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October 1, 2024

**Via E-mail: [Ellie.Guerra@tceq.texas.gov](mailto:Ellie.Guerra@tceq.texas.gov)**

Ellie Guerra  
Office of the Chief Clerk  
Texas Commission on Environmental Quality  
Mail Code 105  
P.O. Box 13087  
Austin, Texas 78711-3087

Re: TCEQ Docket No. 2024-0596-MWD; SOAH Docket No. 582-24-25107  
The Psalm 25:10 Foundation (CN 606049542)  
Prairieview WWTP 1 (RN 111553269)  
TCEQ Proposed TPDES Permit No. WQ0016202001

Dear Ms. Guerra:

On behalf of The Psalm 25:10 Foundation, we are submitting the original application for inclusion in the administrative record.

Thank you for your attention to and assistance with this matter. If you have any questions, please do not hesitate to contact me. We look forward to working with the TCEQ and the State Office of Administrative Hearings in scheduling the hearing.

Respectfully submitted,

**Gregg Law PC**

Peter T. Gregg  
State Bar No. 00784174  
910 West Ave., No. 3  
Austin, Texas 78701  
Phone: 512-522-0702  
Fax: 512-727-6070  
[pgregg@gregglawpc.com](mailto:pgregg@gregglawpc.com)

**Attorneys for Applicant  
The Psalm 25:10 Foundation**

Attachment



# WASTELINE ENGINEERING, INC.

August 10, 2022

Texas Commission on Environmental Quality  
PO Box 13087  
Austin, Texas 78711-3087

**Attn: Applications Team**  
Wastewater Permits Section (MC 148)  
Water Quality Division

**Re: Application for a NEW Domestic Wastewater Permit**  
**Issued to PSALM 25:10 FOUNDATION**  
**Johnson County, Texas**

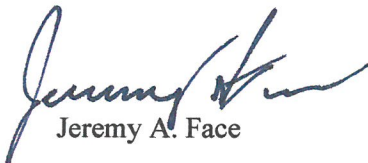
Application Team:

On behalf of **PSALM 25:10 FOUNDATION**, we submit for your review and acceptance one (1) original and three (3) copies of an application for a NEW permit to discharge, deposit, or dispose of domestic waste within the State of Texas. A check in the amount of \$1650.00 has been forwarded under separate cover.

Should you have any questions or comments concerning this document and its contents, please do not hesitate to contact this office.

Thanking you in advance for your prompt attention to this matter, we remain,

Very truly yours,  
**WASTELINE ENGINEERING, INC.**  
TX Registered Engineering Firm #F-1669



Jeremy A. Face

cc: **PSALM 25:10 FOUNDATION**



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: PSALM 25:10 FOUNDATION

PERMIT NUMBER: New Permit

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

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

### For TCEQ Use Only

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
 Permit Number \_\_\_\_\_



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**APPLICATION FOR A DOMESTIC WASTEWATER PERMIT**

**ADMINISTRATIVE REPORT 1.0**

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

## Section 1. Application Fees (Instructions Page 29)

Indicate the amount submitted for the application fee (check only one).

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input checked="" type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

### Payment Information:

Mailed      Check/Money Order Number: 1006  
Check/Money Order Amount: \$1,650.00  
Name Printed on Check: Prairieview Associates LLC

EPAY      Voucher Number:

Copy of Payment Voucher enclosed?      Yes ☐

## Section 2. Type of Application (Instructions Page 29)

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

For amendments or modifications, describe the proposed changes:

### For existing permits:

Permit Number: WQ00

EPA I.D. (TPDES only): TX



Expiration Date:

### Section 3. Facility Owner (Applicant) and Co-Applclicant Information (Instructions Page 29)

**A. The owner of the facility must apply for the permit.**

What is the Legal Name of the entity (applicant) applying for this permit?

PSALM 25:10 FOUNDATION

*(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)*

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

CN:

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

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

First and Last Name: David Shanks

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

Title: Organizer

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

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

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

If the co-applclicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:

<http://www15.tceq.texas.gov/crpub/>

CN:

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

Prefix (Mr., Ms., Miss):

First and Last Name:

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

Title:

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

### C. Core Data Form

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

**Attachment:** 1

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

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

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

First and Last Name: Danny Meza

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

Title: Project Manager

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 817-991-8888 Ext.:   Fax No.:  

E-mail Address: danny@tccitx.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

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

First and Last Name: Glenn Breisch

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

Title:  

Organization Name: Wasteline Engineering, Inc.

Mailing Address: 208 S Front Street

City, State, Zip Code: Aledo, Texas 76008

Phone No.: 817-441-1300 Ext.:   Fax No.: 817-441-1033

E-mail Address: gbreisch@wasteline-eng.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

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

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

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

First and Last Name: Danny Meza

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

Title: Project Manager

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 817-991-8888 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: danny@tccitx.com

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

First and Last Name: Glenn Breisch

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

Title: [REDACTED]

Organization Name: Wasteline Engineering, Inc.

Mailing Address: 208 S Front Street

City, State, Zip Code: Aledo, Texas 76008

Phone No.: 817-441-1300 Ext.: [REDACTED]

Fax No.: 817-441-1033

E-mail Address: gbreisch@wasteline-eng.com

## Section 6. Billing Information (Instructions Page 30)

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

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

First and Last Name: Danny Meza

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

Title: Project Manager

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 817-991-8888 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: danny@tccitx.com

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

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

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

First and Last Name: Danny Meza

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

Title: Project Manager

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 817-991-8888 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: danny@tccitx.com

DMR data is required to be submitted electronically. Create an account at:

<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

## Section 8. Public Notice Information (Instructions Page 31)

### A. Individual Publishing the Notices

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

First and Last Name: Danny Meza

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

Title: Project Manager

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 817-991-8888 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: danny@tccitx.com

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

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

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

First and Last Name: Danny Meza

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

Title: Project Manager

Organization Name: TCCI Land Development Inc.

Phone No.: 817-991-8888 Ext.: [REDACTED]

E-mail: danny@tccitx.com

#### D. Public Viewing Information

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

Public building name: City of Godley Municipal Complex

Location within the building: City Secretary's Office

Physical Address of Building: 200 West Railroad Street

City: Godley

County: Johnson

Contact Name: Reception

Phone No.: 817-389-3539 Ext.: [REDACTED]

#### E. Bilingual Notice Requirements:

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?  
☐ Yes ☐ No
5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program?

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

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

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

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

Prairieview WWTP

- C. Owner of treatment facility: PSALM 25:10 FOUNDATION

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

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

Prefix (Mr., Ms., Miss):

First and Last Name: PSALM 25:10 FOUNDATION

Mailing Address: 3000 ALTAMESA BLVD STE 300

City, State, Zip Code: Fort Worth, TX 76133

Phone No.:  E-mail Address: dshanks@cellularworld.net

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

**Attachment:**

- E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.:  E-mail Address:

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

**Attachment:**

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

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.:  E-mail Address:

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

Attachment:

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

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

☐ Yes ☐ No

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

The Prairieview wastewater treatment facility is located approximately one-half mile from the intersection of Farm to Market 2331 and Farm to Market 4 in Johnson County, Texas.

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

☐ Yes ☐ No

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

The treated effluent will be discharged into the Westfork Nolan River, thence into Nolan River, thence into Lake Pat Cleburne.

City nearest the outfall(s): Godley

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

Outfall Latitude: 32°24'27.05"N

Longitude: -97°33'42.64"

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: [REDACTED]

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

Not applicable

## Section 11. TLAP Disposal Information (Instructions Page 36)

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

☐ Yes ☐ No

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

[REDACTED]

- B. City nearest the disposal site: [REDACTED]

- C. County in which the disposal site is located: [REDACTED]

- D. Disposal Site Latitude: [REDACTED] Longitude: [REDACTED]

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

[REDACTED]

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

[REDACTED]

## Section 12. Miscellaneous Information (Instructions Page 37)

- A. Is the facility located on or does the treated effluent cross American Indian Land?

☐ Yes ☒ No

- B. If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?

☐ Yes ☐ No ☒ Not Applicable

If No, or if a new onsite sludge disposal authorization is being requested in this permit



application, provide an accurate location description of the sewage sludge disposal site.

- C. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

☐ Yes      ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:

- D. Do you owe any fees to the TCEQ?

☐ Yes      ☒ No

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

Account number:

Amount past due:

- E. Do you owe any penalties to the TCEQ?

☐ Yes      ☒ No

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

Enforcement order number:

Amount past due:

## Section 13. Attachments (Instructions Page 38)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
- Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information

- 3 miles downstream information (TPDES only)
  - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☐ Other Attachments. Please specify:

## Section 14. Signature Page (Instructions Page 39)

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

Permit Number: New Permit

Applicant: PSALM 25:10 FOUNDATION.

Certification:

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

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

Signatory name (typed or printed): David Shanks

Signatory title: Organizer

Signature: \_\_\_\_\_

*David C. Shanks*

Date: \_\_\_\_\_

7/25/22

(Use blue ink)

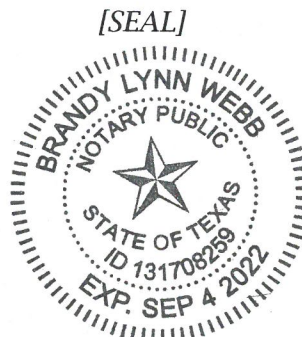
Subscribed and Sworn to before me by the said \_\_\_\_\_

on this 25 day of July, 20 22.

My commission expires on the 4 day of September, 20 22.

