPOTRANSPIRATION BEDS (Instructions, Page 75)

- a. Provide the following information on the evapotranspiration beds:
- Number of beds: [REDACTED]
- Area of bed(s) (acres): [REDACTED]
- Depth of bed(s) (feet): [REDACTED]
- Void ratio of soil in the beds: [REDACTED]
- Storage volume within the beds (include units): [REDACTED]
- Description of any lining to protect groundwater: [REDACTED]
- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements.

Attachment: [REDACTED]

- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner.

Attachment: [REDACTED]

5. OVERLAND FLOW (Instructions, Page 75)

- a. Provide the following information on the overland flow:
- Area used for application (acres): [REDACTED]
- Slopes for application area (percent): [REDACTED]
- Design application rate (gpm/foot of slope width): [REDACTED]
- Slope length (feet): [REDACTED]
- Design BOD₅ loading rate (lbs BOD₅/acre/day): [REDACTED]
- Design application frequency (hours/day): [REDACTED]
- Design application frequency (days/week): [REDACTED]
- b. Attach a separate engineering report with the method of application and design requirements according to 30 TAC § 217.212.

Attachment: [REDACTED]

WORKSHEET 3.2

SUBSURFACE IRRIGATION SYSTEMS (NON-DRIP)

This worksheet **is required** for all applications for a permit to dispose of wastewater by subsurface land application.

- ☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

1. EDWARDS AQUIFER (Instructions, Page 76)

- a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by the TCEQ?
- ☐ Yes ☐ No
- b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by the TCEQ?
- ☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 to determine if the proposed activity is affected by this rule.

2. SUBSURFACE APPLICATION (Instructions, Page 76)

- a. Check the box next to the type of subsurface land disposal system requested by this application:
- ☐ Conventional drainfield, beds, or trenches
- ☐ Low pressure dosing
- ☐ Other:
- b. Provide the following information on the irrigation operations:
- Application area (acres):
- Area of drainfield (square feet):
- Application rate (gal/square ft/day):
- Depth to groundwater (feet):
- Area of trench (square feet):
- Dosing duration per area (hours):
- Number of beds:
- Dosing amount per area (inches/day):
- Soil infiltration rate (inches/hour):
- Storage volume (gallons):
- Area of bed(s) (square feet):
- Soil classification:
- c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

Attachment:

WORKSHEET 3.3

SUBSURFACE AREA DRIP DISPERSAL SYSTEMS

This worksheet **is required** for all applications for a permit to dispose of wastewater using a SADDs.

- ☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) for this type of disposal system has been submitted to the TCEQ UIC Permits Team as directed.

1. EDWARDS AQUIFER (Instructions, Page 76)

- a. The SADDs is/will be located on the Edwards Aquifer Recharge Zone, as mapped by the TCEQ?

☐ Yes ☐ No

- b. The SADDs is/will be located on the Edwards Aquifer Transition Zone, as mapped by the TCEQ?

☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the SADDs may be prohibited by 30 TAC § 213.8. Contact the Water Quality Assessment Section at (512) 239-4671 to determine if the proposed activity is affected by this rule.

2. ADMINISTRATIVE INFORMATION (Instructions, Page 77)

- a. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility: _____

- b. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the WWTF is/will be located: _____

- c. Provide the legal name of the owner of the SADDs: _____

- d. The owner of the SADDs is the same as the owner of the WWTF or the site where the WWTF is/will be located.

☐ Yes ☐ No

If **no**, identify the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.c: _____

- e. Provide the legal name of the owner of the land where the SADDs is located: _____

- f. The owner of the land where the SADDs is/will be located is the same as owner of the WWTF, the site where the WWTF is located, or the owner of the SADDs.

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.e: _____

3. SADDs (Instructions, Pages 78-79)

a. Check the box next to the type SADDs requested by this application:

- ☐ Subsurface drip/trickle irrigation
☐ Surface drip irrigation
☐ Other: _____

b. Attach a description of the SADDs proposed/used by the facility (see instructions for guidance).

Attachment: _____

c. Provide the following information on the SADDs:

Application area (acres): _____

Soil infiltration rate (inches/hour): _____

Average slope of the application area: _____

Maximum slope of the application area: _____

Storage volume (gallons): _____

Major soil series: _____

Depth to groundwater (feet): _____

Effluent conductivity (mmhos/cm): _____

d. The facility is/will be located west of the boundary shown in 30 TAC § 222.83 **and** using a vegetative cover of non-native grasses over seeded with cool-season grasses.

☐ Yes ☐ No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft²/day.

e. The facility is/will be located east of the boundary shown in 30 TAC § 222.83 **or** is the facility proposing any crop other than non-native grasses.

☐ Yes ☐ No

If **yes**, the facility must use the formula in 30 TAC § 222.83 to calculate the maximum hydraulic application rate.

f. The facility has or plans to submit an alternative method to calculate the hydraulic application rate for approval by the ED.

☐ Yes ☐ No

If **yes**, provide the following information on the hydraulic application rates:

- Hydraulic application rate (gal/square foot/day): _____
- Nitrogen application rate (gal/square foot/day): _____

g. Provide the following dosing information:

Number of doses per day: _____

Dosing duration per area (hours): _____

Rest period between doses (hours): _____

Dosing amount per area (inches/day): _____

Number of zones: _____

h. The system is/will be a surface drip irrigation system using existing native vegetation as a crop?

☐ Yes ☐ No

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

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.

Attachment:

- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

Attachment:

4. REQUIRED PLANS (Instructions, Pages 79-80)

a. Attach a Soil Evaluation with all information required in *30 TAC § 222.73*.

Attachment:

b. Attach a Site Preparation Plan with all information required in *30 TAC § 222.75*.

Attachment:

c. Attach a Recharge Feature Plan with all information required in *30 TAC § 222.79*.

Attachment:

d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.

Attachment:

5. FLOOD AND RUN-ON PROTECTION (Instructions, Page 80)

a. Is the existing/proposed SADDs located within the 100-year frequency flood level?

☐ Yes ☐ No

Source:

If **yes**, describe how the site will be protected from inundation:

b. Is the existing/proposed SADDs within a designated floodway?

☐ Yes ☐ No

If **yes**, attach either the FEMA flood map or alternate information used to make this determination.

Attachment:

6. SURFACE WATERS IN THE STATE (Instructions, Page 80)

a. Attach a buffer map which shows the appropriate buffers on surface waters in the state, water wells, and springs/seeps.

Attachment:

b. The facility has or plans to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If **yes**, attach the additional information required in *30 TAC § 222.81(c)*.

Attachment:

WORKSHEET 4.0 RECEIVING WATERS

This worksheet **is required** for all TPDES permit applications.

1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 81)

- a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

☐ Yes ☒ No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

- i. The legal name of the owner of the drinking water supply intake: _____

- v. The distance and direction from the outfall to the drinking water supply intake: _____

- b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.

☐ Check this box to confirm the above requested information is provided.

2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 81)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

- a. Width of the receiving water at the outfall: _____ feet

- b. Are there oyster reefs in the vicinity of the discharge?

☐ Yes ☐ No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs: _____

- c. Are there sea grasses within the vicinity of the point of discharge?

☐ Yes ☐ No

If **yes**, provide the distance and direction from the outfall(s) to the grasses: _____

3. CLASSIFIED SEGMENT (Instructions, Page 81)

The discharge is/will be directly into (or within 300 feet of) a classified segment.

☐ Yes ☒ No

If **yes**, stop here. It is not necessary to complete Items 4 and 5 of this worksheet or Worksheet 4.1.

If **no**, complete Items 4 and 5 and Worksheet 4.1 may be required.

4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS (Instructions, Page 82)

a. Name of the immediate receiving waters: unnamed man-named ditch

b. Check the appropriate description of the immediate receiving waters:

- | | |
|--|---|
| <input type="checkbox"/> Lake or Pond | <input checked="" type="checkbox"/> Man-Made Channel or Ditch |
| • Surface area (acres): <input type="text"/> | <input type="checkbox"/> Stream or Creek |
| • Average depth of the entire water body (feet): <input type="text"/> | <input type="checkbox"/> Freshwater Swamp or Marsh |
| • Average depth of water body within a 500-foot radius of the discharge point (feet): <input type="text"/> | <input type="checkbox"/> Tidal Stream, Bayou, or Marsh |
| | <input type="checkbox"/> Open Bay |
| | <input type="checkbox"/> Other, specify: <input type="text"/> |

If **Man-Made Channel or Ditch** or **Stream or Creek** were selected above, provide responses to Items 4.c – 4.g below:

c. For **existing discharges**, check the description below that best characterizes the area **upstream** of the discharge.

For **new discharges**, check the description below that best characterizes the area **downstream** of the discharge.

- ☐ Intermittent (dry for at least one week during most years)
- ☐ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)
- ☒ Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

- ☐ USGS flow records
- ☒ personal observation
- ☐ historical observation by adjacent landowner(s)
- ☐ other, specify:

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: San Jacinto River

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

- ☒ Yes ☐ No

If **yes**, describe how: Man-made ditch, to natural river.

f. General observations of the water body during normal dry weather conditions: Dry water body

Date and time of observation: 08/17/23 and 13:55

g. The water body was influenced by stormwater runoff during observations.

- ☐ Yes ☒ No

If **yes**, describe how:

5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 82)

- a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):
- | | |
|---|---|
| <input type="checkbox"/> oil field activities | <input type="checkbox"/> urban runoff |
| <input type="checkbox"/> agricultural runoff | <input type="checkbox"/> septic tanks |
| <input type="checkbox"/> upstream discharges | <input type="checkbox"/> other, specify: <input type="text"/> |
- b. Uses of water body observed or evidence of such uses (check all that apply):
- | | | |
|---|--|---|
| <input type="checkbox"/> livestock watering | <input type="checkbox"/> fishing | <input type="checkbox"/> picnic/park activities |
| <input type="checkbox"/> non-contact recreation | <input type="checkbox"/> industrial water supply | <input type="checkbox"/> other, specify: <input type="text"/> |
| <input type="checkbox"/> domestic water supply | <input type="checkbox"/> irrigation withdrawal | <input type="text"/> |
| <input type="checkbox"/> contact recreation | <input type="checkbox"/> navigation | |
- c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):
- ☐ **Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional
- ☒ **Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored
- ☐ **Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid
- ☐ **Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

WORKSHEET 4.1

WATERBODY PHYSICAL CHARACTERISTICS

The following information **is required** for new applications, EPA-designated Major facilities, and major amendment applications requesting to add an outfall if the receiving waters are perennial or intermittent with perennial pools (including impoundments) for a TDPES permit.

Complete the transects downstream of the existing or proposed discharges.

1. DATA COLLECTION (Instructions, Pages 83-84)

- a. Date of study: 08/17/2023 Time of study: 13:55
 Waterbody name: unnamed ditch
 General location: Ditch located on the westside of the property owned by Remy Jade Power Station.
- b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):
☒ perennial ☐ intermittent with perennial pools ☐ impoundment
- c. No. of defined stream bends:
 Well: 48 Moderately: Poorly: 22
- d. No. of riffles: 15
- e. Evidence of flow fluctuations (check one):
☐ Minor ☒ Moderate ☐ Severe
- f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications:
The flow path is mostly in drainage ditches used to drain storm water in the Highlands area of NE Harris County. The ditches are being widened, enlarged, reconstructed, and any erosive areas such as culvert entrance and highway channels are being reinforced with concrete to limit erosion during storm events. These are HCFCD projects O119/O200 Channels Improvements, Highland Ridge and Highland Estates, O100-00-00-HC002, and Highland Mobile Estates Phase 2 Analysis: Highlands Reservoir, O119-00-00-P001.
- g. Complete the following table with information regarding the transect measurements.

Stream Transect Data

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**							
1	Run	4	4							
2	Run	5	3							
3	Culvert	3	3							
4	Run	30	5							
5	Run	20	5							
6	Run	20	6							

* riffle, run, glide, or pool

** channel bed to water surface

2. SUMMARIZE MEASUREMENTS (Instructions, Page 84)

Provide the following information regarding the transect measurements:

Streambed slope of entire reach (from USGS map in ft. /ft.): 0.0022

Approximate drainage area above the most downstream transect from USGS map or county highway map (square miles):

Length of stream evaluated (ft): 18,156

Number of lateral transects made: 6

Average stream width (ft): 22.61

Average stream depth (ft): 4.3

Average stream velocity (ft/sec): not measured

Instantaneous stream flow (ft³/sec): not measured

Indicate flow measurement method (VERY IMPORTANT – type of meter, floating chip timed over a fixed distance, etc.): N/A

Flow fluctuations (i.e., minor, moderate, or severe): moderate

Size of pools (i.e., large, small, moderate, or none): none

Maximum pool depth (ft): N/A

Total number of stream bends: 70

 Number well defined: 48

 Number moderately defined: N/A

 Number poorly defined: 22

Total number of riffles: 15

WORKSHEET 5.0

SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

The following information **is required** for all TPDES permit applications that meet the conditions as outlined in Technical Report 1.0, Item 7.

1. SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN (Instructions, Page 85)

a. Is this a new permit application or an amendment permit application?

☒ Yes ☐ No

b. Does or will the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

If **yes** to either Item 1.a **or** 1.b, attach a solids management plan.

Attachment:

2. SEWAGE SLUDGE MANAGEMENT AND DISPOSAL (Instructions, Pages 85-86)

a. Check the box next to the sludge disposal method(s) authorized under the facility's existing permit (check all that apply).

- ☐ Permitted landfill
- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Registered land application site, attach Form TCEQ-00565
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Transported to another WWTP
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach the required TCEQ forms as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment:

b. Provide the following information for each disposal site:

Disposal site name:

TCEQ Permit/Registration Number:

County where disposal site is located:

c. Method of sewage sludge transportation: ☐ truck ☐ train ☐ pipe ☐ other:

TCEQ Hauler Registration Number:

Sludge is transported as a: ☐ liquid ☐ semi-liquid ☐ semi-solid ☐ solid

- d. Purpose of land application: ☐ reclamation ☐ soil conditioning ☐ N/A
- e. If sewage sludge is transported to another WWTP for treatment, attach a written statement or copy of contractual agreements confirming that the WWTP identified above will accept and be responsible for the sludge from this facility for the life of the permit (at least 5 years).

Attachment: ☐

3. AUTHORIZATION FOR SEWAGE SLUDGE DISPOSAL (Instructions, Page 86)

- a. If this is a new or major amendment application which requests authorization of a new sewage sludge disposal method, check the new sewage disposal method(s) requested for authorization (check all that apply):

- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach any required TCEQ forms, as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment: ☐

NOTE: New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit**. New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.

WORKSHEET 6.o

INDUSTRIAL WASTE CONTRIBUTION

This worksheet **is required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

1. ALL POTWS (Instructions, Page 87)

- a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial User Information

Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)
CIU		
SIU - Non-categorical		
Other IU		

- b. In the past three years, has the POTW experienced treatment plant interference?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, nature of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IU(s) that may have caused the interference: _____

- c. In the past three years, has the POTW experienced pass-through?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through: _____

- d. Does the POTW have, or is it required to develop, an approved pretreatment program?