Brandy Lynn Webb  
Notary Public

Tarrant  
County, Texas



## DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

### Section 1. Affected Landowner Information (Instructions Page 41)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☒ The applicant's property boundaries
  - ☒ The facility site boundaries within the applicant's property boundaries
  - ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
  - ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
  - ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
  - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
  - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - ☐ The property boundaries of all landowners surrounding the effluent disposal site
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
  - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ Readable/Writeable CD
  - ☒ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: Johnson 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):

## Section 2. Original Photographs (Instructions Page 44)

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

- ☒ At least one original photograph of the new or expanded treatment unit location
- ☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site
- ☒ A plot plan or map showing the location and direction of each photograph

## Section 3. Buffer Zone Map (Instructions Page 44)

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

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

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

- ☒ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

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

- ☒ Yes      ☐ No

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

#### TCEQ USE ONLY:

Application type: \_\_\_\_Renewal \_\_\_\_Major Amendment \_\_\_\_Minor Amendment \_\_\_\_New

County: \_\_\_\_\_ Segment Number: \_\_\_\_\_

Admin Complete Date: \_\_\_\_\_

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

\_\_\_\_ U.S. Fish and Wildlife

\_\_\_\_ Texas Parks and Wildlife Department

\_\_\_\_ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: PSALM 25:10 FOUNDATION

Permit No. WQ00 \_\_\_\_\_

EPA ID No. TX \_\_\_\_\_

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

The Prairieview wastewater treatment facility is located approximately one-half mile from the intersection of Farm to Market 2331 and Farm to Market 4 in Johnson County, Texas.

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

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

First and Last Name: Danny Meza

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

Title: TCCI Land Development Inc

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 817-991-8888 Ext.:  Fax No.:

E-mail Address: danny@tccitx.com

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

Not Applicable

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

The treated effluent will be discharged into the Westfork Nolan River, thence into Nolan River, thence into Lake Pat Cleburne, Classified Segment Number 1228.

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

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

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

- ☒ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☐ Vibration effects during construction or as a result of project design
- ☒ Additional phases of development that are planned for the future
- ☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

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

Approximately 1 acre will be used to construct a wastewater treatment facility.

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

Existing vegetation includes grasses and large bushes, with existing land being used for pastureland/Dairy Farm.

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

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

Not applicable

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





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
DOMESTIC WASTEWATER PERMIT APPLICATION

**DOMESTIC TECHNICAL REPORT 1.0**

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

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

**A. Existing/Interim I Phase**

Design Flow (MGD): 0.100

2-Hr Peak Flow (MGD): 0.400

Estimated construction start date: 06/01/2023

Estimated waste disposal start date: 02/01/2024

**B. Interim II Phase**

Design Flow (MGD): Link here to enter text

2-Hr Peak Flow (MGD): Link here to enter text

Estimated construction start date: Link here to enter text

Estimated waste disposal start date: Link here to enter text

**C. Final Phase**

Design Flow (MGD): 0.500

2-Hr Peak Flow (MGD): Link here to enter text

Estimated construction start date: 06/01/2026

Estimated waste disposal start date: 02/01/2027

**D. Current operating phase: Not Constructed**

Provide the startup date of the facility: Link here to enter text

**Section 2. Treatment Process (Instructions Page 51)**

**A. Treatment process description**

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

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

**This will be an activated sludge wastewater facility operating in the extended aeration mode. This plant consists of an aeration basin, clarifier, chlorinator, aerobic digester, and pump tank. The treated effluent will be piped and discharged into the West Fork Trinity River.**

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

## B. Treatment Units

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

***Table 1.0(1) - Treatment Units***

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Please see attachment	6	

## C. Process flow diagrams

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

**Attachment:** 7

### Section 3. Site Drawing (Instructions Page 52)

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

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

#### Attachment: 8

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

The wastewater treatment facility will service the development of Prairieview.

### Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

## Section 5. Closure Plans (Instructions Page 53)

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

## Section 6. Permit Specific Requirements (Instructions Page 53)

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

### A. Summary transmittal

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

Yes ☐

No ☒

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

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

Once the applicant has been assigned a permit number, our office will submit plans and specifications to the TCEQ for review and approval.

### B. Buffer zones

Have the buffer zone requirements been met?

Yes ☒

No ☐

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

relevant to maintaining the buffer zones.

The 150-foot buffer zone lies within the applicant's property boundary.  
There will be no additional actions necessary to meet the conditions of the buffer zone.

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

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

Yes ☐ No ☒

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

### D. Grit and grease treatment

#### 1. Acceptance of grit and grease waste

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

Yes ☐ No ☒

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

#### 2. Grit and grease processing

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

### 3. *Grit disposal*

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

Yes ☐ No ☐

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

Describe the method of grit disposal.

### 4. *Grease and decanted liquid disposal*

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

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

## E. Stormwater management

### 1. *Applicability*

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

## **2. MSGP coverage**

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

Yes ☐ No ☐

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

TXR05  or TXRNE

If **no**, do you intend to seek coverage under TXR050000?

Yes ☐ No ☐

## **3. Conditional exclusion**

Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?

Yes ☐ No ☐

If **yes**, please explain below then proceed to Subsection F, Other Wastes Received:

<div></div>
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## **4. Existing coverage in individual permit**

Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?

Yes ☐ No ☐

If **yes**, provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.

### **5. Zero stormwater discharge**

Do you intend to have no discharge of stormwater via use of evaporation or other means?

Yes ☐ No ☐

**If yes,** explain below then skip to Subsection F. Other Wastes Received.

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

### **6. Request for coverage in individual permit**

Are you requesting coverage of stormwater discharges associated with your treatment plant under this individual permit?

Yes ☐ No ☐

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



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

**F. Discharges to the Lake Houston Watershed**

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

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

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

***1. Acceptance of sludge from other WWTPs***

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

Yes ☐ No ☒

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

In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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

## **2. Acceptance of septic waste**

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

If yes to any of the above, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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

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

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

Yes ☐ No ☒

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

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

Is the facility in operation?

Yes ☐ No ☒

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml)					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu$ mohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

\*TPDES permits only

†TLAP permits only

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

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

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

Facility Operator Name: Lane Westbrook

Facility Operator's License Classification and Level: Wastewater Class C

Facility Operator's License Number: WW0038586

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

### A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the

following list. Check all that apply.

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

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

Disposal site name: Itasca Landfill Republic Services

TCEQ permit or registration number: H0241

County where disposal site is located: Hill

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

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

Name of the hauler: Wastewater Transport Services

Hauler registration number: 24343

Sludge is transported as a:

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

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

### A. Beneficial use authorization

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

### B. Sludge processing authorization

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

Sludge Composting Yes ☐ No ☒

Marketing and Distribution of sludge Yes ☐ No ☒

Sludge Surface Disposal or Sludge Monofill Yes ☐ No ☒

Temporary storage in sludge lagoons Yes ☐ No ☒

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

Yes ☐ No ☐

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

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

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

### A. Location information

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

- Original General Highway (County) Map:

**Attachment:**

- USDA Natural Resources Conservation Service Soil Map:

**Attachment:**

- Federal Emergency Management Map:

**Attachment:**

- Site map:

**Attachment:**

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

Check all that apply.

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

**Attachment:**

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

### **B. Temporary storage information**

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

Nitrate Nitrogen, mg/kg:

Total Kjeldahl Nitrogen, mg/kg:

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

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

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

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

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

### C. Liner information

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

Yes ☐ No ☐

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

### D. Site development plan

Provide a detailed description of the methods used to deposit sludge in the



lagoon(s):

Attach the following documents to the application.

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

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

- Copy of the closure plan

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

- Copy of deed recordation for the site

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

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

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

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

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

- Procedures to prevent the occurrence of nuisance conditions

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

#### **E. Groundwater monitoring**

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

Yes ☐ No ☐

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

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

## **Section 12. Authorizations/Compliance/Enforcement**

## (Instructions Page 63)

### A. Additional authorizations

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

Yes ☐ No ☒

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

<div></div>
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### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes ☐ No ☒

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

Yes ☐ No ☒

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

<div></div>
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## Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

### A. RCRA hazardous wastes

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

Yes ☐ No ☒

### B. Remediation activity wastewater

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

Yes ☐ No ☒

### **C. Details about wastes received**

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

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

## Section 14. Laboratory Accreditation (Instructions Page 64)

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

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

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

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

### CERTIFICATION:

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

Printed Name: David Shanks

Title: Organizer

Signature: 

Date: 7/25/22

# DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

## Section 1. Justification for Permit (Instructions Page 66)

### A. Justification of permit need

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

The Prairieview development will be 360 acres, providing 1,200 single family homes. We are expecting a flow of 0.500 MGD for the ultimate build out of this development and expect to reach this number in six years.

### B. Regionalization of facilities

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

#### 1. Municipally incorporated areas

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

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

Yes ☐ No ☒ Not Applicable ☐

If yes, within the city limits of:

If yes, attach correspondence from the city.

Attachment:

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

Attachment:

#### 2. Utility CCN areas

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

Yes ☐

No ☒

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

**Attachment:**

### ***3. Nearby WWTPs or collection systems***

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

Yes ☐

No ☒

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

**Attachment:**

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

**Attachment:**

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

Yes ☐

No ☒

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

**Attachment:**

## **Section 2. Organic Loading (Instructions Page 67)**

Is this facility in operation?

Yes ☐

No ☒

**If no**, proceed to Item B, Proposed Organic Loading.

If yes, provide organic loading information in Item A, Current Organic Loading

**A. Current organic loading**

Facility Design Flow (flow being requested in application):

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

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

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

<input type="text"/>
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**B. Proposed organic loading**

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

***Table 1.1(1) - Design Organic Loading***

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
Municipality	0.500	300
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria,		

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	0.500	
AVERAGE BOD <sub>5</sub> from all sources		300

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

#### A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: N/A



Other: N/A

### **B. Interim II Phase Design Effluent Quality**

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

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

### **C. Final Phase Design Effluent Quality**

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: N/A

Other: N/A

### **D. Disinfection Method**

Identify the proposed method of disinfection.

☐ Chlorine: 1-4 mg/l after twenty minutes detention time at peak flow  
Dechlorination process:

☐ Ultraviolet Light:  seconds contact time at peak flow

☐ Other: N/A

## **Section 4. Design Calculations (Instructions Page 68)**

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

**Attachment:** 9

## Section 5. Facility Site (Instructions Page 68)

### A. 100-year floodplain

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

Yes ☒ No ☐

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

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

FEMA FIRM Map - 48251C0150J

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

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

### B. Wind rose

Attach a wind rose. **Attachment:** 11

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

### A. Beneficial use authorization

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

Yes ☐ No ☐

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

**Attachment:**

### **B. Sludge processing authorization**

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

- ☐ Sludge Composting
- ☐ Marketing and Distribution of sludge
- ☐ Sludge Surface Disposal or Sludge Monofill

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

**Attachment:**

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

Attach a solids management plan to the application.

Attachment: 12

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

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

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

# DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

## RECEIVING WATERS

The following is required for all TPDES permit applications

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

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

Yes ☐ No ☒

If yes, provide the following:

Owner of the drinking water supply:

Distance and direction to the intake:

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

Attachment:

### Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

If yes, complete the remainder of this section. If no, proceed to Section 3.

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet:

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☐

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

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

### C. Sea grasses

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

Yes ☐

No ☐

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

## Section 3. Classified Segments (Instructions Page 73)

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

Yes ☐

No ☒

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Unnamed Tributary of West Fork Nolan River

### A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

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

☐ Man-made Channel or Ditch

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

### B. Flow characteristics

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

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

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

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

### C. Downstream perennial confluences

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

West Fork Nolan River

### D. Downstream characteristics

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

Yes ☐ No ☒

If yes, discuss how.

There is one pond just over one mile from the discharge location.

#### E. Normal dry weather characteristics

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

The water body was completely dry.

Date and time of observation: September 29, 2021

Was the water body influenced by stormwater runoff during observations?

Yes ☐

No ☒

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

#### A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify

[link here to end](#)

#### B. Waterbody uses

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

☐ Livestock watering

☐ Contact recreation

☐ Irrigation withdrawal

☐ Non-contact recreation

☐ Fishing

☐ Navigation

☐ Domestic water supply

☐ Industrial water supply

☐ Park activities

☐ Other(s), specify

[Click here to enter text](#)

### C. Waterbody aesthetics

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

☐ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional

☒ Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored

☐ Common Setting: not offensive; developed but uncluttered; water may be colored or turbid

☐ Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored



## Attachment Index

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- Attachment 1 – Core Data Form - 10400
- Attachment 2 – USGS Maps
- Attachment 3 – Landowner Information
- Attachment 4 – Original Photographs with Map
- Attachment 5 – Buffer Zone Map
- Attachment 6 – Treatment Units
- Attachment 7 – Flow Diagram
- Attachment 8 – Site Drawing
- Attachment 9 – Design Calculations
- Attachment 10 – FEMA FIRM
- Attachment 11– Wind Rose
- Attachment 12 – Sewage Sludge Management



Attachment 1 – Core Data Form - 10400

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TCEQ Use Only

# TCEQ Core Data Form

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

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
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		RN

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
<b>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</b>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
PSALM 25:10 FOUNDATION			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0800600086	32018932320	20-4128717	
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"/> 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	3000 ALTAMESA BLVD STE 300		
City	Fort Worth	State	TX
ZIP	76133	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		dshanks@cellularworld.net	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
( 817 ) 991-8888		( ) -	

## SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<b>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).</b>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Prairieview WWTP #1	



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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The facility is located approximately one-half mile from the intersection of Farm to Market 2331 and Farm to Market 4 in Johnson County, Texas.																		
26. Nearest City	Godley				State	TX		Nearest ZIP Code	76044										
27. Latitude (N) In Decimal:	Degrees			Minutes			Seconds			28. Longitude (W) In Decimal:	Degrees			Minutes			Seconds		
	32			24			2.68				97			33			17.00		
29. Primary SIC Code (4 digits)	4952			30. Secondary SIC Code (4 digits)				31. Primary NAICS Code (5 or 6 digits)	221320			32. Secondary NAICS Code (5 or 6 digits)							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)																			
The entity will be treating domestic wastewater.																			
34. Mailing Address:	3000 ALTAMESA BLVD STE 300																		
	City	Fort Worth		State	TX		ZIP	76133		ZIP + 4									
35. E-Mail Address:		dshanks@cellularworld.net																	
36. Telephone Number				37. Extension or Code				38. Fax Number (if applicable)											
( 817 ) 991-8888								( ) -											

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

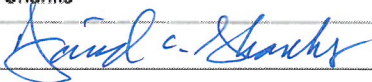
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

#### SECTION IV: Preparer Information

40. Name:	Jeremy Face		41. Title:	Project Manager	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
( 817 ) 946-6996		( 817 ) 441-1033	jface@wasteline-eng.com		

#### SECTION V: Authorized Signature

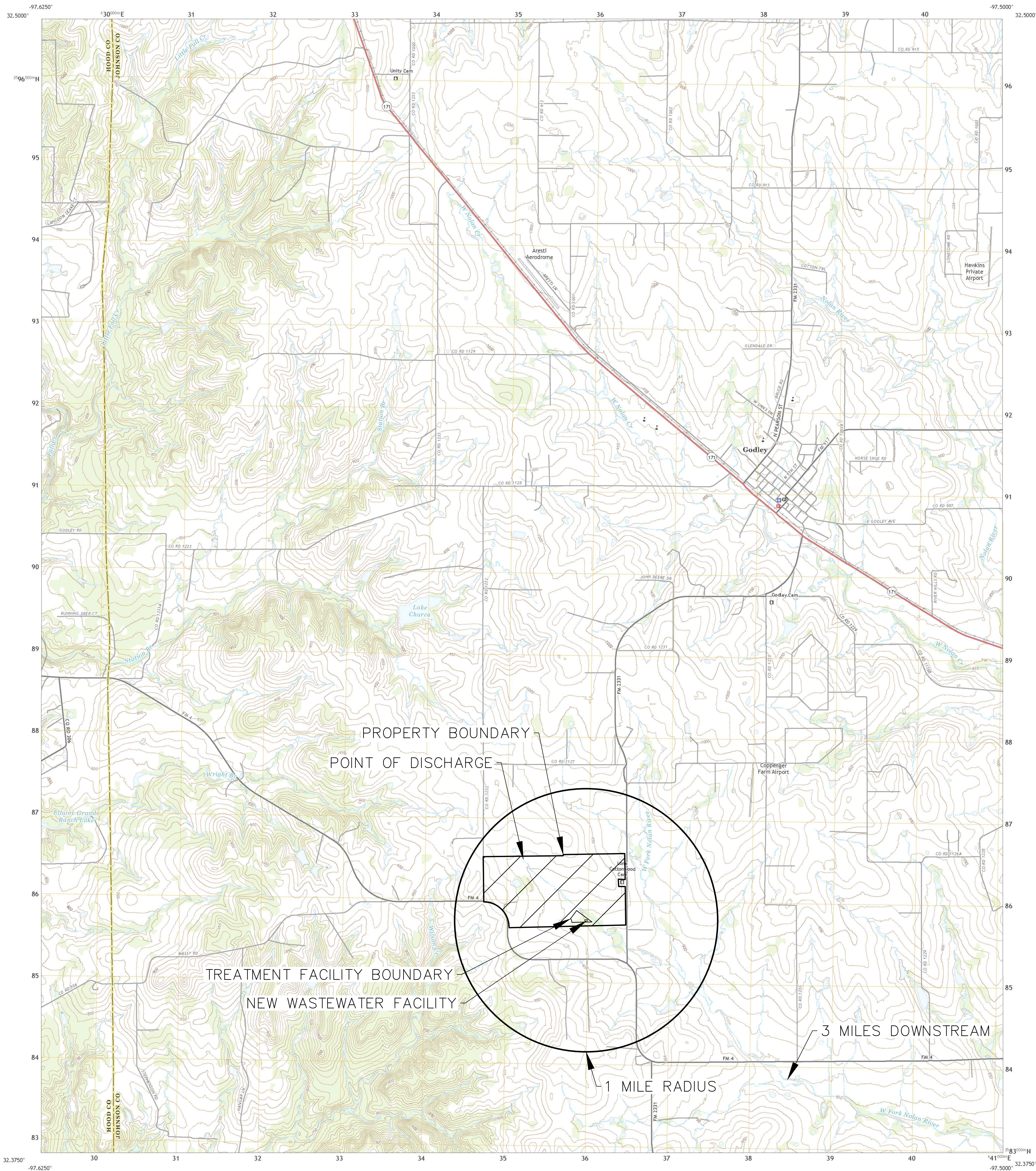
46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified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

Company:	PSALM 25:10 FOUNDATION		Job Title:	Organizer	
Name (In Print):	David Shanks			Phone:	( ) -
Signature:				Date:	7/25/22