☐ Yes ☐ No

If **yes**, answer all questions in Item 2 and skip Item 3.

If **no**, skip Item 2 and answer all questions in Item 3 for each significant industrial user and categorical industrial user.

2. POTWS WITH APPROVED PRETREATMENT PROGRAMS OR THOSE REQUIRED TO DEVELOP A PRETREATMENT PROGRAM (Instructions, Pages 87-88)

- a. Have there been any substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for approval according to *40 CFR § 403.18*?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all substantial modifications that have not been submitted to the TCEQ and the purpose of the modifications.

Attachment: _____

- b. Have there been any non-substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ)?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all non-substantial modifications that have not been submitted to the TCEQ and the purpose of the modification.

Attachment: [REDACTED]

- c. List all parameters measured above the MAL in the POTW's effluent monitoring during the last three years:

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment: [REDACTED]

- d. Has any SIU, CIU, or other IU caused or contributed to any other problems (excluding interference or pass-through) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including date(s), duration, description of problems, and probable pollutants. Include the name(s) of the SIU(s)/CIU(s)/other IU(s) that may have caused or contributed to any of the problems: [REDACTED]

3. SIGNIFICANT INDUSTRIAL USER AND CATEGORICAL INDUSTRIAL USER INFORMATION (Instructions, Pages 88-89)

POTWs that **do not** have an approved pretreatment program **are required** to provide the following information for each SIU and CIU:

- a. Mr. or Ms.: [REDACTED] First/Last Name: [REDACTED]

Organization Name: [REDACTED] SIC Code: [REDACTED]

Phone number: [REDACTED] Email address: [REDACTED]

Physical Address: [REDACTED] City/State/ZIP Code: [REDACTED]

Attachment: [REDACTED]

- b. Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (e.g., process and non-process wastewater): [REDACTED]

Attachment: [REDACTED]

- c. Provide a description of the principal products(s) or service(s) performed: [REDACTED]

d. Flow rate information

Flow rate information

Effluent Type	Discharge (gallons per day)	Discharge Frequency (continuous, batch, or intermittent)
Process wastewater		
Non-process wastewater		

e. Pretreatment Standards

- i. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?

☐ Yes ☐ No

- ii. Is the SIU subject to categorical pretreatment standards?

☐ Yes ☐ No

If **yes**, provide the category and subcategory or subcategories in the SIUs Subject To Categorical Pretreatment Standards table.

SIUs Subject To Categorical Pretreatment Standards

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

- f. Has the SIU or CIU caused or contributed to any problem(s) (e.g., interferences, pass through, odors, corrosion, blockages) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including dates, duration, description of problems, and probable pollutants, and include the name(s) of the SIU(s)/CIU(s) that may have caused or contributed to the problem(s):

WORKSHEET 7.0

STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

1. APPLICABILITY (Instructions, Page 90)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

☐ Yes ☒ No

If **no**, stop here. If **yes**, proceed as directed.

2. STORMWATER OUTFALL COVERAGE (Instructions, Page 91)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization coverage

Outfall	Authorized Under MSGP	Authorized Under Individual Permit
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) are **authorized under the MSGP**, **stop** here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) **under an individual permit**, **proceed**.

NOTE: The following information is required for each existing/proposed stormwater outfall for which the facility is seeking individual permit authorization under this application.

3. SITE MAP (Instructions, Page 91)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in 30 TAC § 327.4) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

☐ Check the box to confirm all the above information was provided on the facility site map(s).

Attachment:

4. FACILITY/SITE INFORMATION (Instructions, Pages 91-92)

- a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

- b. Provide the following local area rainfall information and the source of the information.

Wettest month:

Average rainfall for wettest month (total inches): [REDACTED]

25-year, 24-hour rainfall (inches): [REDACTED]

Source: [REDACTED]

- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** [REDACTED]
- d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** [REDACTED]
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: [REDACTED]

5. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 92)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

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

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

(Signature)

6. POLLUTANT ANALYSIS (Instructions, Pages 92-93)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [REDACTED]
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Table 17 as directed on page 92 of the Instructions.

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

d. Complete Table 18 as directed on pages 92-94 of the Instructions.

[illegible]

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

7. STORM EVENT DATA (Instructions, Page 94)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event:

Duration of storm event (minutes):

Total rainfall during storm event (inches):

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours):

Maximum flow rate during rain event (gallons/minute):

Total stormwater flow from rain event (gallons):

Provide a description of the method of flow measurement or estimate:

WORKSHEET 8.0

AQUACULTURE

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges of aquaculture wastewater.

1. FACILITY/SITE INFORMATION (Instructions, Pages 95-96)

- a. Complete the following table with information regarding production ponds, raceways, and fabricated tanks at the facility:

Production Pond Descriptions:

Number of Ponds	Dimensions (include units)	Area of Each Pond (include units)	Number of Ponds × Area of Ponds (include units)

Total surface area of all ponds:

Raceway Descriptions:

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions:

Number of Tanks	Dimensions (include units)

b. Does the facility have a TPWD-approved emergency plan?

☐ Yes ☐ No

If **yes**, attach a copy of the approved plan.

Attachment: [REDACTED]

c. Does the facility have an aquatic plant transplant authorization?

☐ Yes ☐ No

If **yes**, attach a copy of the authorization letter.

Attachment: [REDACTED]

d. Provide the number of aquaculture facilities located within 25-miles of this facility: [REDACTED]

2. SPECIES IDENTIFICATION (Instructions, Page 96)

Complete the following table regarding each species raised, source, origin, and disease status of the stock. Identify and attach copies of any current relevant authorizations or permits that authorize the species.

Stock Species Information

Species	Source of Stock	Origin of Stock	Disease Status	Authorizations

Attachment: [REDACTED]

3. STOCK MANAGEMENT PLAN (Instructions, Page 96)

Attach a detailed stock management plan.

Attachment: [REDACTED]

4. WATER TREATMENT AND DISCHARGE DESCRIPTION (Instructions, Page 97)

Attach a detailed description of the discharge practices and water treatment process(es).

Attachment: [REDACTED]

5. SOLID WASTE MANAGEMENT (Instructions, Page 97)

Attach a description of the solid waste-disposal practices.

Attachment: [REDACTED]

6. SITE ASSESSMENT REPORT (Instructions, Pages 97-98)

All new and expanding commercial shrimp facilities located/to be located within the coastal zone must attach a detailed site assessment report which identifies sensitive aquatic habitats within the coastal zone.

Attachment: [REDACTED]

WORKSHEET 9.0

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

SUBMIT TO: TCEQ UIC Permits Team Radioactive Materials Division MC 233 PO Box 13087 Austin, Texas 78711-3087 512/239-6466	TEXAS COMMISSION ON ENVIRONMENTAL QUALITY CLASS V INJECTION WELL INVENTORY/ AUTHORIZATION FORM	For TCEQ Use Only Reg. No. Date Received: Date Authorized:
--	---	---

Reg. No. 5

Class V Well Designation Code:

SECTION I GENERAL INFORMATION (Instructions, Page 101)

Provide the requested information for Items 1 through 8.

1. TCEQ Program (PST, VCP, IHW, etc.): Program ID:
 Contact Name: Phone Number:
2. Agent/Consultant:
 Contact Name: Phone Number:
 Address (Street, City, State, and Zip Code):
3. ☐ Owner ☐ Operator
 Owner/Operator:
 Contact Name: Phone Number:
 Address (Street, City, State, and Zip Code):
4. Facility Name:
 Address (Street, City, County, State, and Zip Code) or location description (if no address is available):

 Contact Name: Phone Number:
5. Latitude and Longitude (degrees-minutes-seconds):
 Method of determination (GPS, TOPO, etc.):
 Attach topographic quadrangle map as Attachment A.
6. Type of Well Construction (Vertical Injection, Subsurface Fluid Distribution System, Infiltration Gallery, Temporary Injection Points, etc.):
 Number of Injection Wells:
7. Detailed Description regarding purpose of Injection System:
 Attach a Site Map as Attachment B (Include Approved Remediation Plan, if appropriate).
8. Water Well Driller/Installer: License Number:
 Address (Street, City, State, and Zip Code):
 Phone Number:

SECTION II PROPOSED DOWN HOLE DESIGN

Attach a diagram signed and sealed by a licensed engineer as Attachment C

Name of String	Size	Setting Depth	Sacks Cement/Grout - Slurry Volume - Top of Cement	Hole Size	Weight PVC/Steel (lbs/ft)
9. Casing					
10. Tubing					
11. Screen					

SECTION III PROPOSED TRENCH SYSTEM, SUBSURFACE FLUID DISTRIBUTION SYSTEM, OR INFILTRATION GALLERY

Attach a diagram signed and sealed by a licensed engineer as Attachment D and provide the information requested in Items 12 through 13.

12. System(s) Dimensions:

13. System(s) Construction:

SECTION IV SITE HYDROGEOLOGICAL AND INJECTION ZONE DATA

Provide the information requested in Items 14 through 31.

14. Name of Contaminated Aquifer:

15. Receiving Formation Name of Injection Zone:

16. Well/Trench Total Depth:

17. Surface Elevation:

18. Depth to Ground Water:

19. Injection Zone Depth:

20. Injection Zone vertically isolated geologically? ☐ Yes ☐ No

Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

- Name:
- Thickness:

21. Provide a list of contaminants and the levels (ppm) in contaminated aquifer as Attachment E.

22. Provide the Horizontal and Vertical extent of contamination and injection plume as Attachment F.

23. Provide Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc. as Attachment G.

24. Provide the Injection Fluid Chemistry in PPM at point of injection as Attachment H.

25. Lowest Known Depth of Ground Water with < 10,000 PPM TDS:

26. Maximum injection Rate/Volume/Pressure:

27. Water wells within 1/4-mile radius (attach map as Attachment I):

28. Injection wells within 1/4-mile radius (attach map as Attachment I):

29. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment I):

30. Sampling frequency:

31. Known hazardous components in injection fluid:

SECTION V SITE HISTORY

Provide the information requested in Items 32 through 35

32. Type of Facility:

33. Contamination Dates:

34. Provide the original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations as attachment J

35. Provide the results of any previous remediation as attachment K.

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.

CLASS V INJECTION WELL DESIGNATIONS

- 5A07 Heat Pump/AC return (IW used for groundwater to heat or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Stormwater Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by groundwater withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTPP disposal
- 5W20 Industrial Process Waste-disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste-disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

WORKSHEET 10.0

QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

This worksheet **is required** for all applications for individual permits for a municipal solid waste facilities or mining facilities located within a Water Quality Protection Area in the John Graves Scenic Riverway.

Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.

1. EXCLUSIONS (Instructions, Pages 101-102)

a. Is this a municipal solid waste facility?

☐ Yes ☐ No

b. Has this quarry been in operation since January 1, 1994 without cessation of operation for more than 30 consecutive days and under the same ownership?

☐ Yes ☐ No

c. Is this a coal mine?

☐ Yes ☐ No

d. Is this a facility mining clay and/or shale for use in manufacturing of structural clay products?

☐ Yes ☐ No

If **yes to any** of the above questions, **stop here**. The facility is required to maintain acceptable documentation, as outlined in 30 TAC § 311.72(c), at the facility to demonstrate the exclusion(s).

2. LOCATION OF THE QUARRY (Instructions, Page 102)

Check the box next to the distance between the quarry and the nearest navigable water body:

☐ < 200 feet ☐ 200 feet – 1,500 feet ☐ 1,500 feet – 1 mile ☐ > 1 mile

NOTE: The construction or operation of any new quarry or expansion of any existing quarry **is prohibited** within 200 feet of any water body located within a water quality protection area in the John Graves Scenic Riverway.

3. ADDITIONAL REQUIREMENTS (Instructions, Pages 102-104)

Use the table in the Instructions to determine if additional application requirements apply to the facility based on distance between the quarry and the nearest waterway. Attach as appropriate or enter N/A.

a. Attach a Restoration Plan:

b. Amount of Financial Assurance for Restoration: \$
Mechanism:

c. Attach a Technical Demonstration:

d. Attach a Reclamation Plan:

e. Amount of Financial Assurance for Reclamation: \$
Mechanism:

WORKSHEET 11.0

COOLING WATER SYSTEM INFORMATION

This worksheet **is required** for all TPDES permit applications **that meet the conditions outlined in Technical Report 1.0, Item 12.**

1. COOLING WATER SYSTEM DATA (Instructions, Pages 105-106)

- a. Complete the following table with information regarding the cooling water system.

Cooling Water System Data

Total DIF	
Total AIF	
Intake Flow Uses (%)	
Contact cooling	
Non-contact cooling	
Process uses	
Other	

- b. Attach the following information:
- i. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).
 - ii. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.
 - iii. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).
 - iv. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.
 - v. Previous year (a minimum of 12 months) of AIF data.
 - vi. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

Attachment:

2. COOLING WATER INTAKE STRUCTURE(S) DATA (Instructions, Page 106)

- a. Complete the following table with information regarding each cooling water intake structure (this includes primary and make-up CWIS(s)).

Cooling Water Intake Structure(s) Data

CWIS ID				
DIF				
AIF				
Intake Flow Uses (%)				
Contact cooling				
Non-contact cooling				
Process uses				
Other				
Latitude				
Longitude				

- b. Attach the following information regarding the CWIS(s):
- A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.
 - Engineering calculations for each CWIS.

Attachment: 

3. SOURCE WATER PHYSICAL DATA (Instructions, Pages 106-107)

- a. Complete the following table with information regarding the CWIS(s) source waterbody (this includes primary and make-up CWIS(s)).

Source Waterbody Data

CWIS ID				
Source waterbody				
Mean annual flow				
Source				

- b. Attach the following information regarding the source waterbody.
- A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located.
 - A narrative description of the source waterbody's hydrological and geomorphological features.
 - Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.
 - A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

Attachment: 

4. OPERATIONAL STATUS (Instructions, Page 107)

a. Is this application for a power production or steam generation facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.b. If **yes**, provide the following information as an attachment:

- i. Describe the operating status of each individual unit, including age, capacity utilization rate (or equivalent) for the previous five years (a minimum of 60 months), and any seasonal changes in operation.
- ii. Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.
- iii. Identify any operating unit with a capacity utilization rate of less than 8 percent averaged over a contiguous period of two years (a minimum of 24 months).
- iv. Describe any major upgrades completed within the last 15 years, including but not limited to boiler replacement, condenser replacement, turbine replacement, or changes of fuel type.

Attachment:

b. Process Units

i. Is this application for a facility which has process units that use cooling water (other than for power production or steam generation)?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, continue.

ii. Does the facility use or intend to use reductions in flow or changes in operations to meet the requirements of 40 CFR § 125.94(c)?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, attach descriptions of the following information:

- Individual production processes and product lines
- The operating status, including age of each line and seasonal operation
- Any extended or unusual outages that significantly affect current data for flow, impingement, entrainment, or other factors
- Any major upgrades completed within the last 15 years and plans or schedules for decommissioning or replacement of process units or production processes and product lines.