## Attachment 2 – USGS Maps

---

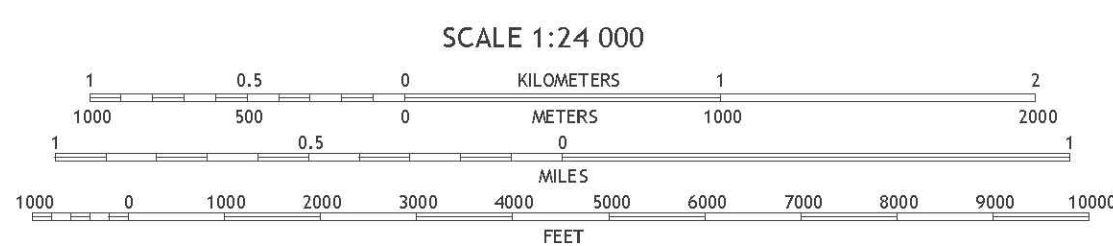
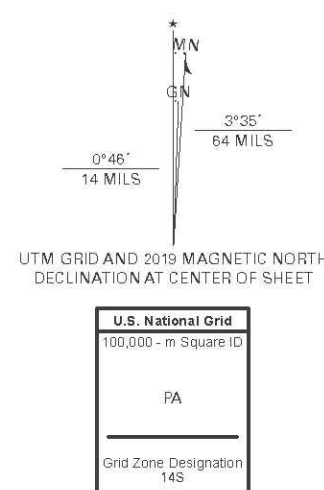




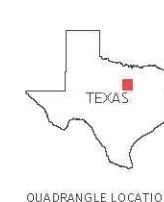
Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84), Projection and  
1 500-meter grid/Universal Transverse Mercator, Zone 14S  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands within government  
reservations may not be shown. Obtain permission before  
entering private lands.

Imagery.....NAIP, August 2016 - November 2016  
Roads.....U.S. Census Bureau, 2015  
Names.....GNS, 1979 - 2018  
Hydrography.....National Hydrography Dataset, 2000 - 2018  
Contours.....National Elevation Dataset, 2004 - 2017  
Boundaries.....Multiple sources see metadata file 2016 - 2017  
Wetlands.....FWS National Wetlands Inventory 1981



CONTOUR INTERVAL 10 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988  
This map was produced to conform with the  
National Geospatial Program US Topo Product Standard, 2011.  
A metadata file associated with this product is draft version 0.6.18



1	2	3
4	5	6
7	8	9

1 Chapin  
2 Cresson  
3 Primrose  
4 Action  
5 Joshua  
6 Nemo  
7 Bono  
8 Gleburne West

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

GODLEY, TX  
2019

PSALM 0057



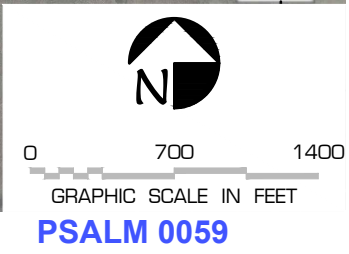
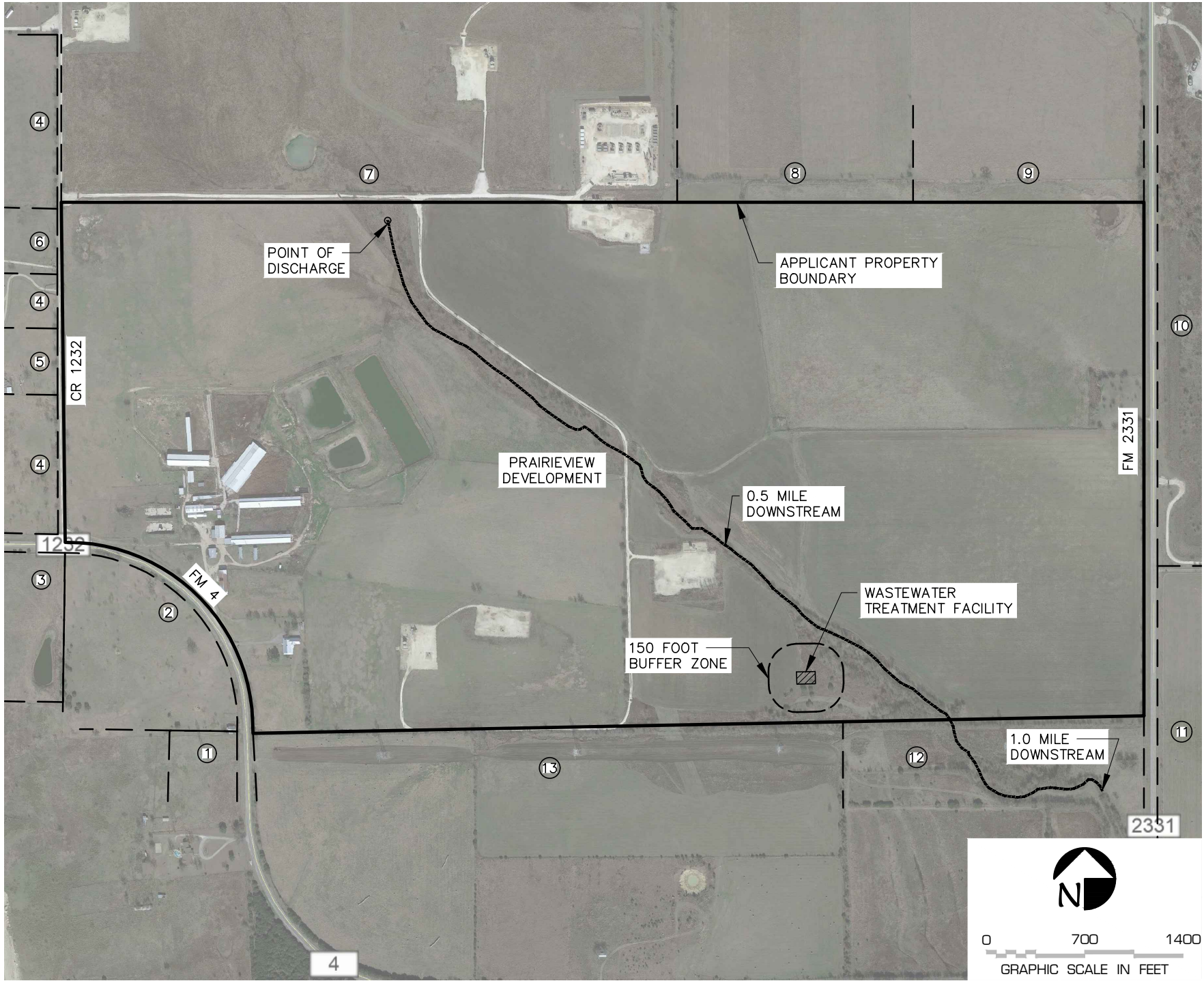
NSN 7164-301-6396-2  
NSA REF NO. USGSX2.4 K1 7.5 6 2




Attachment 3 – Landowner Information

---

W:\Jobs\2021 - Projects\22107 - Prairieview - WWT & Permit\Permit Documents\CAD\22107 - Permit Drawings.dwg August 08, 2022 04:14pm



<b>NEW PERMIT</b> FOR PRAIRIEVIEW DEVELOPMENT	<b>LANDOWNER INFORMATION</b>	 <b>WASTELINE ENGINEERING, INC.</b> Texas Registered Engineering Firm #F-1669	Date: August 2022
			Drawn by: J.I.R. Designed by: G.B. QA: G.B. Project Job#: 22107
<b>ATTACHMENT</b> <b>A3.1</b>			