Attachment:

c. Is this an application for a nuclear power production facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.d. If **yes**, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

Attachment:

d. Is this an application for a manufacturing facility?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.1. If **yes**, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 mos)

Attachment:

WORKSHEET 11.1

IMPINGEMENT MORTALITY

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID:

1. IMPINGEMENT COMPLIANCE TECHNOLOGY SELECTION (Instructions, Page 108)

Check the box next to the method of compliance for the Impingement Mortality Standard selected by the facility.

- ☐ Closed-cycle recirculating system(CCRS) [40 CFR § 125.94(c)(1)]
- ☐ 0.5 ft/s Through-Screen Design Velocity [40 CFR § 125.94(c)(2)] – Proceed to Worksheet 11.2
- ☐ 0.5 ft/s Through Screen Actual Velocity [40 CFR § 125.94(c)(3)]
- ☐ Existing offshore velocity cap [40 CFR § 125.94(c)(4)] – Proceed to Worksheet 11.2
- ☐ Modified traveling screens [40 CFR § 125.94(c)(5)]
- ☐ System of technologies [40 CFR § 125.94(c)(6)]
- ☐ Impingement mortality performance standard [40 CFR § 125.94(c)(7)]
- ☐ De minimis rate of impingement [40 CFR § 125.94(c)(11)]
- ☐ Low capacity utilization power-generation facilities [40 CFR § 125.94(c)(12)]

If 0.5 ft/s Through-Screen Design Velocity [40 CFR § 125.94(c)(2)] or existing offshore velocity cap [40 CFR § 125.94(c)(4)] was selected, proceed to Worksheet 11.2. Otherwise, continue to Item 2.

2. IMPINGEMENT COMPLIANCE TECHNOLOGY INFORMATION (Instructions, Pages 108-109)

Complete the following sections based on the selection made for item 1 above.

a. CCRS [40 CFR § 125.94(c)(1)]

- ☐ Check this box to confirm the CWS meets the definition of CCRS located at 40 CFR § 125.91(c) and provide a response to the following questions.

i. Does the facility use or propose to use a CWIS to replenish water losses to the CWS?

- ☐ Yes ☐ No

If **no**, proceed to item a.ii. If **yes**, provide the following information as an attachment and continue.

1. CWIS ID
2. 12 months of intake flow data for any CWIS used for make-up intake flows to replenish cooling water losses, excluding intakes for losses due to blowdown, drift, or evaporation.
3. A narrative description of any physical or operational measures taken to minimize make-up withdraws.

Attachment:

NOTE: Do not complete a separate Worksheet 11.1 for a make-up CWIS.

ii. Does the facility use or propose to use cooling towers?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.2. If **yes**, provide the following information and proceed to Worksheet 11.2.

1. Average number of COCs prior to blowdown:

Average COCs prior to blowdown

Cooling Tower ID				
COCs				

2. Attach COC monitoring data for each cooling tower from the previous year (a minimum of 12 months)

Attachment: [REDACTED]

3. Maximum number of COCs each cooling tower can accomplish based on design of the system.

Calculated COCs prior to blowdown

Cooling Tower ID				
COCs				

4. Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions: [REDACTED]

b. 0.5 ft/s Through Screen Actual Velocity [40 CFR § 125.94(c)(3)]

Provide daily intake flow measurement monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Worksheet 11.2.

Attachment: [REDACTED]

c. Modified traveling screens [40 CFR § 125.94(c)(5)]

Provide the following information as an attachment and proceed to Worksheet 11.2.

- A description of the modified traveling screens and associated equipment.
- A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods
- Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: [REDACTED]

d. System of technologies [40 CFR § 125.94(c)(6)] or impingement mortality performance standard [40 CFR § 125.94(c)(7)]

Provide the following information as an attachment and proceed to Worksheet 11.2.

- A description of the system of technologies used or proposed for use by the facility to achieve compliance with the impingement mortality standard.
- A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods.
- Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: [REDACTED]

e. De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]

Provide the following information and proceed to Worksheet 11.2.

- i. Attach monitoring data from the previous year (a minimum of 12 months) of intake flow measured at a frequency of 1/day on days of operation.

Attachment: [REDACTED]

- ii. If the rate of impingement caused by the CWIS is extremely low (at an organism or age-one equivalent count), attach supplemental information to Worksheet 11.O, item 1.b.vi. to support this determination.

Attachment: [REDACTED]

f. Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Worksheet 11.2.

Attachment: [REDACTED]

WORKSHEET 11.2

SOURCE WATER BIOLOGICAL DATA

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at *40 CFR §§ 125.94(c)(1)-(7)*.

Name of source waterbody:

1. SPECIES MANAGEMENT (Instructions, Page 110)

- a. The facility has obtained an incidental take permit for its cooling water intake structure(s) from the USFWS or the NMFS.

☐ Yes ☐ No

If yes, attach any information submitted in order to obtain that permit, which may be used to supplement the permit application information requirements of paragraph *40 CFR § 125.95(f)*.

Attachment:

- b. Is the facility requesting a waiver from application requirements at *40 CFR § 122.21(r)(4)* in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?

☐ Yes ☐ No

If **yes**, attach a copy of the most recent managed fisheries report to TPWD, or equivalent.

Attachment:

- c. There are no federally listed threatened or endangered species or critical habitat designations within the source water body.

☐ True ☐ False

2. SOURCE WATER BIOLOGICAL DATA (Instructions, Pages 110-111)

New Facilities (Phase I, Track I and II)

- Provide responses to all items in this section and stop.

Existing Facilities (Phase II)

- If the answer to **1.b.** above was **no**, provide responses to all items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **true**, do not complete any items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **false**, attach a response for any item in this section that is not contained within the most recent TPWD, or equivalent and proceed to Worksheet 11.3.

Attachment: [REDACTED]

- a. A list of the data requested at *40 CFR § 122.21(r)(4)(ii)* through *(vi)* that are not available, and efforts made to identify sources of the data.
- b. Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed.
 - all life stages and their relative abundance,
 - identification of all species and life stages that would be most susceptible to impingement and entrainment,
 - forage base,
 - significance to commercial fisheries,
 - significance to recreational fisheries,
 - primary period of reproduction,
 - larval recruitment, and
 - period of peak abundance for relevant taxa.
- c. Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s).
- d. Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s).
- e. Documentation of any public participation or consultation with federal or state agencies undertaken.

The following is required for existing facilities only. Include the following information with the above listed attachment.

- f. Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake.
- g. A list of fragile species, as defined at *40 CFR § 125.92(m)*, at the facility. The applicant need only identify those species not already identified as fragile at *40 CFR § 125.92(m)*.

NOTE: New units at an existing facility are not required to resubmit this information if the cooling water withdrawals for the operation of the new unit are from an existing intake.

WORKSHEET 11.3 ENTRAINMENT

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID:

1. APPLICABILITY (Instructions, Page 112)

Is the AIF of the CWIS identified above greater than, or equal to, 125 MGD?

☐ Yes ☐ No

- If **no** or the facility has selected **CCRS** [40 CFR § 125.94(c)(1)] for the impingement mortality compliance method, complete Item 2 and stop here.
- If **yes** and the facility is **seeking a waiver** from application requirements in accordance with 40 CFR § 125.95 for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent, complete item 2 and stop.
- If **yes** and the facility is **not seeking a waiver** from application requirements in accordance with 40 CFR § 125.95, complete item 2 and provide any required and completed studies listed in item 3. For any required studies in item 3 that are not complete, provide a detailed explanation for the delay and an anticipated schedule for completion and submittal.

2. EXISTING ENTRAINMENT PERFORMANCE STUDIES (Instructions, Page 112)

Attach any previously conducted studies or studies obtained from other facilities addressing technology efficacy, through-facility entrainment survival, and other entrainment studies.

Attachment:

3. FACILITY ENTRAINMENT PERFORMANCE STUDIES (Instructions, Page 112)

- a. Attach an entrainment characterization study, as described at 40 CFR § 122.21(r)(9).

Attachment:

- b. Attach a comprehensive feasibility study, as described as 40 CFR § 122.21(r)(10).

Attachment:

- c. Attach a benefits valuation study, as described as 40 CFR § 122.21(r)(11).

Attachment:

- d. Attach a non-water quality environmental and other impacts study, as described as 40 CFR § 122.21(r)(12).

Attachment:

- e. Attach a peer review analysis, as described as 40 CFR § 122.21(r)(13).

Attachment:

WORKSHEET 12.0

OIL AND GAS EXPLORATION, DEVELOPMENT, AND PRODUCTION WASTEWATER DISCHARGES

This worksheet **is required** for all TPDES permit applications that are subject to Effluent Limitation Guidelines in 40 CFR Part 435.

1. OPERATIONAL INFORMATION (Instructions, Page 113)

- a. Is the wastewater from an oil and gas exploration, development, or production facility located west of the 98th meridian?

☐ Yes ☐ No

If yes, continue to the next question. If no, skip to Item 2 relating to Production/Process Data.

- b. Provide justification for how the wastewater is/will be used for agriculture or wildlife propagation.

2. PRODUCTION/PROCESS DATA (Instructions, Page 113)

- a. Provide the applicable 40 CFR Part 435 Subpart(s).

- b. Describe if the permit being sought is for discharges from exploration, development, production, or for a combination of more than one of those activities.

- c. Provide information on all waste-streams generated and specify which waste-streams you are requesting to be authorized for discharge.

Wastestreams Generated

Wastestream	Requesting authorization to discharge? (Yes/No)	Volume (MGD)	% of Total Flow

Attachment: [REDACTED]

- d. Describe how the facility will manage wastestreams for which discharge authorization is not being sought.

[REDACTED]

Attachment: [REDACTED]

- e. Provide information on miscellaneous discharges.

[REDACTED]

Attachment: [REDACTED]

- f. List of chemicals that are in use, or will be used, downhole. Provide the category, concentration used/to be used, and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Chemicals List

Category	Chemical Name	Concentration (specify units)	Purpose

Attachment: [REDACTED]

- g. List of chemicals that are in use, or will be used, to treat the wastewater to be discharged under this authorization. Provide the concentration used/to be used and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Wastewater Treatment Chemicals List

Chemical Name	Concentration (specify units)	Purpose

Attachment: [REDACTED]

3. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 114)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

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

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

(Signature)

4. POLLUTANT ANALYSIS (Instructions, Page 114)

Tables 1, 2, 6, and 7 located in Worksheet 2.0 are required. In addition, Table 19 below is required and must be completed for each outfall and submitted with this application. The remaining tables in Worksheet 2.0, are required as applicable.

Table 19 for Outfall No.: _____

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (mg/L)*	Sample 2 (mg/L)*	Sample 3 (mg/L)*	Sample 4 (mg/L)*
Calcium				
Potassium				
Sodium				

* Indicate units if different from mg/L.

Remy Jade Generating LLC TPDES Permit Major Amendment List of Attachments:

Administrative Report 1.0:

Attachment 1: Copy of ePAY Voucher

Attachment 2: Delegation of Signature Authority

Attachment 3: Core Data Form

Attachment 4: Public Involvement Plan

Attachment 5: USGS Topographic Map

Administrative Report 1.1:

Attachment 6: Landowner's Map and Labels

Attachment 7: Original Photographs

SPIF

SPIF Figure 1 USGS Quadrangle Map

Technical Report 1.0

Attachment 8: Facility Map

Attachment 9: Water Balance and Flow Diagram

Attachment 10: Updated Ditch Survey and Photos

ATTACHMENT 1: EPAY VOUCHER

Smith, Larissa

From: steers@tceq.texas.gov
Sent: Friday, September 1, 2023 9:15 AM
To: jaraiza
Subject: TCEQ ePay Receipt for 582EA000566742

This message originated outside of our organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

This is an automated message from the TCEQ ePay system. Please do not reply.

Trace Number: 582EA000566742

Date: 09/01/2023 09:14 AM

Payment Method: CC - Authorization 000000509D TCEQ Amount: \$350.00 Texas.gov Price: \$358.13*

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

Actor: JOE ARAIZA
Email: jaraiza@wattbridge.info

Payment Contact: JOE ARAIZA
Phone: 713-818-3285
Company: WATTBRIDGE
Address: 1145 KINLEY LANE, HOUSTON, TX 77018

Fees Paid:

Fee Description	AR Number	Amount
-----------------	-----------	--------

WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - MAJOR AMENDMENT		\$300.00
--	--	----------

30 TAC 305.53B WQ NOTIFICATION FEE		\$50.00
------------------------------------	--	---------

TCEQ Amount: \$350.00

=====

Voucher: 659181

Trace Number: 582EA000566742

Date: 09/01/2023 09:14 AM

Payment Method: CC - Authorization 000000509D Voucher Amount: \$300.00 Fee Paid: WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - MAJOR AMENDMENT RN Number: RN111340964 Site Name: REMY JADE POWER STATION Site Address: 3511 DANEK ROAD, CROSBY, TX 77532 Site Location: ADDRESS SHOWN ABOVE CN Number: CN605940451 Customer Name: REMY JADE GENERATING LLC Customer Address: 2001 PROENERGY BLVD, SEDALIA, MO 65301 Program Area ID: WQ00053330

Voucher: 659182

Trace Number: 582EA000566742

Date: 09/01/2023 09:14 AM


Payment Method: CC - Authorization 000000509D Voucher Amount: \$50.00 Fee Paid: 30 TAC 305.53B WQ NOTIFICATION FEE

To print out a copy of the receipt and vouchers for this transaction either click on or copy and paste the following url into your browser:

https://www3.tceq.texas.gov/epay/index.cfm?fuseaction=cor.search&trace_num_txt=582EA000566742.

This e-mail transmission and any attachments are believed to have been sent free of any virus or other defect that might affect any computer system into which it is received and opened. It is, however, the recipient's responsibility to ensure that the e-mail transmission and any attachments are virus free, and the sender accepts no responsibility for any damage that may in any way arise from their use.

ATTACHMENT 2: DELEGATION OF SIGNATURE AUTHORITY

	Environmental Compliance Program
	Document Title: Delegation of Signatory Authority

**AFFIDAVIT FOR SIGNATORY TO REPORTS AND/OR APPLICATIONS
PURSUANT TO 30 TAC § 305.128 AND 30 TAC § 305.44(A)**

STATE OF MISSOURI)
PETTIS COUNTY)

I, Jeff Canon, am the Chief Executive Officer of the entities listed below (each referred to as the "Company") and hereby appoint three duly authorized representatives for the Company to sign reports and applications related to the Company's Texas Pollutant Discharge Elimination System Permits. The positions of Senior Vice President of AeroAdvantage and Plant Manager, having responsibility for the overall operation of each Company facility, and the position of Director of Regulatory Compliance, having responsibility for overall environmental matters for the Company, are appointed as duly authorized representatives for the Company, and any prior submissions by such representatives are hereby ratified. This appointment is effective until revoked.