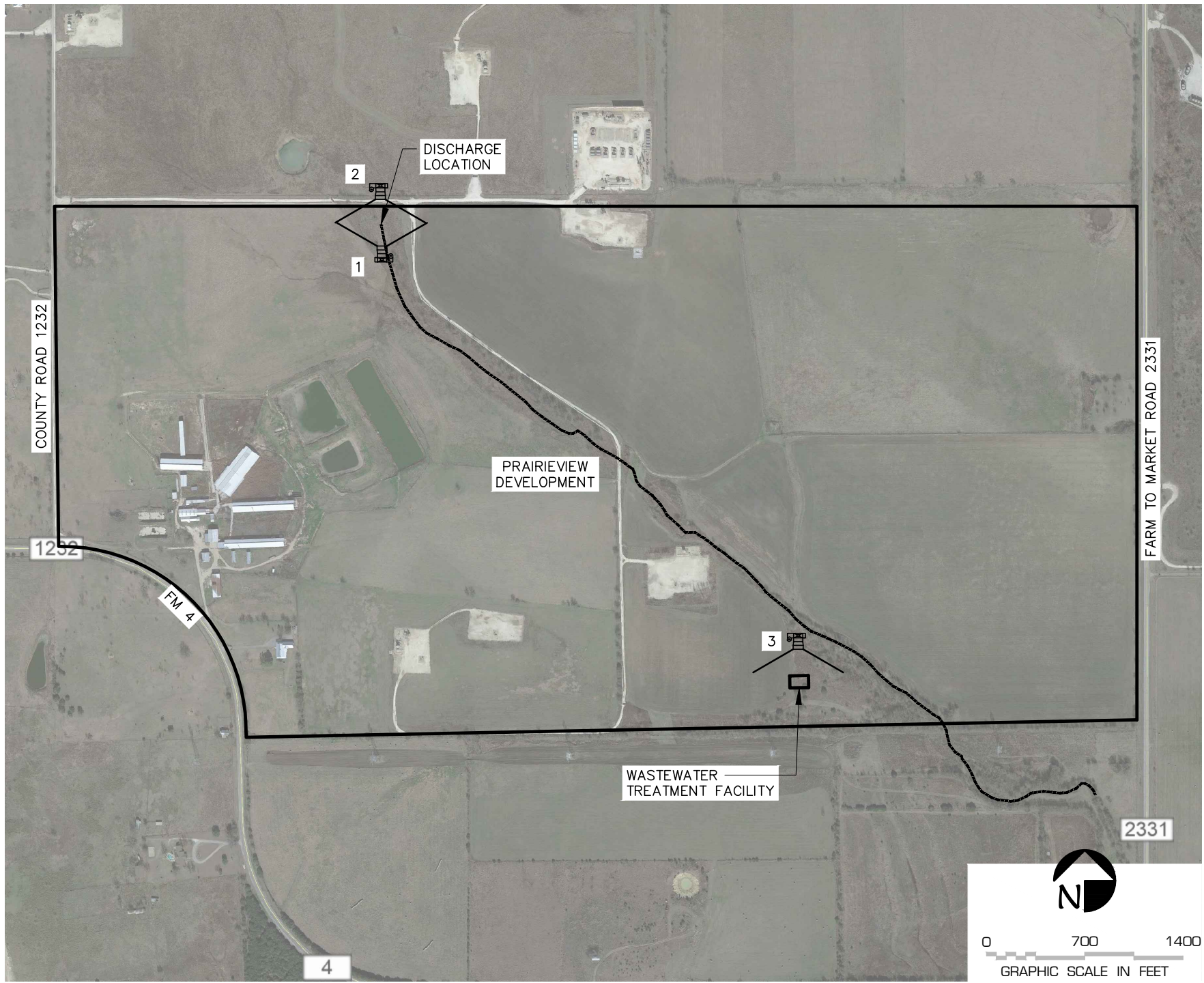
## Landowner List

#	Name	Address	City, State Zip
1	DON E MASSEY	10101 W FM 4	JOHNSON COUNTY
2	RICHARD W CRIDER	10201 W FM 4	JOHNSON COUNTY
3	DON E MASSEY	10805 W FM 4	JOHNSON COUNTY
4	RICHARD W CRIDER	6741 CR 1232	JOHNSON COUNTY
5	CHRIS CRIDER	6741 CR 1232	JOHNSON COUNTY
6	BRIAN C ETUX ROBIN B ROBINSON	6849 CR 1232	JOHNSON COUNTY
7	EDITH IRVELENE HAYS	9301 CR 1127	JOHNSON COUNTY
8	GLEN LEE GUTHRIE	8801 CR 1127	JOHNSON COUNTY
9	GEORGE BRYON BROCK	8601 CR 1127	JOHNSON COUNTY
10	MARTHA SUE MAHAFFEY BUTLER	8133 CR 1127	JOHNSON COUNTY
11	E H GOODMAN	6528 FM 2331	JOHNSON COUNTY
12	S L JR MOORE	6165 FM 2331	JOHNSON COUNTY
13	MICHAEL HENRY SCHULTZ	8631 W FM 4	JOHNSON COUNTY

Attachment 4 – Original photographs with Map

---

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<b>NEW PERMIT</b> FOR PRAIRIEVIEW DEVELOPMENT	<b>WASTELINE ENGINEERING, INC.</b> <small>Texas Registered Engineering Firm #F-1669</small>	Date: July 2022	J.A.F.
		Drawn by:	G.B.
<b>PHOTO MAP</b>		Designed by:	G.B.
		QA:	G.B.
<b>ATTACHMENT</b>		Project Job#: 22107	
<b>A5.1</b>			



Photo 1



Photo 2





Photo 3



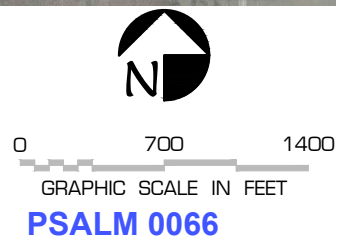
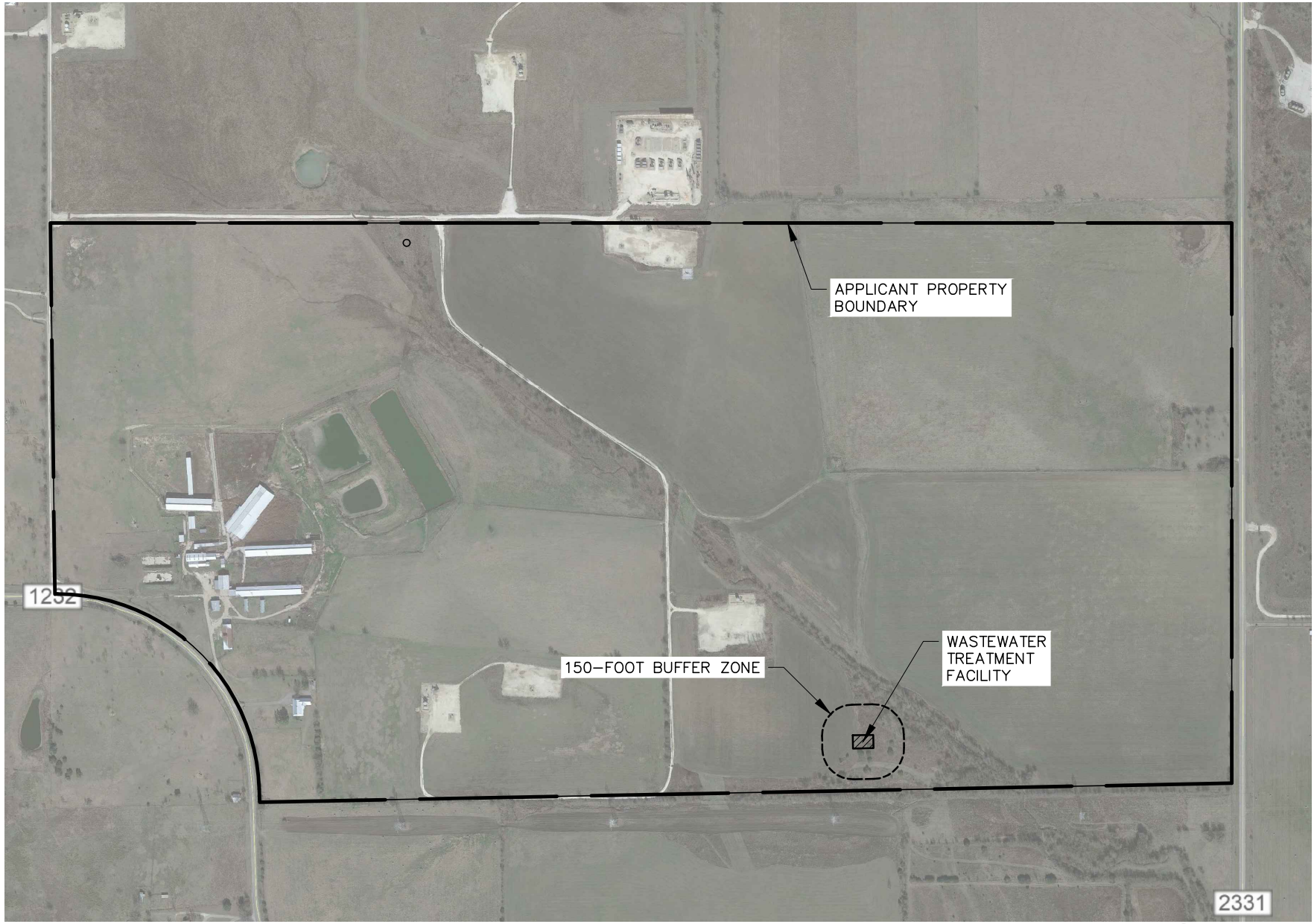


## Attachment 5 – Buffer Zone Map

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PSALM 0066

NEW PERMIT  
FOR  
PRAIRIEVIEW DEVELOPMENT  
BUFFER ZONE MAP

ATTACHMENT  
A5.1

**WASTELINE  
ENGINEERING, INC.**  
Texas Registered Engineering Firm #F-1669

Date: August 2022  
Drawn by: J.I.R.  
Designed by: G.B.  
QA: G.B.  
Project Job#: 22107

## Attachment 6 – Treatment Units

---



## Major Components

<u>Type of Unit</u>	<u>Number of Units</u>	<u>Size (Length, Width, Depth)</u>
---------------------	------------------------	------------------------------------

Initial Phase - 0.100 MGD

---

Aeration Basin	1	144' L x 12' W x 10.5' D
Sludge Holding	1	48' L x 12' W x 10.5' D
Chlorine Contact	1	15' L x 12' W x 9' D
Clarifier	1	30' Dia x 10'5 D