PROENERGY Services, LLC
WattBridge Energy, LLC
Braes Bayou Generating, LLC
Mark One Generating, LLC
Brotman Generating, LLC
Remy Jade Generating, LLC
ELMAX Generating, LLC

By: 
Jeff Canon, CEO

Before me, the undersigned authority, personally appeared Jeff Canon, who, being by me duly sworn to this affidavit.

SWORN TO AND SUBSCRIBED before me on the 3rd day of August, 2022.

My commission expires: 12/19/2024



Notary Public, State of Missouri





TETRA TECH

ATTACHMENT 3: CORE DATA FORM



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other Major Amendment
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 605940451		RN 111340964

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Remy Jade Generating LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
804-237-132		32081081864		87-2744002	11-877-0268
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees				13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:	Remy Jade Generating LLC				
	2001 Proenergy Blvd				
	City	Sedalia	State	MO	ZIP 65301 ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				compliance@wattbridge.info	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

SECTION III: Regulated Entity Information**21. General Regulated Entity Information** (If "New Regulated Entity" is selected, a new permit application is also required.)
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

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

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

Remy Jade Power Station

23. Street Address of the Regulated Entity:

N/A

(No PO Boxes)

City

State

ZIP

ZIP + 4

24. County

If no Street Address is provided, fields 25-28 are required.

25. Description to Physical Location:

Approximately 3 miles southeast of Barrett, TX near Danek Rd. at a point approximately 1 mile west of its intersection with FM 1942 Rd.

26. Nearest City

State

Nearest ZIP Code

Barrett

TX

77532

Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).

27. Latitude (N) In Decimal:

29.848112

28. Longitude (W) In Decimal:

-95.015497

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

29

50

53

95

00

56

29. Primary SIC Code**30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

4911

221112

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

Electric Power Generation Peaking Plant

34. Mailing Address:

Remy Jade Generating LLC

2001 Proenergy Blvd

City

Sedalia

State

MO

ZIP

65301

ZIP + 4

35. E-Mail Address:

compliance@wattbridge.info

36. Telephone Number**37. Extension or Code****38. Fax Number** (if applicable)

(660) 829-5100

() -

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

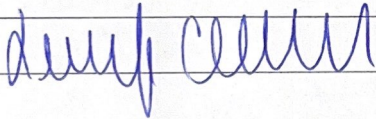
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0005333000			

SECTION IV: Preparer Information

40. Name:	Gianna Cooley		41. Title:	Senior Environmental Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(281) 846-5751		() -	gianna.cooley@tetrattech.com	

SECTION V: Authorized Signature

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

Company:	PROENERGY	Job Title:	Director of Regulatory Compliance
Name (In Print):	Jennifer Coleman	Phone:	(660) 829- 5100
Signature:		Date:	8-31-23

ATTACHMENT 4: PUBLIC INVOLVEMENT PLAN



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

Section 1. Preliminary Screening

- ☐ New Permit or Registration Application
☒ New Activity - modification, registration, amendment, facility, etc. (see instructions)

If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.

Section 2. Secondary Screening

- ☒ Requires public notice,
☐ Considered to have significant public interest, and
☐ Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.
Stop after Section 2 and submit the form.**

- ☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.

This is a major amendment of a minor facility, it is not located within any of the geographical locations described in the PIP instructions. Also the previous application did not have significant public interest.

Section 3. Application Information

Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V
Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire
☐ Radioactive Material Licensing ☐ Underground Injection Control

Water Quality

- ☒ Texas Pollutant Discharge Elimination System (TPDES)
☐ Texas Land Application Permit (TLAP)
☐ State Only Concentrated Animal Feeding Operation (CAFO)
☐ Water Treatment Plant Residuals Disposal Permit
☐ Class B Biosolids Land Application Permit
☐ Domestic Septage Land Application Registration

Water Rights New Permit

- ☐ New Appropriation of Water
☐ New or existing reservoir

Amendment to an Existing Water Right

- ☐ Add a New Appropriation of Water
☐ Add a New or Existing Reservoir
☐ Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Remy Jade Generating LLC (CN 605940451) proposes to operate the Remy Jade Power Station RN 111340964, a natural gas-fired electric generating station. The facility will be located at west of Danek Road, approximately 1 mile west of the intersection with Farm-to-Market 1942 Road, in Barrett, Harris County, Texas 77532. The facility requests a change in the receiving stream of the discharge.

Discharges from the facility are expected to contain total dissolved solids, chloride, and sulfate, Reverse osmosis and electrodeionization reject will be discharged through Outfall 001.

Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

Barrett

(City)

Harris

(County)

5,223

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

☒

City

☐

County

☐

Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

33.2%

(b) Per capita income for population near the specified location

\$60,509

(c) Percent of minority population and percent of population by race within the specified location

41% Hispanic or Latino

45% Black

2% White

2% other

(d) Percent of Linguistically Isolated Households by language within the specified location

29.3% Spanish, Barrett, TX

(e) Languages commonly spoken in area by percentage

Spanish 29.3%

English 68.6%

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Little public interest or involvement.

Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

☐ Yes ☒ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☒ No

If Yes, please describe.

If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

☒ Yes ☐ No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

- ☒ Publish in alternative language newspaper
☐ Posted on Commissioner's Integrated Database Website
☐ Mailed by TCEQ's Office of the Chief Clerk
☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☐ Yes ☒ No

(e) If a public meeting is held, will a translator be provided if requested?

☒ Yes ☐ No

(f) Hard copies of the application will be available at the following (check all that apply):

- ☐ TCEQ Regional Office ☐ TCEQ Central Office
☒ Public Place (specify) Stratford Branch Library 509 Stratford Street Highlands, TX

Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

☐ Yes ☐ No



















What types of notice will be provided?

- ☐ Publish in alternative language newspaper
☐ Posted on Commissioner's Integrated Database Website
☐ Mailed by TCEQ's Office of the Chief Clerk
☐ Other (specify)

ATTACHMENT 5: USGS TOPOGRAPHIC MAP

FIGURE 1
7.5-MINUTE USGS
TOPOGRAPHIC
QUADRANGLE MAP
HARRIS COUNTY,
TEXAS

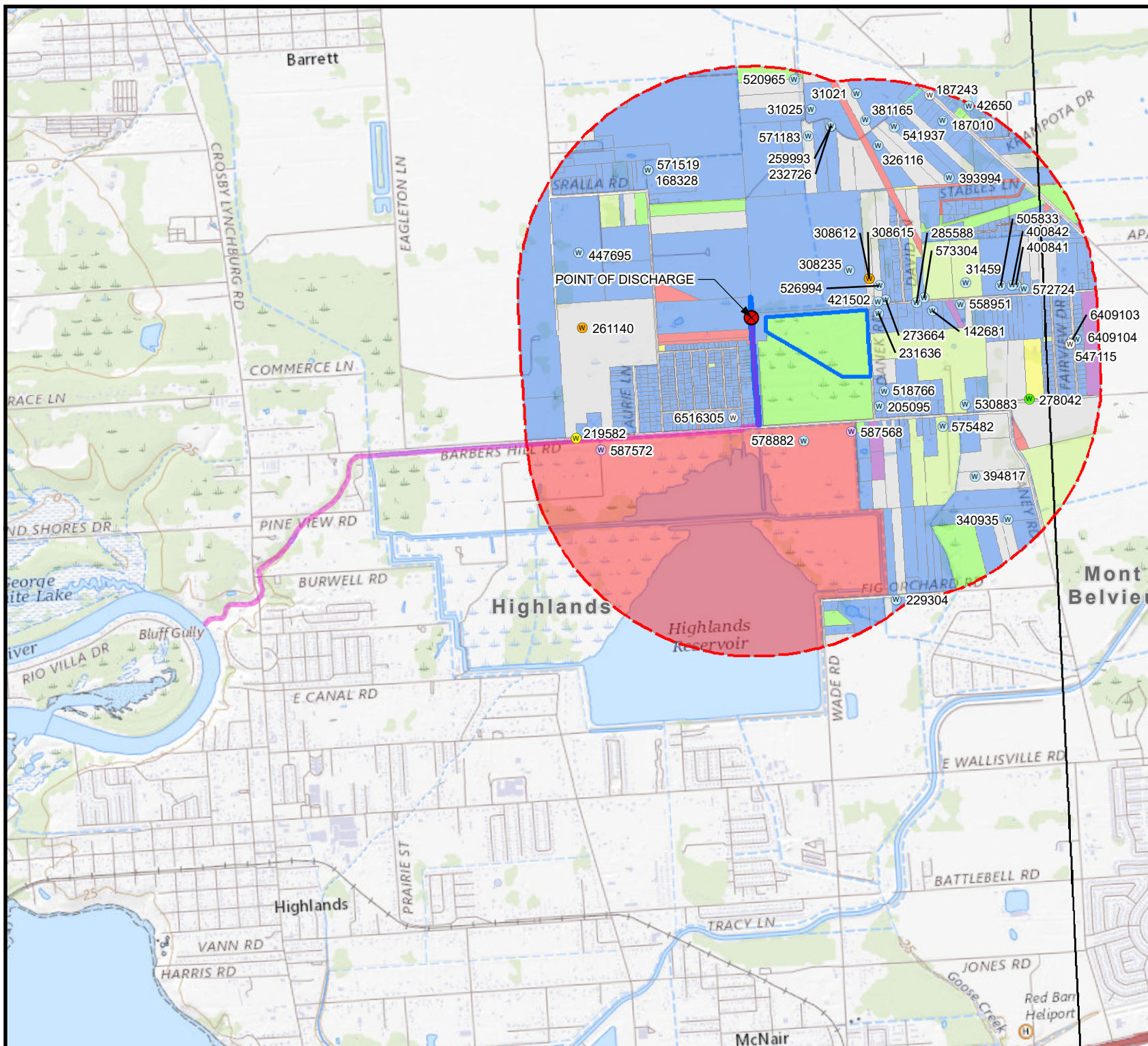
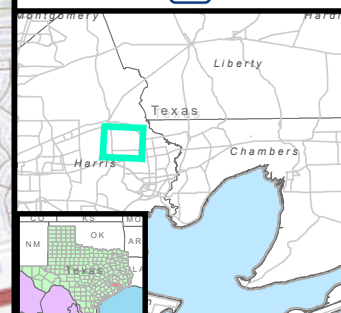
LEGEND

-  Property Boundary
-  1-Mile Radius
-  3-Mile Downstream of Point of Discharge
-  Outfall 001
-  Domestic Well (TWDB)
-  Irrigation Well (TWDB)
-  Monitor Well (TWDB)
-  Public Supply Well (TWDB)
-  Rig Supply Well (TWDB)
-  Stock Well (TWDB)
-  Commercial Land Use
-  Industrial Land Use
-  Multiple Land Use
-  Parks/Open Spaces
-  Residential Land Use
-  Undevelopable Land Use
-  Unknown Land Use
-  Vacant Developable Land Use (Includes Farming)

N
SCALE: 1 IN = 3,000 feet
 Feet 0 1,500 3,000

Source: USGS 7.5 Minute Series, Highlands and Mont Belvieu, Texas 2020.
 Date: 8/30/2023
 Project: 212C-HN-01640

Prepared By:  **TETRA TECH**







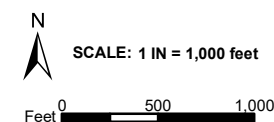
ATTACHMENT 6: LANDOWNER'S MAP AND LABELS

FIGURE 2
AFFECTED
LANDOWNERS MAP

HARRIS COUNTY,
TEXAS

LEGEND

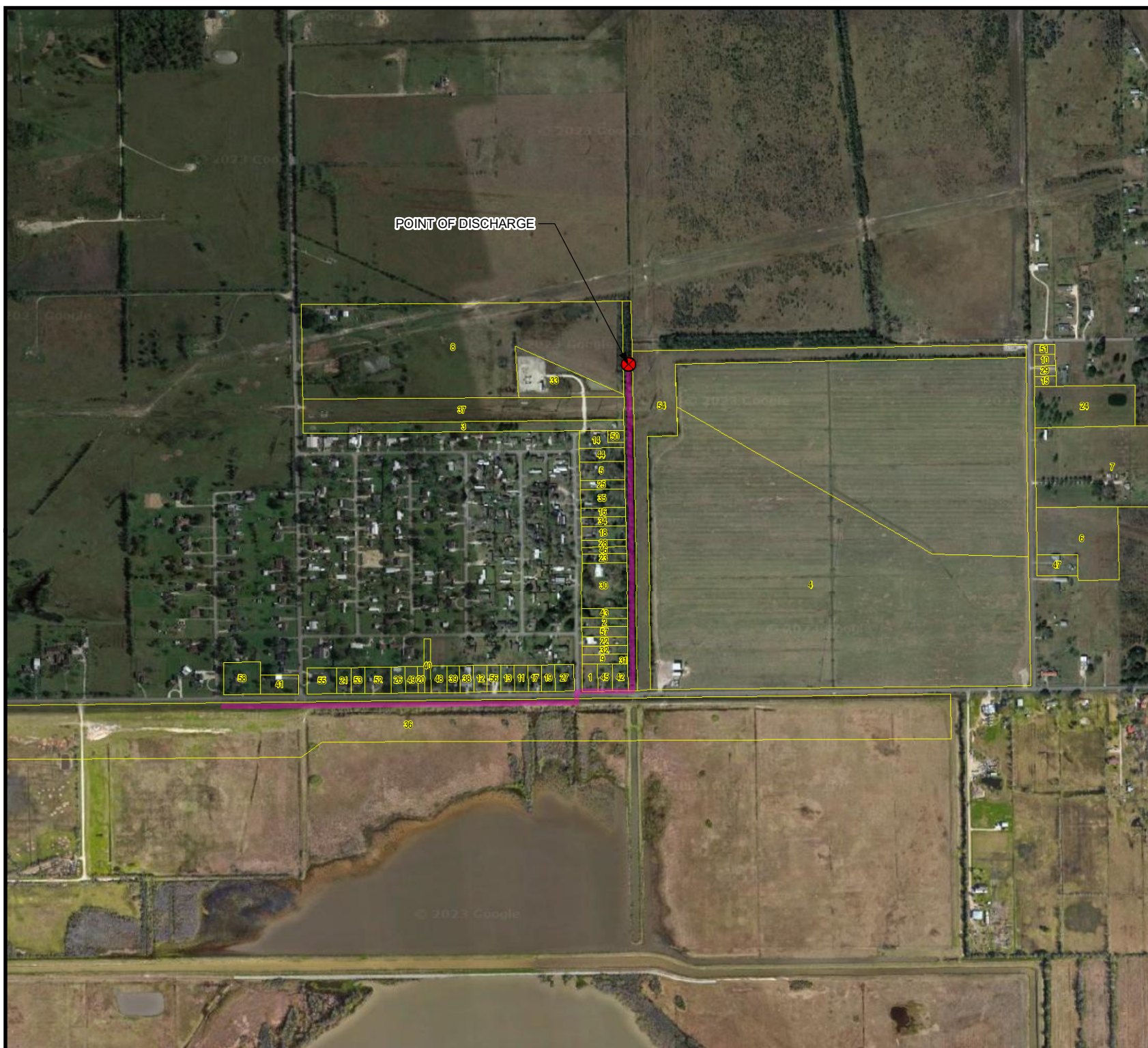
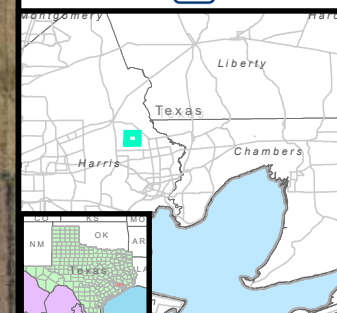
-  Property Boundary
-  1-Mile Downstream of Point of Discharge
-  Adjacent Property Boundary
-  Outfall 001



SOURCE: GOOGLE EARTH PRO, 2020.