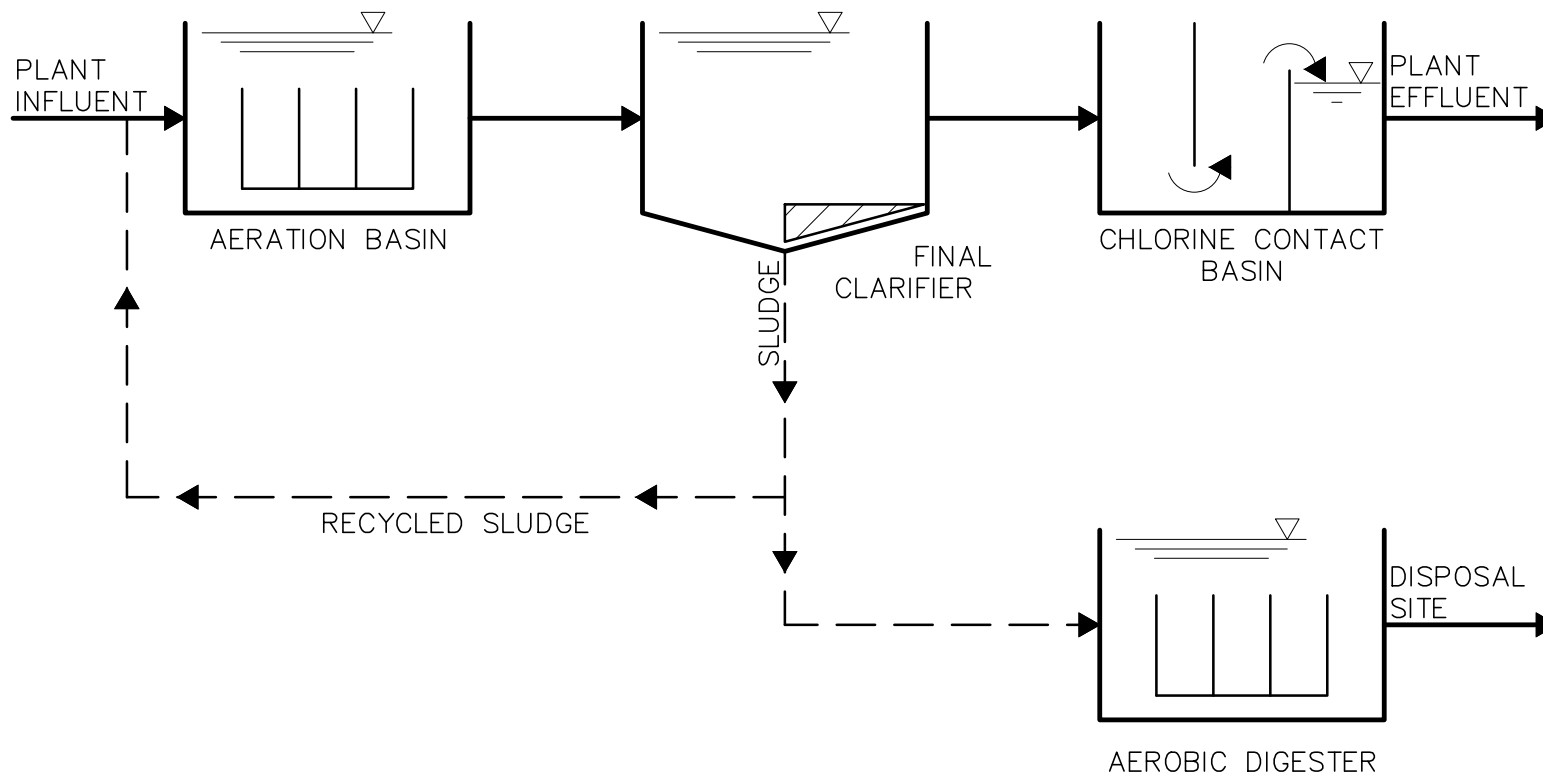
Final Phase - 0.500 MGD

---

Aeration Basin	2	335' L x 12' W x 10.5 D
Sludge Holding	2	100' L x 12' W x 10.5' D
Chlorine Contact	2	35' L 12' W x 9' D
Clarifier	2	48' Dia x 10.5' D

Attachment 7 – Flow Diagram

---



FLOW DIAGRAM

PSALM 0070

NEW PERMIT  
FOR

PRAIRIEVIEW DEVELOPMENT

FLOW DIAGRAM - PHASE 1

ATTACHMENT

A7.1

**WASTELINE  
ENGINEERING, INC.**  
Texas Registered Engineering Firm #F-1669

Date: July 2022

Drawn by:

J.I.R.

Designed by:

G.B.

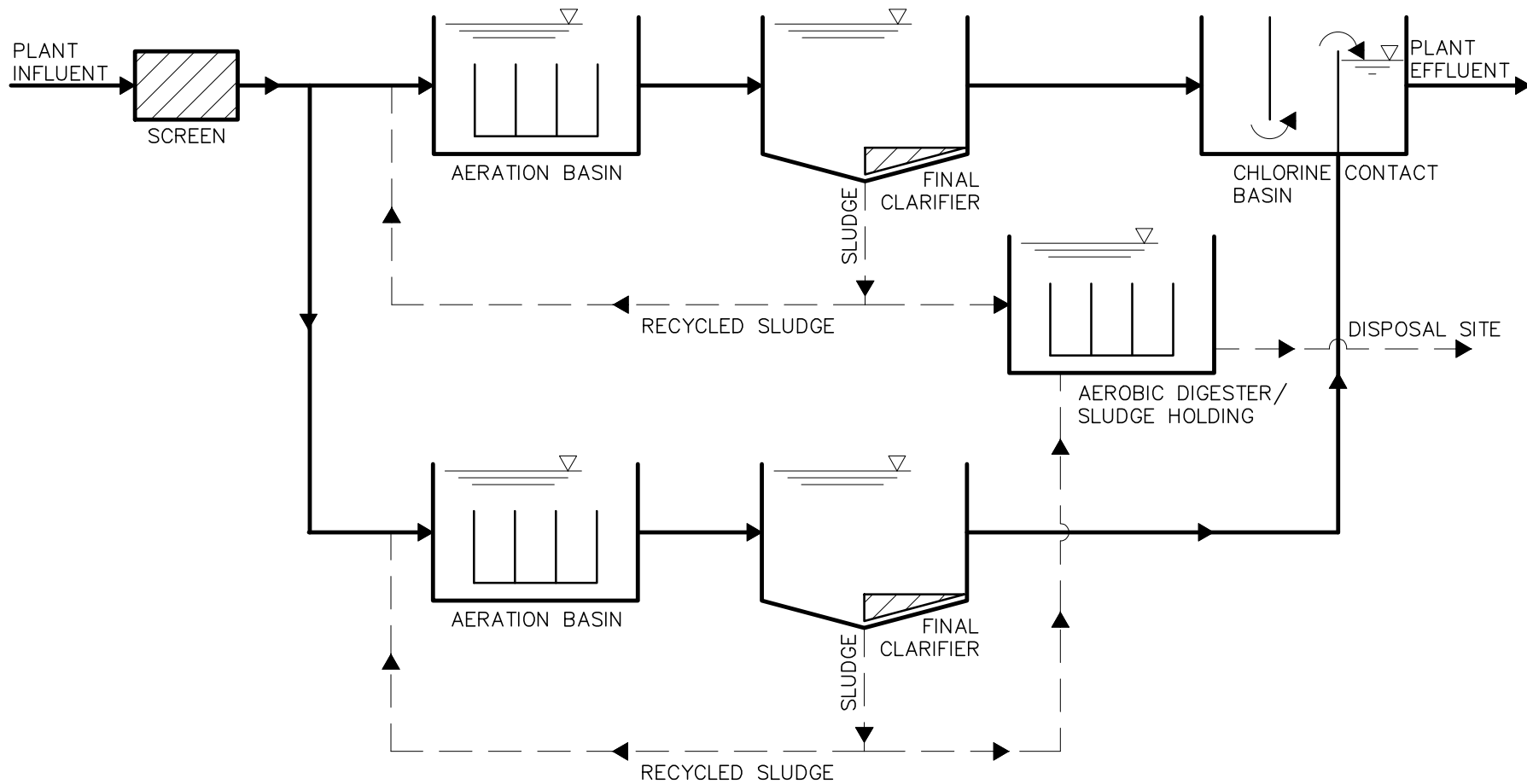
QA:

G.B.

Project Job#:

22107

W:\Jobs\2021 - Projects\22107 - Prairieview - WWTP & Permit\Permit Documents\CAD\22107 - Flow Diagram.dwg July 05, 2022 02:59pm



FLOW DIAGRAM

Date: July 2022  
Drawn by: J.I.R.  
Designed by: G.B.  
QA: G.B.  
Project Job#: 22107

**WASTELINE  
ENGINEERING, INC.**  
Texas Registered Engineering Firm #F-1669

NEW PERMIT  
FOR  
PRAIRIEVIEW DEVELOPMENT

FLOW DIAGRAM - PHASE 2

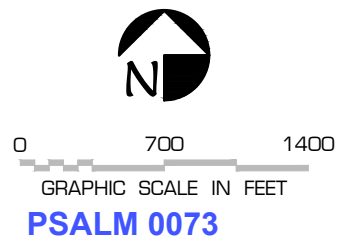
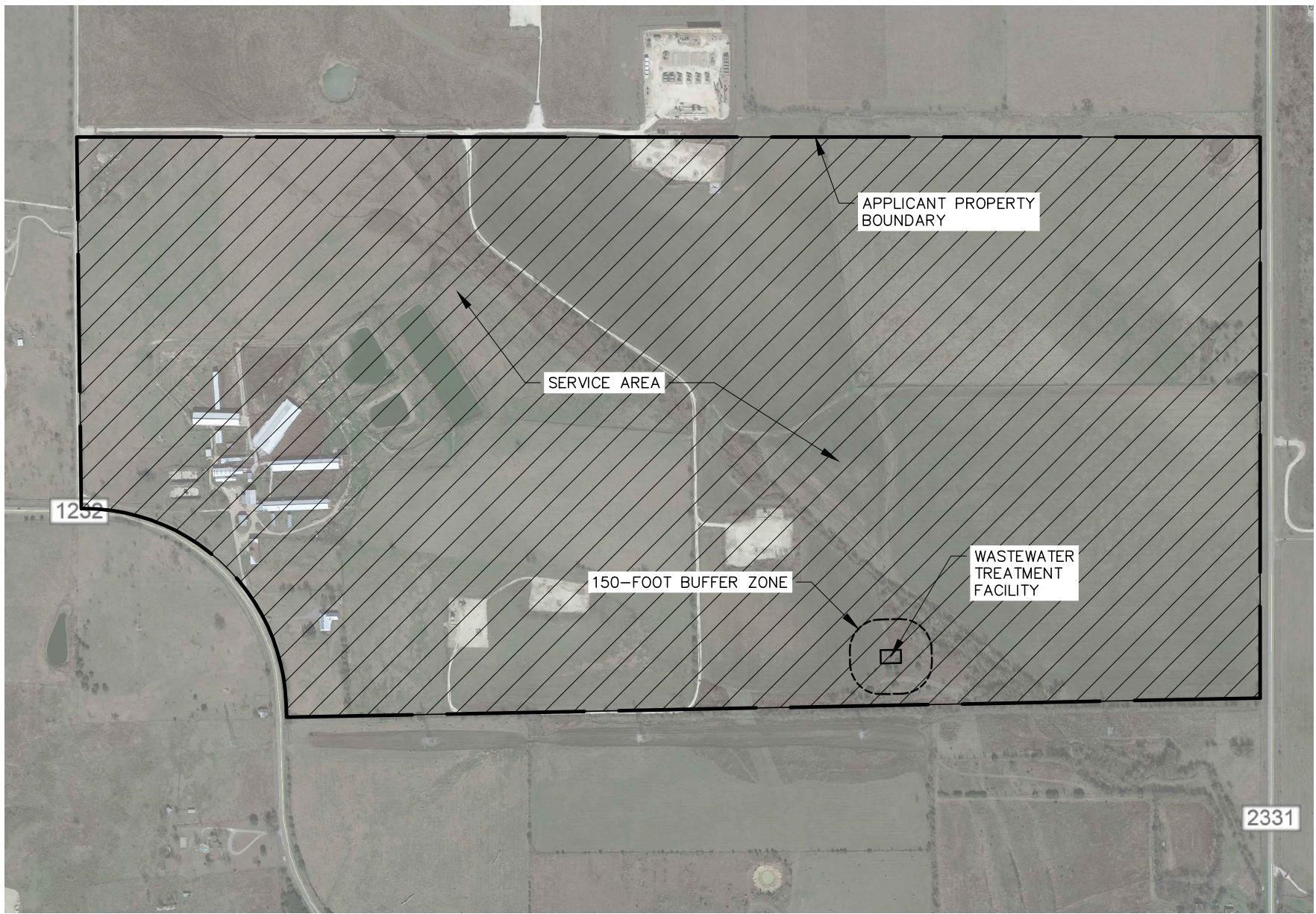
ATTACHMENT  
**A7.2**


PSALM 0071

Attachment 8 – Site Drawing

---

W:\Jobs\2021 - Projects\22107 - Prairieview - WWT - & Permit\Permit Documents\CAD\22107 - Permit Drawings.dwg August 09, 2022 11:13am



<b>NEW PERMIT</b> FOR PRAIRIEVIEW DEVELOPMENT  <b>SITE DRAWING</b>	 <b>WASTELINE ENGINEERING, INC.</b> Texas Registered Engineering Firm #F-1669	Date: August 2022	Drawn by: J.I.R.
		Designed by: G.B.	QA: G.B.
<b>ATTACHMENT</b> <b>A8.1</b>		Project Job#: 22107	

## Attachment 9 – Design Calculations

---

Prairieview Development  
WASTEWATER TREATMENT PLANT - Phase 2

DESIGN SUMMARY

May 27, 2021

The wastewater treatment facility which is discussed in this design summary will have an average daily flow capacity of 0.500 MGD.

The Extended Aeration process followed by enhanced solids separation has been selected for use. This process consists of a continuous circuit in which the mixture of raw wastewater and returned sludge is continually aerated. Air supply droplines and diffusers will be installed to provide the required oxygen for biological activity.

Using the current Texas Commission on Environmental Quality design criteria, two (2) identical wastewater treatment units will be constructed to process the average daily flow of 0.500 MGD. The Design Summary is for one (1) of those two (2) identical units.

Each of the two (2) treatment units will be designed such that the aeration volume is 315,880 gallons. Air will be supplied at the rate of 2.22 cubic feet (2.4 lb. O<sub>2</sub>) per minute per pound of BOD<sub>5</sub> applied per day.

In keeping with the TCEQ criteria, each of the two (2) clarifiers will have an effective surface area of approximately 1,291 square feet and a total weir length of approximately 135 linear feet.

Each of the two (2) sludge holding tanks will have a volume of 94,770 gallons. Air will be supplied to the sludge holding tank at a rate of 30 cfm per 1,000 cubic feet of volume in order to maintain an aerobic condition and to keep the solids in suspension.

**DESIGN PARAMETERS (for Each of two (2) identical units)**

Average Daily Flow	250,000 gallons
Peak 2-hour Flow (4Q)	1,000,000 gallons per day rate
Population Equivalent	2,500 (750 residences @ 3.3 people/residence)
BOD <sub>5</sub> loading	300 mg/l @ 100 gpcd
Space loading (aeration zone)	15 lbs. BOD <sub>5</sub> /1,000 cf
Space loading (sludge holding tank)	20 cf/lb of BOD <sub>5</sub> /1,000 cf
Surface loading (clarifier)	800 gpd/sf @ peak flow rate



Detention Time (clarifier)	2.2 hours @ peak flow rate
Weir loading (clarifier)	20,000 gpd/lf @ peak rate
Air supply (aeration zone)	2.22 cfm/lb. BOD <sub>5</sub>
Air supply (sludge holding tank)	30 cfm/1,000 cf of volume

#### UNIT FEATURES for each of two (2) identical units

Aeration Zone	315,880 gallons
Sludge holding tank	12,670 cubic feet
Clarifier	1,291 sf eff. surface area
Blowers	4 @ 610 cfm each