Date: 8/30/2023
Project: 212C-HN-01640

Prepared By:  TETRA TECH



Map Id	Name	Street	City	State	Zip
1	RHEA WESLEY G & PATRICIA	2607 BARBERS HILL RD	HIGHLANDS	TX	77532
2	LEWELLYN WILLIAM A & DEANA	10202 BRAEMAR ST	HIGHLANDS	TX	77532
3	EQUISTAR CHEMICALS LP	PO BOX 3646	HOUSTON	TX	77253
4	WALKER MARK	15220 BOHEMIAN HALL R	CROSBY	TX	77532
5	CURRENT OWNER	10418 BRAEMER ST	CROSBY	TX	77532
6	SANCHEZ MARIA H	3406 DANEK RD	CROSBY	TX	77532
7	WHEELER ORVEL JAY	3510 DANEK RD	CROSBY	TX	77532
8	WILLITS LEROY	10706 SRALLA RD	CROSBY	TX	77532
9	HOWELL DAVID T & KATHLEEN	10118 BRAEMAR ST	HIGHLANDS	TX	77532
10	ALAVAREZ MARCO & BLANCA	3554 DANEK RD	CROSBY	TX	77532
11	AGUILERA JOSE A	2501 BARBERS HILL RD	HIGHLANDS	TX	77562
12	MABILE CLEMENT & VICKY	2415 BARBERS HILL RD	HIGHLANDS	TX	77562
13	GOURLAY ROSANA OUTLAND	2419 BARBERS HILL RD	HIGHLANDS	TX	77562
14	GIBBS LYNDALL & KAROL	10426 BRAEMER ST	CROSBY	TX	77532
15	ALAVAREZ MARCO & BLANCA	3554 DANEK RD	CROSBY	TX	77532
17	MARTINEZ NANCY	2505 BARBERS HILL RD	HIGHLANDS	TX	77562
18	DURAN RUBEN	10314 BRAEMAR ST	HIGHLANDS	TX	77532
19	AGUILERA JOSE A	2509 BARBERS HILL RD	HIGHLANDS	TX	77562
20	WILLIAMS ESAW & RAYYURI	8526 STARLING ST	BAYTOWN	TX	77521
21	ARREGUIN RAYMUNDO	2207 BARBERS HILL RD	HIGHLANDS	TX	77562
22	HOWELL DAVID T & KATHLEEN D	10118 BRAEMAR ST	HIGHLANDS	TX	77532
23	BURNS DENNIS S	10302 BRAEMER ST	CROSBY	TX	77532
24	REMY JADE GENERATING LLC - PROPERTY OWNED BY CLIENT THAT IS NOT BEING DEVELOPED AND NOT CONTIGUOUS				
25	LEGG ADELITA	10410 BRAEMER ST	CROSBY	TX	77532
26	FAZAL JEREMY	2307 BARBERS HILL RD	HIGHLANDS	TX	77562
27	ALANIS EDGAR A	2517 BARBERS HILL RD	HIGHLANDS	TX	77562
28	GONZALEZ SERGIO R	10314 BRAEMAR ST	CROSBY	TX	77532
29	ALVAREZ MARCO & BLANCA	3554 DANEK RD	CROSBY	TX	77532
30	HODGE SHIRLEY A	10214 BRAEMER ST	CROSBY	TX	77532
31	ROGERS QUINCY B & DELORES	10118 BRAEMAR ST	HIGHLANDS	TX	77532
32	HOWELL DAVID T & KATHLEEN D	10118 BRAEMAR ST	HIGHLANDS	TX	77532
33	WILLIAMS PURITY PIPELINES LLC	10530 SRALLA RD	CROSBY	TX	77532
34	ABOYTES JUAN C	10318 BRAEMER ST	CROSBY	TX	77532
35	PAPILLION FELTON	10402 BRAEMER ST	CROSBY	TX	77532
36	HARRIS COUNTY FLOOD CONTROL DISTRICT	2300 LOCH LOMOND	HIGHLANDS	TX	77562
37	CENTERPOINT ENERGY HOU ELE	PO BOX 1475	HOUSTON	TX	77251
38	VANHEECKEREN LINDA	2407 BARBERS HILL RD	HIGHLANDS	TX	77562
39	DEARION TERRY M	2403 BARBERS HILL RD	HIGHLANDS	TX	77562
40	HARRIS COUNTY FLOOD CONTROL DISTRICT	2300 LOCH LOMOND	HIGHLANDS	TX	77532
41	COMEAX KENNETH	2119 BARBERS HILL RD	CROSBY	TX	77532
42	CANAAN BAPTIST CHURCH BAYTOWN	2611 BARBERS HILL RD	HIGHLANDS	TX	77532
43	LEWELLYN WILLIAM A & DEANA	10202 BRAEMAR ST	HIGHLANDS	TX	77532
44	GONZALEZ ALONDRA E	10422 BRAEMER ST	CROSBY	TX	77532
45	RHEA WESLEY G & PATRICIA L	2607 BARBERS HILL RD	HIGHLANDS	TX	77532
46	BURNS DENNIS S	10302 BRAEMAR ST	HIGHLANDS	TX	77532
47	MASSEY EVELYN D	3404 DANEK RD	CROSBY	TX	77532
48	BOYD JOAN DENISE	2319 BARBERS HILL RD	HIGHLANDS	TX	77562
49	WILLIAMS ESAW & RAYYURI	8526 STARLING ST	BAYTOWN	TX	77521
50	UNDINE TEXAS LLC	10424 BRAEMER ST	CROSBY	TX	77532
51	ALAVAREZ MARCO & BLANCA	3554 DANEK RD	CROSBY	TX	77532
52	ELLIS RICHARD J	2215 BARBERS HILL RD	HIGHLANDS	TX	77562
53	SOTO ENRIQUE & EVELIA	2211 BARBERS HILL RD	HIGHLANDS	TX	77562
54	HSC PIPELINE PARTNERSHIP LLC	PO BOX 4324	HOUSTON	TX	77210
55	ROBERTSON DAVID JR	2203 BARBERS HILL RD R	HIGHLANDS	TX	77562
56	MABILE CLEMENT & VICKY	2415 BARBERS HILL RD	HIGHLANDS	TX	77562
57	HOWELL DAVID T & KATHLEEN D	10118 BRAEMAR ST	HIGHLANDS	TX	77532
58	IBARRA DULCE & FERNANDO	2103 BARBERS HILL RD	CROSBY	TX	77562

RHEA WESLEY G & PATRICIA
2607 BARBERS HILL RD
HIGHLANDS TX 77532

LEWELLYN WILLIAM A & DEANA
10202 BRAEMAR ST
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HIGHLANDS TX 77562

GOURLAY ROSANA OUTLAND
2419 BARBERS HILL RD
HIGHLANDS TX 77562

GIBBS LYNDALL & KAROL
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CROSBY TX 77532

MARTINEZ NANCY
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BURNS DENNIS S
10302 BRAEMER ST
CROSBY TX 77532

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CROSBY TX 77532

ROGERS QUINCY B & DELORES
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HIGHLANDS TX 77532

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CROSBY TX 77532

ABOYTES JUAN C
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CROSBY TX 77532

PAPILLION FELTON
10402 BRAEMER ST
CROSBY TX 77532

HARRIS COUNTY FLOOD CONTROL
DISTRICT
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HIGHLANDS TX 77562

CENTERPOINT ENERGY HOU ELE
PO BOX 1475
HOUSTON TX 77251

VANHEECKEREN LINDA
2407 BARBERS HILL RD
HIGHLANDS TX 77562

DEARION TERRY M
2403 BARBERS HILL RD
HIGHLANDS TX 77562

COMEAX KENNETH
2119 BARBERS HILL RD
CROSBY TX 77532

CANAAN BAPTIST CHURCH BAYTOWN
2611 BARBERS HILL RD
HIGHLANDS TX 77532

GONZALEZ ALONDRA E
10422 BRAEMER ST
CROSBY TX 77532

MASSEY EVELYN D
3404 DANER RD
CROSBY TX 77532

BOYD JOAN DENISE
2319 BARBERS HILL RD
HIGHLANDS TX 77562

UNDINE TEXAS LLC
10424 BRAEMER ST
CROSBY TX 77532

ELLIS RICHARD J
2215 BARBERS HILL RD
HIGHLANDS TX 77562

SOTO ENRIQUE & EVELIA
2211 BARBERS HILL RD
HIGHLANDS TX 77562

HSC PIPELINE PARTNERSHIP LLC
PO BOX 4324
HOUSTON TX 77210

ROBERTSON DAVID JR
2203 BARBERS HILL RD
HIGHLANDS TX 77562

IBARRA DULCE & FERNANDO
2103 BARBERS HILL RD
CROSBY TX 77562

RHEA WESLEY G & PATRICIA
2607 BARBERS HILL RD
HIGHLANDS TX 77532

LEWELLYN WILLIAM A & DEANA
10202 BRAEMAR ST
HIGHLANDS TX 77532

EQUISTAR CHEMICALS LP
PO BOX 3646
HOUSTON TX 77253

WALKER MARK
15220 BOHEMIAN HALL RD
CROSBY TX 77532

CURRENT OWNER
10418 BRAEMER ST
CROSBY TX 77532

SANCHEZ MARIA H
3406 DANER RD
CROSBY TX 77532

WHEELER ORVEL JAY
3510 DANER RD
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WILLITS LEROY
10706 SRALLA RD
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HOWELL DAVID T & KATHLEEN
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ALAVAREZ MARCO & BLANCA
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DISTRICT
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HIGHLANDS TX 77562

CENTERPOINT ENERGY HOU ELE
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VANHEECKEREN LINDA
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DEARION TERRY M
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SPIF FIGURE 1 USGS QUADRANGLE MAP

SPIF FIGURE 1
7.5-MINUTE USGS
TOPOGRAPHIC
QUADRANGLE MAP

HARRIS COUNTY,
 TEXAS

LEGEND

-  Property Boundary
-  1-Mile Downstream of Point of Discharge
-  Outfall 001

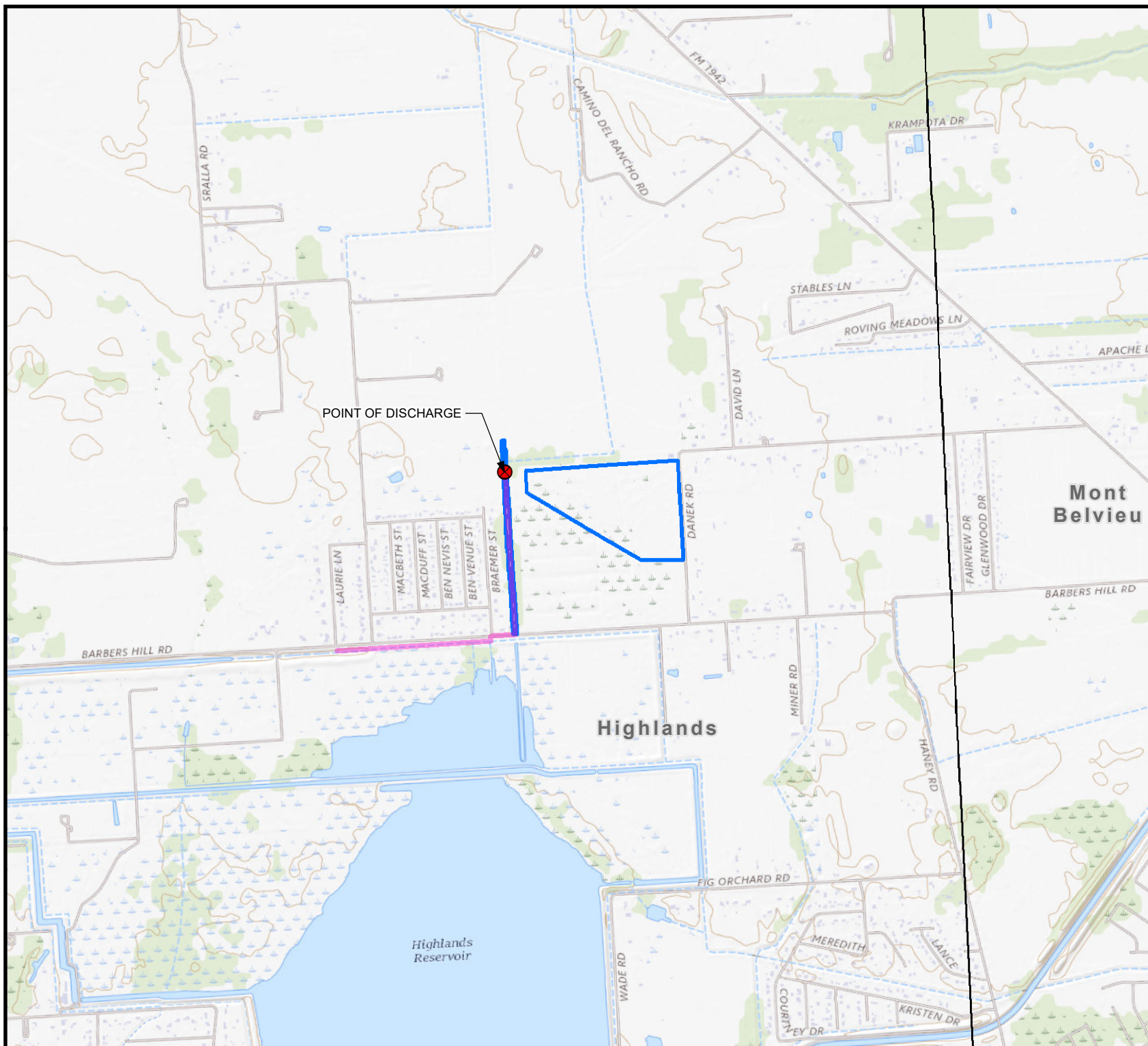
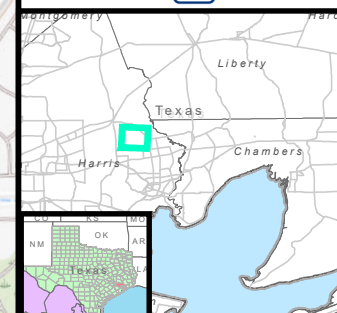


Feet 0 1,000 2,000

Source: USGS The National Map; National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS Global Ecosystems; U.S. Census Bureau TIGER/Line data; USFS Road Data; Natural Earth Data; U.S. Department of State Humanitarian Information Unit; and NOAA National Centers for Environmental Information, U.S. Coastal Relief Model. Data refreshed April, 2023.

Date: 8/30/2023
 Project: 212C-HN-01640

Prepared By:  **TETRA TECH**







TETRA TECH

ATTACHMENT 7: ORIGINAL PHOTOGRAPHS

Attachment 7
Original Photographs – Remy Jade Generating LLC

<p>Photo: 1</p> <p>Description:</p> <p>Outfall 001</p> <p>Orientation:</p> <p>Facing north looking upstream Outfall 001.</p>	
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Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/29/23	Joe Araiza	1 of 2	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	

Attachment 7


Original Photographs – Remy Jade Generating LLC

Description:

Orientation:

A photograph of a wooded area with a path leading through dense vegetation and trees. The path is narrow and appears to be made of dirt or fallen leaves, winding through the forest. The trees are mostly deciduous with green foliage, and there are some bare branches visible. The ground is covered with fallen leaves and some low-lying plants. The lighting suggests it's daytime, with sunlight filtering through the canopy.



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/29/23	Joe Araiza	2 of 2	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	

ATTACHMENT 8: FACILITY MAP

BEING A 56.83 ACRE TRACT OF LAND LOCATED IN THE AUGUST WHITLOCK SURVEY, ABSTRACT NO. 799, HARRIS COUNTY, TEXAS AND BEING A PORTION OF A CALLED 141.2181 ACRE TRACT OF LAND, DESCRIBED AS PART OF BLOCKS 8 AND 9, ELENA FRUIT & COTTON FARMS, UNIT "B", AS CONVEYED TO MARK WALKER IN FILE NO. 200707382998, OFFICIAL PUBLIC RECORDS OF HARRIS COUNTY, TEXAS (O.P.R.H.C.T.), AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

THENCE S02°41'21"E, ALONG THE EAST LINE OF SAID 141.2181 ACRE TRACT AND THE WEST LINE OF DANEK ROAD, A DISTANCE OF 1,517.20 FEET TO A CALCULATED POINT FOR CORNER, FROM WHICH A 5/8" IRON ROD FOUND FOR THE SOUTHEAST CORNER OF SAID 141.2181 ACRE TRACT, SAME BEING IN THE WEST LINE OF DANEK ROAD AND THE NORTH LINE OF BARBERS HILL ROAD, BEARS S02°41'21"E A DISTANCE OF 981.99 FEET;

THENCE N58°35'33"W, OVER AND ACROSS SAID 141.2181 ACRE TRACT WITH SAID EAST EASEMENT LINE OF HUMBLE OIL & REFINING COMPANY, A DISTANCE OF 2,030.70 FEET TO A CALCULATED POINT FOR CORNER IN THE WEST LINE OF SAID 141.2181 ACRE TRACT, SAME BEING IN THE INTERIOR EAST LINE OF SAID 14.213 ACRE TRACT, FROM WHICH A 5/8" IRON ROD FOUND FOR AND INTERIOR CORNER OF SAID 141.2181 ACRE TRACT AND SAID 14.213 ACRE TRACT, BEARS S02°43'38"E A DISTANCE OF 221.06 FEET

THENCE N86°48'20"E, CONTINUING ALONG SAID COMMON LINE, A DISTANCE OF 2,317.81 FEET TO THE POINT OF BEGINNING AND CONTAINING 2,475,596 SQUARE FEET OR 56.83 ACRES, MORE OR LESS.

BEING A 4.12 ACRE TRACT OF LAND LOCATED IN THE H.T. & B. RR. CO. SURVEY, ABSTRACT NO. 1640, HARRIS COUNTY, TEXAS AND BEING ALL OF / CALLED 4.0944 ACRE TRACT OF LAND, CONVEYED TO MURFF TURF HOLDINGS, LLC, RECORDED IN CLERK'S FILE NO. RP-2017-486686, OFFICIAL PUBLIC RECORDS OF HARRIS COUNTY, TEXAS, (O.P.R.H.C.T.), AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

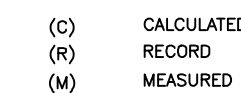
THENCE N02°45'34"W, ALONG THE EAST LINE OF SAID 4.0944 ACRE TRACT AND THE WEST LINE OF A CALLED 14.213 ACRE TRACT, CONVEYED TO EPC PARTNERS, IV, INC., IN FILE NO. R043751, O.P.R.H.C.T., A DISTANCE OF 2961.79 FEET TO A 1" IRON ROD FOUND FOR THE NORTHEAST CORNER OF SAID 4.0944 ACRE TRACT;

THENCE S02°45'37"E, ALONG THE WEST LINE OF SAID 4.0944 ACRE TRACT, A DISTANCE OF 2961.03 FEET TO A 3/4" IRON PIPE FOUND FOR THE SOUTHWEST CORNER OF SAID 4.0944 ACRE TRACT, SAME BEING IN THE NORTH LINE OF BARBERS HILL ROAD (60' WIDE RIGHT-OF-WAY), FROM WHICH A 3/4" IRON ROD FOUND FOR REFERENCE BEARS S86°22'41"W, A DISTANCE OF 95.18 FEET;

THENCE N87°18'42"E, ALONG THE COMMON LINE OF SAID 4.0944 ACRE TRACT AND SAID BARBERS HILL ROAD, A DISTANCE OF 60.53 FEET TO THE POINT OF BEGINNING AND CONTAINING 179,309 SQUARE FEET OR 4.12 ACRES. MORE OR LESS.

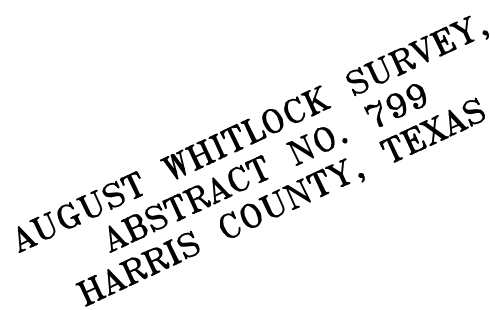
TITLE REPORT NOTE: ONLY THOSE EASEMENTS AND THAT INFORMATION FOR TITLE INSURANCE ISSUED BY FIRST AMERICAN TITLE INSURANCE COMPANY FILE NO. NCS-1090057-NRG, EFFECTIVE DATE AUGUST 01, 2022, WERE CONSIDERED FOR THIS SURVEY. THIS SURVEY ONLY REFLECTS THE TITLE COMMITMENT AS IT PERTAINS TO "MURFF TURF HOLDING, LLC AS TO TRACT 2", AS SHOWN ON SCHEDULE A, ITEM 3 OF SAID TITLE COMMITMENT. NO OTHER EASEMENT RESEARCH WAS PERFORMED BY GULF STATE ENGINEERING

BEING THE SAME PROPERTY DESCRIBED IN FIRST AMERICAN TITLE
INSURANCE COMMITMENT NO. 1090057, TRACT 2



- | | |
|------------------|--|
| O.P.R.R.P.H.C.T. | OFFICIAL PUBLIC RECORDS OF
REAL PROPERTY OF HARRIS
COUNTY, TEXAS |
| R.P.R.H.C.T. | REAL PUBLIC RECORDS OF
HARRIS COUNTY, TEXAS |
| D.R.H.C.T. | DEED RECORDS OF HARRIS
COUNTY, TEXAS |

1. THE SURVEYOR HAS NOT ABSTRACTED THE PROPERTY.
2. BASIS OF BEARINGS DERIVED FROM THE TEXAS STATE COORDINATE SYSTEM OF 1983, NAD83 (2011), SOUTH CENTRAL ZONE (4202). ALL DISTANCES SHOWN ARE GRID VALUES AND CAN BE CONVERTED TO MEAN SEA LEVEL BY THE USE OF THE VERTICAL FACTOR OF 0.999803.
3. THE PURPOSE OF THIS EXHIBIT IS TO CREATE AN EASEMENT OPTION ACROSS THE PARENT PARCELS. THIS EXHIBIT IS NOT A EASEMENT PLAT OR BOUNDARY SURVEY, AND SHOULD NOT BE USED AS SUCH.
4. ALL OIL, GAS, AND MINERAL MATTERS SHOULD BE PURSUED BY AN EXPERT IN THAT FIELD. SURVEYOR RESERVES THE RIGHT TO REVERSE SURVEY AT NO FAULT OR LIABILITY IN THE EVENT OF ADDITIONAL EVIDENCE TO THE CONTRARY OF THIS SURVEY.
5. FIELD WORK WAS COMPLETED ON AUGUST 13, 2022.




- TEXSTAR MIDSTREAM UTILITY, LP
NO SOLE EASEMENT
FILE NO. 200457129
O.P.R.U.C.T.
RECORDED IN NO. 18685259
EXCEPTION 100g
- 2 14157 ACRES TR.
HOUSTON, LIGHTING &
POWER COMPANY EASEMENT
NO. 2000, PAGE 51
O.P.R.U.C.T.
EXCEPTION 100d
- 3 MIDSTREAM OF EASEMENT AND
PORT OF WAY AGREEMENT
BETWEEN PURITY PETROLEUM, L.L.C.
CALLED 4.0044 ACRE
CLERK'S FILE NO. 201304988203
O.P.R.U.C.T.
EXCEPTION 100b
- 4 MIDSTREAM OF EASEMENT AND
PORT OF WAY AGREEMENT
BETWEEN PURITY PETROLEUM, L.L.C.
TERMS, CONDITIONS AND PROVISIONS
CONTAINED IN AGREEMENT
CLERK'S FILE NO. 20140288673,
O.P.R.U.C.T.
EXCEPTION 100e
- 5 TARGA DOWNSTREAM, LLC
30' PORT OF WAY AND EASEMENT
RECORDED, JANUARY 2013
CLERK'S FILE NO. 20130027358,
O.P.R.U.C.T.
EXCEPTION 100f
- 6 GULF REFINING COMPANY
10' WIDE PORT OF WAY AGREEMENT
FILE NO. EX300551
O.P.R.U.C.T.

PARENT PARCEL:
MARK WALKER
D 141.2181 ACRE TRACT
T OF BLOCKS 8 AND 9
IT & COTTON FARMS, UNIT "B"
E NO. 200707382998
O.P.R.R.P.H.C.T.

P.O.B.
GRID COORDINATES
N=13875232.38
E=3229706.85

MINERAL RESERVATION DEED
M. ROWLETTE AND AUDREY R
CALLED 152.331 ACRES
— VOLUME 1368, PAGE 658
R.P.R.H.C.T.
EXCEPTION 10r

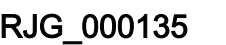
THIS IS NOT A BOUNDARY SURVEY OR EASEMENT PLAT AND
SHOULD NOT BE RELIED UPON AS SUCH. THIS DOCUMENT
WAS CREATED FOR EXHIBIT PURPOSES ONLY.

					PROENERGY - REMY JADE & MURFF TURF	
			Gulf Interstate Engineering 16010 Barkers Point Lane Suite 600 Houston, Texas 77079 713-866-3400 HIF@Gulf-Inter.com 10194562		REMY JADE & MURFF TURF SITE EXHIBIT 60.94 ACRES (2,654,835 SQ.FT.) AUGUST WHITELOCK SURVEY, A-799 H.T.X.B.R.CO. SURVEY, A-1640 HARRIS COUNTY, TEXAS	
			CHN: BR CAB 8/11/22 KRO 8/11/22			
NO.	REVISION-DESCRIPTION	DATE	PROJ: MGR	CHN: NO. 1509 REMY JADE & MURFF TURF 1 OF 1 REV		



TETRA TECH

ATTACHMENT 9: WATER BALANCE AND FLOW DIAGRAM






TETRA TECH

ATTACHMENT 10: UPDATED DITCH SURVEY AND PHOTOS

Attachment 10
Ditch Photographs – Remy Jade Generating LLC

Pro Energy Photolog 8/17/23, 8/18/23, 8/22/23


SEGMENT	PHOTO	LATITUDE	LONGITUDE	TIME	PHOTO DIRECTION	DITCH WIDTH, FT	SEGMENT LENGTH, FT	DEPTH TO SOIL EDGE, FT
0-Pipeline from Outfall		In previous application	In previous application				8 inch pipeline	
1-From RJ Pipe to North Side Barbers Hill Rd.	1	N29 50' 31.65"	W95 01' 15.73"	8/17 1355	West	4	2196	4
	2	N29 50' 31.64"	W95 01' 12.43	8/17 0821	West	N/A	N/A	N/A
2-North Ditch BH Rd. to Braemer Rd.	3	N29 50' 31.95"	W95 01' 19.91	8/18 1358	South	5	360	3
3-Culvert under Barbers Hill Road.						3	40	N/A
	4	N29 50' 30.45"	W95 01' 46.77	8/17 0816	East			
	4A	N29 50' 30.45"	W95 01' 46.77	8/17 0821	West			
4_Barbers Hill Road West past SJRA Canal						30	8860	5
	5	N29 50' 29.69"	W95 02' 56.42"	8/17 0821	East			
	5A	N29 50' 29.69"	W95 02' 56.42"	8/17 0824	East			
	5B	N29 50' 29.69"	W95 02' 56.42"	8/17 0824	East			
	5C	N29 50' 29.69"	W95 02' 56.42"	8/18 0824	South			

Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	1 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	

RJG_000137

Attachment 10
Ditch Photographs – Remy Jade Generating LLC

	6A	N29 50' 29.35"	W95 02' 56.34	8/22 0825	West			
	6B	N29 50' 29.35"	W95 02' 56.34	8/22 0826	West			
5-Along south side of Barbers Hill Rd. to turnoff of HCFCG103-03-00 flowing SW						20	700	5
	7	N29 50' 16.58"	W95 03' 14.09"	8/22 0745	East			
	7A	N29 50' 16.58"	W95 03' 14.09"	8/22 0744	West			
	8	N29 49' 56.59"	W95 03' 27.03"	8/22 0739	East			
	8A	N29 49' 56.59"	W95 03' 27.03"	8/22 0739	West			
	9	N27.49 53.80	W95 03' 53.80	8/22 0733	East			
	9A	N27.49 53.80	W95 03' 53.80	8/22 0734	West			
Segment 6 Curving Ditch 6000 FT x 20 FT min x 6 FT Also Identified as HCFCG103-03-00						20	6000	6

Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	2 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	


Attachment 10
Ditch Photographs – Remy Jade Generating LLC

Photo 1 Barbers Hill North Side. The ditch on Remy Jade land will be extended around building to meet ditch on the North side of Barbers Hill Rd. Ditch. Flow will be as the arrow shows



Photo 2 Roadside ditch on North side Barbers Hill Road, just East of where Remy Jade water would flow South and reach the North Side of Barbers Hill Rd. The arrow shows a 36 inch culvert so that is the culvert at Braemer Road back up this existing culvert would transfer the flow to the South Side of Barbers Hill



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	3 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	


Attachment 10
Ditch Photographs – Remy Jade Generating LLC

Photo 3 Barbers Hill Road at Braemer Road facing South. The flow would pass West in the roadside ditch and flow south through the 36 inch culvert



Photo 4 20 FT wide ditch, 5 foot below road, south of Barbers Hill Road at Laune Lane



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08/17, 18, 22/23	John Christiansen	4 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	


Attachment 10
Ditch Photographs – Remy Jade Generating LLC

Photo 4 A Same
Location, looking
East



Photo 5 This is the
Barbers Hill Rd So
ditch with a concrete
apron as it meets
the SJRA Canal (see
next pictures)



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	5 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	


Attachment 10
Ditch Photographs – Remy Jade Generating LLC

Photo 5A this is the level of the SJRA Canal (higher water surface). There is a ditch flowing south along the levee for several miles. If the route along Barbers Hill Road backs up there could be flow south



Photo 5B the Ditch south of Barbers Hill Road shrinks to a 8 FT wide ditch x 5 Ft deep and flows through 2 x 36 inch box culverts under Madeline St. to the West



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	6 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	


Attachment 10
Ditch Photographs – Remy Jade Generating LLC

Photo 5C Closeup of
2 x 36 inch box
culverts under
Madeline St. to the
West



Photo 6 Just East of
Madeline Street the
Culvers open up into
a wide ditch flowing
southwest that
becomes HCFCD
Segment G103-03-
00. Photo faces SW



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	7 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	


Attachment 10
Ditch Photographs – Remy Jade Generating LLC

Photo 6A Another shot of HCFC D Segment G103-03-00, facing SW. This ditch varies in cross section but is a minimum of 20 FT wide and 6 Ft deep



Photo 7 Looking NE along HCFC D Segment G103-03-00 as it crosses under 3 x 36 inch box culverts along Pine View Road



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	8 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	


Attachment 10
Ditch Photographs – Remy Jade Generating LLC

Photo 7A Looking South along HCFCF Segment G103-03-00 after it crosses under 3 x 36 inch box culverts along Pine View Road



Photo 8 Looking East as HCFCF Segment G103-03-00 crosses Crosby Lynchburg Road. Concrete Road and Drainage structures are recent. Channel is 50 FT x 8 Ft to road



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	9 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	


Attachment 10
Ditch Photographs – Remy Jade Generating LLC

Photo 8A Looking West as HCFC Segment G103-03-00 crosses Crosby Lynchburg Road. Concrete Road and Drainage structures are recent. Channel is 40 FT x 8 Ft to road



Photo 9 Looking upstream at bridge on Bluff Gully (East) This is HCFC Segment G103-03-00

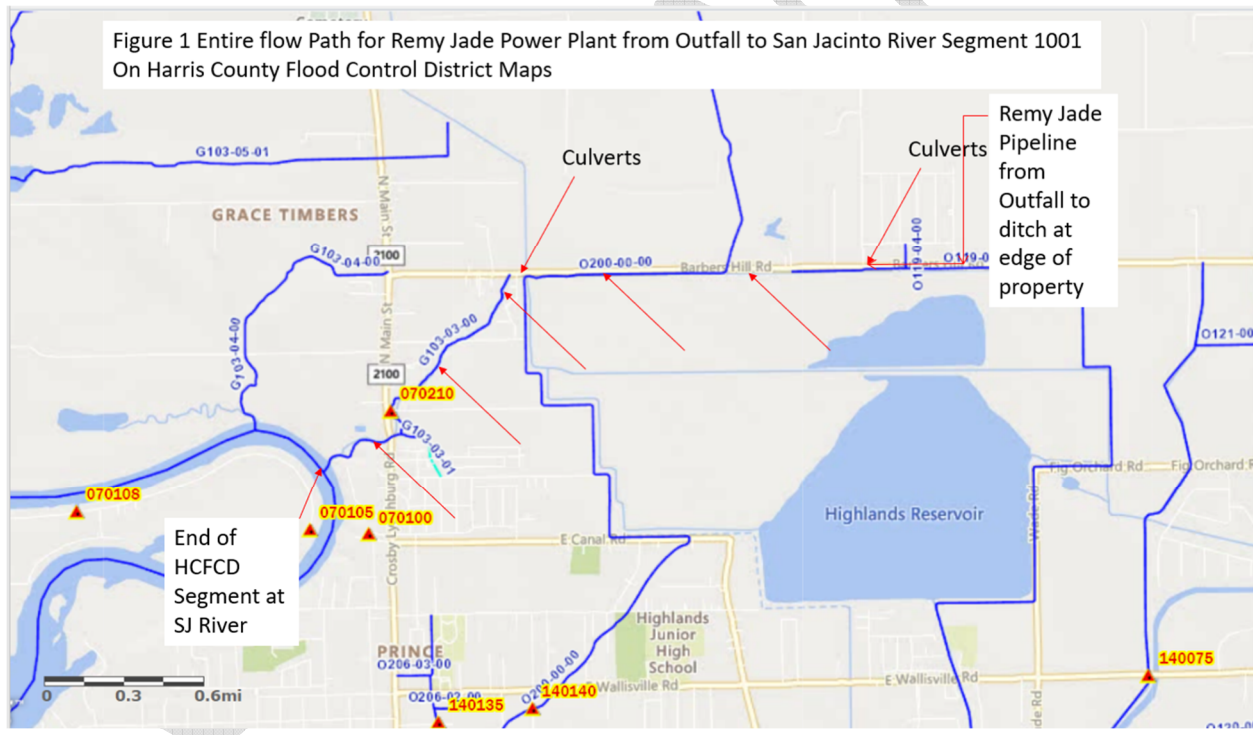



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	10 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	

Attachment 10

Ditch Photographs – Remy Jade Generating LLC

Photo 9A, the channel looking West to San Jacinto River. This is the end of HCFCF Segment G103-03-00



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	11 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	

Attachment 10

Ditch Photographs – Remy Jade Generating LLC

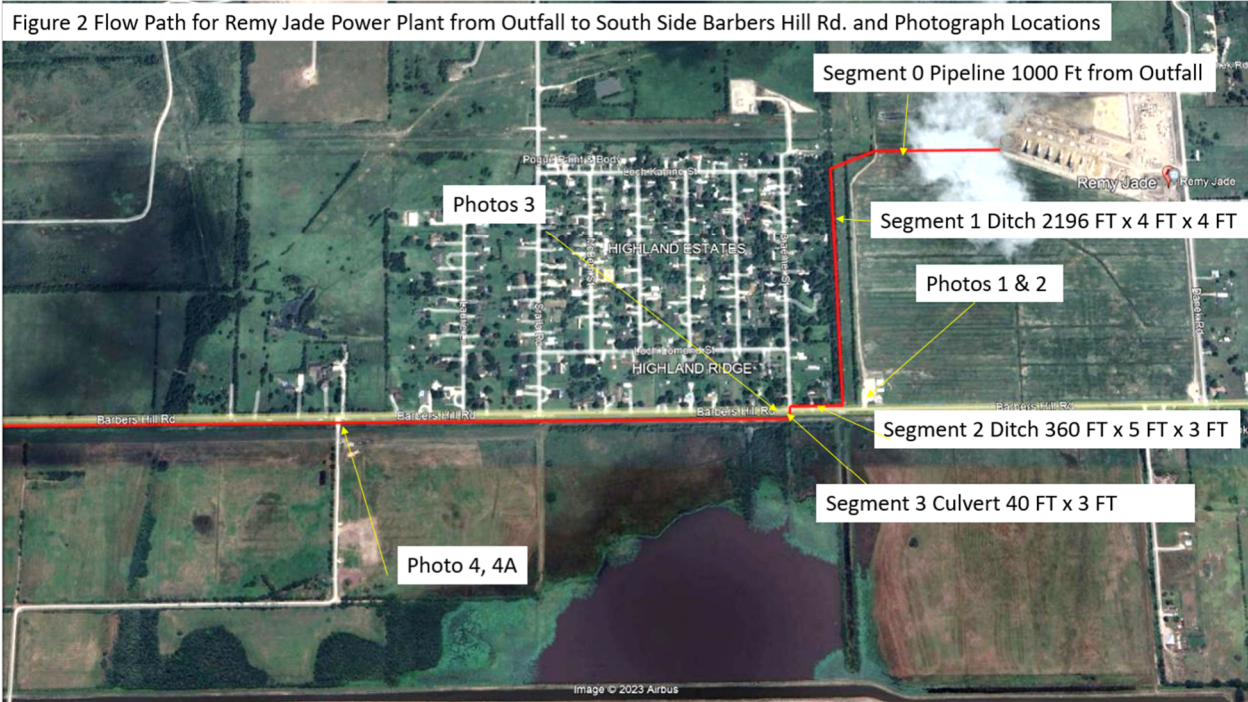



Figure 3 Flow Path for Remy Jade Power Plant from Barbers Hill Road to Outlet to San Jacinto River
Segment 1001 and Photograph Locations



Date Taken	Photographs Taken By:	Page No.	Client:	Site/Project Name:	
08/17, 18, 22/23	John Christiansen	12 of 12	Remy Jade Generating LLC	Remy Jade Power Station/ TPDES Permit Major Amendment	

Notice of Deficiency and Administrative Response
Remy Jade Generating LLC
CN605940451, RN111340964
WQ0005333000 (EPA ID No. TX0141747)

September 11, 2023

Leah Whallon
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, TX 78711-3087

Via email to: Leah.Whallon@tceq.texas.gov

RE: Notice of Deficiency and Administrative Response
Remy Jade Generating LLC
CN605940451, RN111340964
WQ0005333000 (EPA ID No. TX0141747)

Dear Ms. Whallon:

Remy Jade Generating LLC (Remy Jade) and Tetra Tech have reviewed the Notice of Deficiency (NOD) and have provided the original requests from Texas Commission on Environmental Quality (TCEQ) and the following responses:

1. *Administrative Report 1.1, Item 1.A, The affected landowners map does not show the applicant's property boundaries. Please provide an updated map that delineates the applicant's complete property boundaries which includes boundaries of all contiguous property owned by the applicant along with the property boundaries of the landowners surrounding the applicant's complete property boundaries.*

Tetra Tech/Remy Jade Response: The landowners map has been updated to include all contiguous property owned by the applicant. The updated landowners' map and cross reference table are attached to this submittal as Attachment 1. The updated landowner labels are provided in the response email as a Microsoft Word Document. Due to the recent sale of a portion of the contiguous property to CenterPoint Energy, the SPIF quadrangle map has also been updated and is provided in Attachment 2. The updated USGS topographic map is located in Attachment 3.

2. *The following is a portion of the Notice of Receipt of Application and Intent to Obtain a Water Quality Permit (NORI) 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. Remy Jade Generating LLC, 2001 Proenergy Boulevard, Sedalia, Missouri 65301, which owns a natural gas-fired electric generating station, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0005333000 (EPA I.D. No. TX0141747) to authorize changing the discharge route. The facility is located approximately 3 miles southeast of the community of Barrett and approximately 1 mile west of the intersection of Danek Road and

Notice of Deficiency and Administrative Response
Remy Jade Generating LLC
CN605940451, RN111340964
WQ0005333000 (EPA ID No. TX0141747)

Farm-to-Market Road 1942, in Harris County, Texas 77532. The discharge route will be from the plant site an unnamed ditch, thence to a series of Harris County Flood Control District ditches, thence to San Jacinto River Tidal. TCEQ received this application on September 6, 2023. The permit application will be available for viewing and copying at Stratford Branch Library, 509 Stratford Street, Highlands, Texas prior to the date this notice is published in the newspaper. 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. <http://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.015555,29.848055&level=18>

Further information may also be obtained from Remy Jade Generating LLC at the address stated above or calling Ms. Jennifer Coleman, Director of Regulatory Compliance, at 660-829-5100

Tetra Tech/Remy Jade Response: Please update the facility location to the address of the facility: 3511 Danek Road, Crosby, Texas, 77532, instead of the location description: "located approximately 3 miles southeast of the community of Barrett and approximately 1 mile west of the intersection of Danek Road and Farm-to-Market Road 1942, in Harris County, Texas 77532."

3. *Administrative Report 1.0, Item 9e.5, The response indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.*

Tetra Tech/Remy Jade Response: As requested, the translated Spanish NORI is provided in the response email as a Microsoft Word document.

Thank you for the opportunity to update our application and please contact John Christiansen at 713-851-1641 or John.Christiansen@tetrattech.com, or Jennifer Coleman at 660-829-5100 or jcoleman@proenergyservices.com, if you have further questions.

Sincerely,



Jennifer Coleman
Directory of Regulatory Compliance
PROENERGY



John Christiansen, PE
Program Manager
Tetra Tech, Inc.





Attachment 1

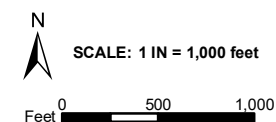
Landowners' Map and Cross Reference Table

FIGURE 2
AFFECTED
LANDOWNERS MAP

HARRIS COUNTY,
TEXAS

LEGEND

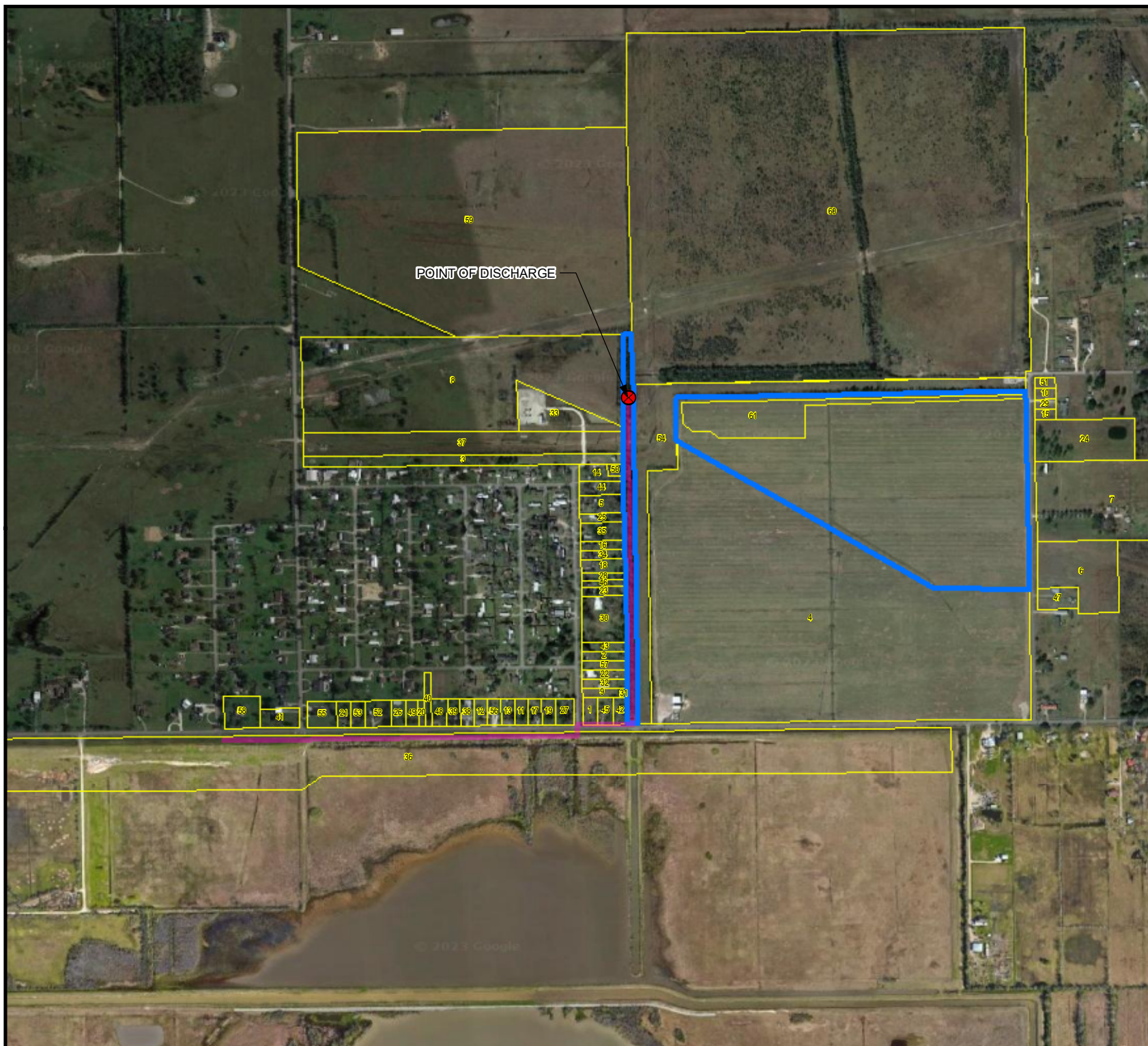
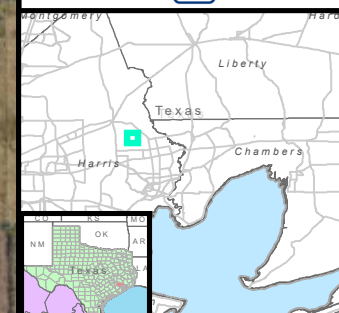
-  Property Boundary
-  1-Mile Downstream of Point of Discharge
-  Adjacent Property Boundary
-  Outfall 001



SOURCE: GOOGLE EARTH PRO, 2020.

Date: 9/11/2023
Project: 212C-HN-01640

Prepared By:  TETRA TECH



Map Id	Name	Street	City	State	Zip
1	RHEA WESLEY G & PATRICIA	2607 BARBERS HILL RD	HIGHLANDS	TX	77532
2	LEWELLYN WILLIAM A & DEANA	10202 BRAEMAR ST	HIGHLANDS	TX	77532
3	EQUISTAR CHEMICALS LP	PO BOX 3646	HOUSTON	TX	77253
4	WALKER MARK	15220 BOHEMIAN HALL R	CROSBY	TX	77532
5	CURRENT OWNER	10418 BRAEMER ST	CROSBY	TX	77532
6	SANCHEZ MARIA H	3406 DANEK RD	CROSBY	TX	77532
7	WHEELER ORVEL JAY	3510 DANEK RD	CROSBY	TX	77532
8	WILLITS LEROY	10706 SRALLA RD	CROSBY	TX	77532
9	HOWELL DAVID T & KATHLEEN	10118 BRAEMAR ST	HIGHLANDS	TX	77532
10	ALAVAREZ MARCO & BLANCA	3554 DANEK RD	CROSBY	TX	77532
11	AGUILERA JOSE A	2501 BARBERS HILL RD	HIGHLANDS	TX	77562
12	MABILE CLEMENT & VICKY	2415 BARBERS HILL RD	HIGHLANDS	TX	77562
13	GOURLAY ROSANA OUTLAND	2419 BARBERS HILL RD	HIGHLANDS	TX	77562
14	GIBBS LYNDA L & KAROL	10426 BRAEMER ST	CROSBY	TX	77532
15	ALAVAREZ MARCO & BLANCA	3554 DANEK RD	CROSBY	TX	77532
16	LIRA JOSE A & MARIA D	10322 BRAEMER ST	CROSBY	TX	77532
17	MARTINEZ NANCY	2505 BARBERS HILL RD	HIGHLANDS	TX	77562
18	DURAN RUBEN	10314 BRAEMAR ST	HIGHLANDS	TX	77532
19	AGUILERA JOSE A	2509 BARBERS HILL RD	HIGHLANDS	TX	77562
20	WILLIAMS ESAW & RAYYURI	8526 STARLING ST	BAYTOWN	TX	77521
21	ARREGUIN RAYMUNDO	2207 BARBERS HILL RD	HIGHLANDS	TX	77562
22	HOWELL DAVID T & KATHLEEN D	10118 BRAEMAR ST	HIGHLANDS	TX	77532
23	BURNS DENNIS S	10302 BRAEMER ST	CROSBY	TX	77532
24	WHEELER JANICE	PO BOX 596	CROSBY	TX	77532
25	LEGG ADELITA	10410 BRAEMER ST	CROSBY	TX	77532
26	FAZAL JEREMY	2307 BARBERS HILL RD	HIGHLANDS	TX	77562
27	ALANIS EDGAR A	2517 BARBERS HILL RD	HIGHLANDS	TX	77562
28	GONZALEZ SERGIO R	10314 BRAEMAR ST	CROSBY	TX	77532
29	ALVAREZ MARCO & BLANCA	3554 DANEK RD	CROSBY	TX	77532
30	HODGE SHIRLEY A	10214 BRAEMER ST	CROSBY	TX	77532
31	ROGERS QUINCY B & DELORES	10118 BRAEMAR ST	HIGHLANDS	TX	77532
32	HOWELL DAVID T & KATHLEEN D	10118 BRAEMAR ST	HIGHLANDS	TX	77532
33	WILLIAMS PURITY PIPELINES LLC	10530 SRALLA RD	CROSBY	TX	77532
34	ABOYTES JUAN C	10318 BRAEMER ST	CROSBY	TX	77532
35	PAPILLION FELTON	10402 BRAEMER ST	CROSBY	TX	77532
36	HARRIS COUNTY FLOOD CONTROL DISTRICT	2300 LOCH LOMOND	HIGHLANDS	TX	77562
37	CENTERPOINT ENERGY HOU ELE	PO BOX 1475	HOUSTON	TX	77251
38	VANHEECKEREN LINDA	2407 BARBERS HILL RD	HIGHLANDS	TX	77562
39	DEARION TERRY M	2403 BARBERS HILL RD	HIGHLANDS	TX	77562
40	HARRIS COUNTY FLOOD CONTROL DISTRICT	2300 LOCH LOMOND	HIGHLANDS	TX	77532
41	COMEAX KENNETH	2119 BARBERS HILL RD	CROSBY	TX	77532
42	CANAAN BAPTIST CHURCH BAYTOWN	2611 BARBERS HILL RD	HIGHLANDS	TX	77532
43	LEWELLYN WILLIAM A & DEANA	10202 BRAEMAR ST	HIGHLANDS	TX	77532
44	GONZALEZ ALONDRA E	10422 BRAEMER ST	CROSBY	TX	77532
45	RHEA WESLEY G & PATRICIA L	2607 BARBERS HILL RD	HIGHLANDS	TX	77532
46	BURNS DENNIS S	10302 BRAEMAR ST	HIGHLANDS	TX	77532
47	MASSEY EVELYN D	3404 DANEK RD	CROSBY	TX	77532
48	BOYD JOAN DENISE	2319 BARBERS HILL RD	HIGHLANDS	TX	77562
49	WILLIAMS ESAW & RAYYURI	8526 STARLING ST	BAYTOWN	TX	77521
50	UNDINE TEXAS LLC	10424 BRAEMER ST	CROSBY	TX	77532
51	ALAVAREZ MARCO & BLANCA	3554 DANEK RD	CROSBY	TX	77532
52	ELLIS RICHARD J	2215 BARBERS HILL RD	HIGHLANDS	TX	77562
53	SOTO ENRIQUE & EVELIA	2211 BARBERS HILL RD	HIGHLANDS	TX	77562
54	HSC PIPELINE PARTNERSHIP LLC	PO BOX 4324	HOUSTON	TX	77210
55	ROBERTSON DAVID JR	2203 BARBERS HILL RD R	HIGHLANDS	TX	77562
56	MABILE CLEMENT & VICKY	2415 BARBERS HILL RD	HIGHLANDS	TX	77562

Map Id	Name	Street	City	State	Zip
57	HOWELL DAVID T & KATHLEEN D	10118 BRAEMAR ST	HIGHLANDS	TX	77532
58	IBARRA DULCE & FERNANDO	2103 BARBERS HILL RD	CROSBY	TX	77562
59	JOSE ORELLANA	PO BOX 23156	HOUSTON	TX	77228
60	KINZER JOHN	505 N TRAVIS ST	DEER PARK	TX	77536
60	DUNN MARJORIE MOORE	6914 MAID STONE DR	PASADENA	TX	77505
61	CENTERPOINT ENERGY ATTN TIM RAINES	1111 LOUISIANA STREET	HOUSTON	TX	77022




Attachment 2

SPIF Figure 1 USGS Quadrangle Map

SPIF FIGURE 1
7.5-MINUTE USGS
TOPOGRAPHIC
QUADRANGLE MAP

HARRIS COUNTY,
 TEXAS

LEGEND

-  Property Boundary
-  1-Mile Downstream of Point of Discharge
-  Outfall 001

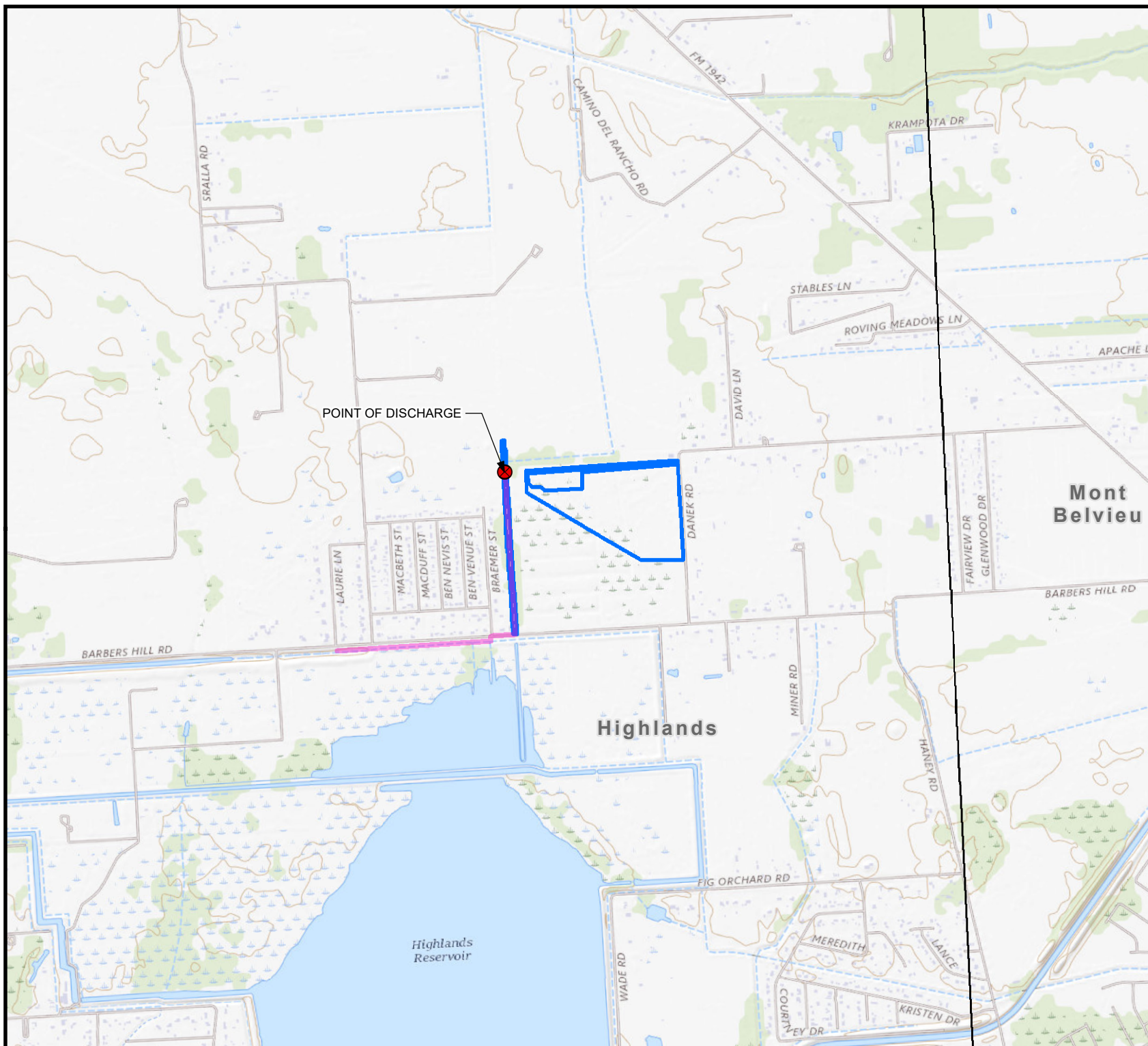
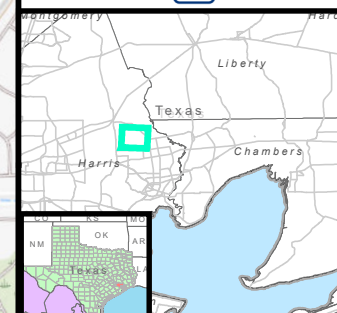


Feet 0 1,000 2,000

Source: USGS The National Map; National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS Global Ecosystems; U.S. Census Bureau TIGER/Line data; USFS Road Data; Natural Earth Data; U.S. Department of State Humanitarian Information Unit; and NOAA National Centers for Environmental Information, U.S. Coastal Relief Model. Data refreshed April, 2023.

Date: 9/8/2023
 Project: 212C-HN-01640

Prepared By:  **TETRA TECH**





















Attachment 3

USGS Topographic Map

FIGURE 1
7.5-MINUTE USGS
TOPOGRAPHIC
QUADRANGLE MAP
HARRIS COUNTY,
TEXAS

LEGEND

-  Property Boundary
-  1-Mile Radius
-  3-Mile Downstream of Point of Discharge
-  Outfall 001
-  Domestic Well (TWDB)
-  Irrigation Well (TWDB)
-  Monitor Well (TWDB)
-  Public Supply Well (TWDB)
-  Rig Supply Well (TWDB)
-  Stock Well (TWDB)
-  Commercial Land Use
-  Industrial Land Use
-  Multiple Land Use
-  Parks/Open Spaces
-  Residential Land Use
-  Undevelopable Land Use
-  Unknown Land Use
-  Vacant Developable Land Use (Includes Farming)

N
SCALE: 1 IN = 3,000 feet
 Feet 0 1,500 3,000

Source: USGS 7.5 Minute Series, Highlands and Mont Belvieu, Texas 2020.
 Date: 9/8/2023
 Project: 212C-HN-01640

Prepared By:  **TETRA TECH**