#### CHECK LOADING REQUIREMENTS

A. BOD<sub>5</sub> loading = 300 X 0.250 MGD X 8.34  
= 626 lbs./day

B. Space loading @ 15 lbs. BOD<sub>5</sub>/1,000 cf of volume (aeration zone)

$$\frac{626 \text{ lbs}}{15} \times 1,000 = 41,700 \text{ cf}$$

Volume of aeration zone = 42,230 cf

Actual space loading = 14.82 lbs. BOD<sub>5</sub>/1,000 cf volume

C. Space loading @ 20 cf/lb BOD<sub>5</sub> (sludge holding tank)

$$20 \times 626 = 12,520 \text{ cf}$$

Volume of sludge holding tank = 12,670 cf

D. Surface loading @ average daily flow (clarifier) (45'-0" dia)

$$\frac{250,000 \text{ gpd}}{1,291 \text{ sf}} = 194 \text{ gpd/sf}$$

E. Weir loading @ average daily flow (clarifier)

$$\frac{250,000 \text{ gpd}}{135 \text{ lf}} = 1,852 \text{ gpd/lf}$$

F. Air supply @ 2.22 cfm/lb. BOD<sub>5</sub>/day (aeration zone)

$$2.22 \times 626 = 1,390 \text{ cfm}$$

G. Air supply @ 30 cfm/1,000 cf (sludge holding tank)

$$\frac{30}{1,000} \times 12,670 = 380 \text{ cfm}$$

H. Total air supply = Process air (1,390 cfm + 380 cfm + airlift pumps (60 cfm))  
= 1,830 cfm

#### **DESIGN PARAMETERS for CHLORINE CONTACT BASIN for a single tank**

Peak flow rate 2,000,000 gallons per day rate

Detention time 20 minutes

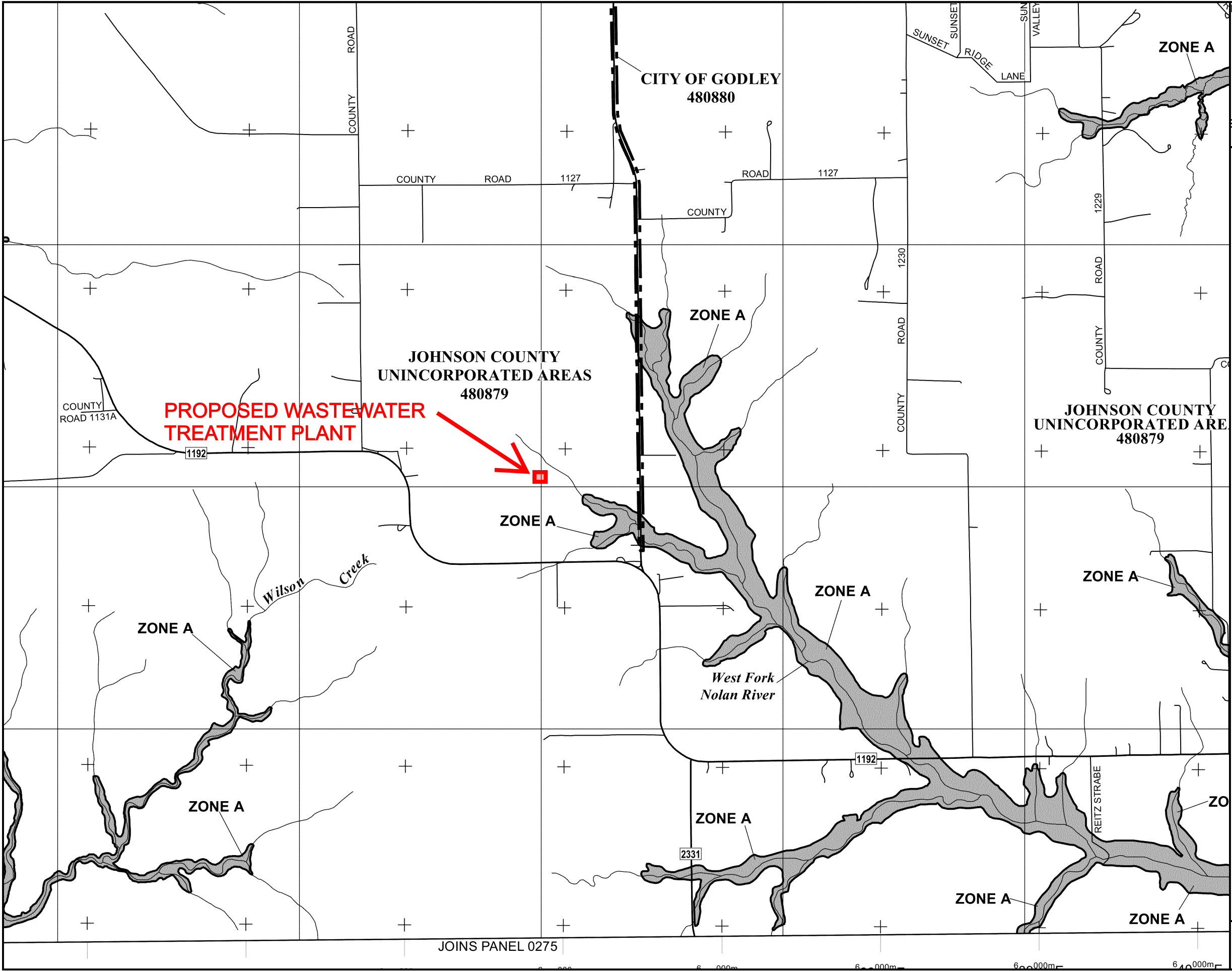
Chlorine residual 1.0 mg/l, minimum  
4.0 mg/l. minimum

$$\begin{aligned} \text{Volume required} &= \frac{2,000,000 \text{ gpd} \times 20 \text{ minutes}}{1440 \text{ minutes}} \\ &= 27,778 \text{ gallons} \end{aligned}$$


The chlorine contact basin with a volume of 28,720 gallons shall be provided. The approximate chlorine dosage of 10 mg/l should maintain a chlorine residual amount of 1.0 mg/l in the effluent,

$$10 \text{ mg/l} \times 0.500 \text{ MGD} \times 8.34 = 41.7 \text{ lbs/day}$$





Flood Insurance Program at 1-800-638-6620.



MAP SCALE 1" = 2000'

1000 0 2000 4000 FEET

0 600 1200 METER

**NATIONAL FLOOD INSURANCE PROGRAM**

PANEL 0150J

**FIRM**

**FLOOD INSURANCE RATE MAP**

**JOHNSON COUNTY, TEXAS**


**AND INCORPORATED AREAS**

PANEL 150 OF 475  
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
GODLEY, CITY OF	480880	0150	J
JOHNSON COUNTY, UNINCORPORATED AREAS	480879	0150	J

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



**MAP NUMBER**  
48251C0150J

**MAP REVISED**  
DECEMBER 4, 2012

Federal Emergency Management Agency

This is an official FIRMette showing a portion of the above-referenced flood map created from the MSC FIRMette Web tool. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For additional information about how to make sure the map is current, please see the Flood Hazard Mapping Updates Overview Fact Sheet available on the FEMA Flood Map Service Center home page at <https://msc.fema.gov>.

Attachment 11 – Wind Rose

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DFW Jan-Dec 1984-92

January 1

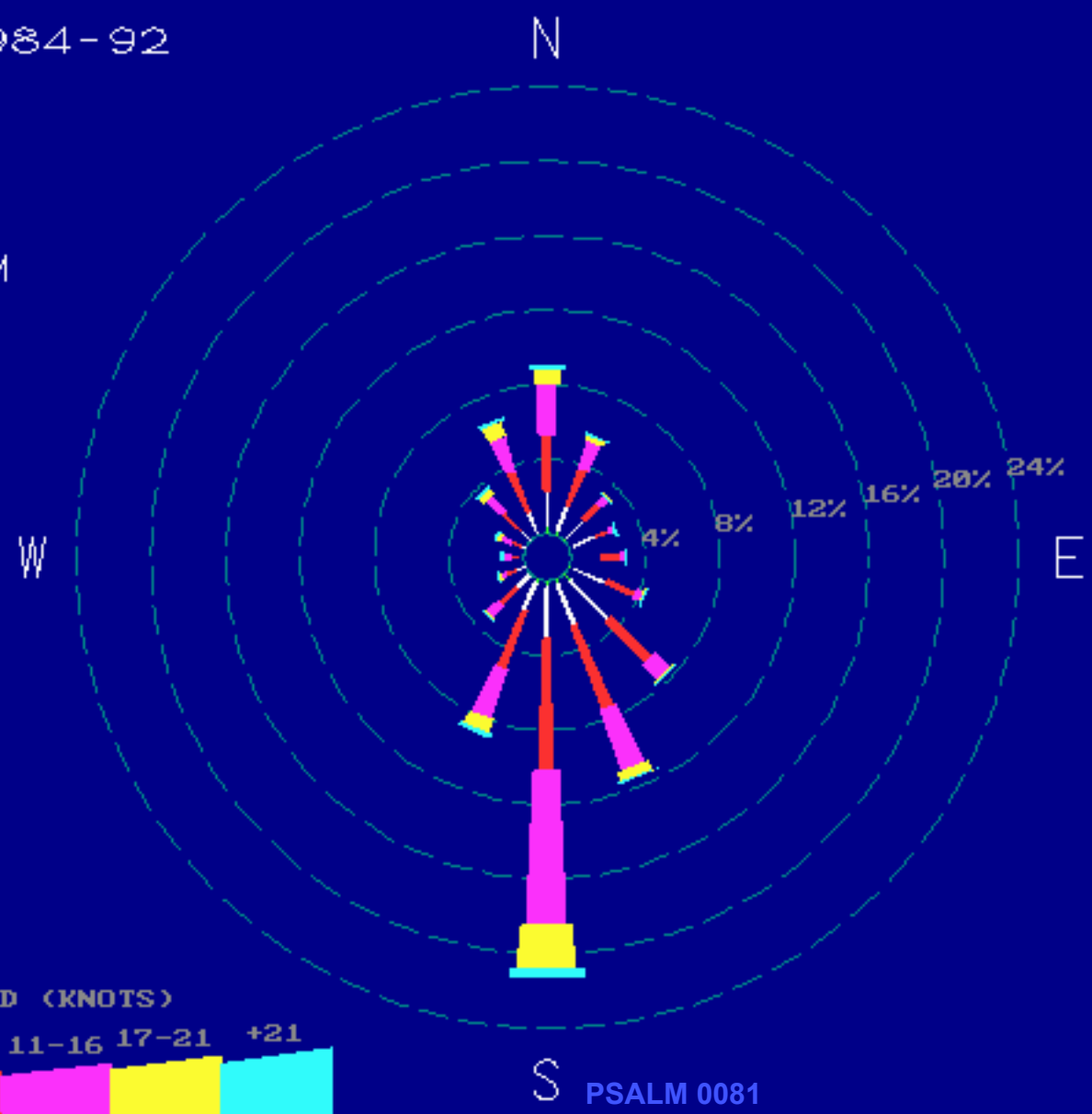
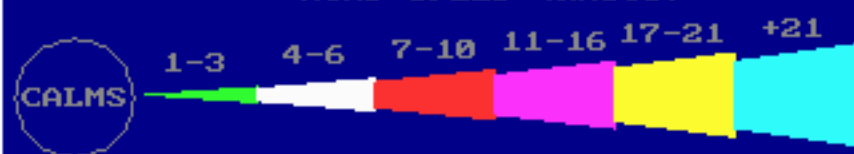
December 31

Midnight-11 PM

NOTE: Frequencies  
indicate direction  
from which the  
wind is blowing.

CALM WINDS 4.64%

WIND SPEED (KNOTS)



## Attachment 12 – Sewage Sludge Management

---

### Solids Management Plan

Influent Design Flow: 0.500 MGD  
 Influent BOD Concentration: 300 mg/L  
 Aerobic Digester Volume: 95,000 gallons  
 Aeration Basin MLSS: 2,000 to 4,000 mg/L

#### Sludge Production

<b>Solids Generated</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Pounds of Influent BOD <sub>5</sub>	1251	938	626	313
Pounds of Digested Dry Sludge Produced*	438	328	219	109
Pounds of Wet Sludge Produced	21893	16419	10946	5473
Gallons of Wet Sludge Produced	2628	1971	1314	657

\*Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD<sub>5</sub> at average temperatures and 2.0% concentration in the digester.

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

#### Sludge Removal Schedule

<b>Removal Schedule</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Days Between Sludge Removal	36	48	72	145

\*\* To be determined by operator.

Liquid digested sludge will be removed from the digester for disposal as required. The calculated mean cell residence time (MCRT) for the digester storage volume of 095,000 gallons will be approximately 36 days at 100% capacity and annual average digested sludge production of 0438 ppd. The hauler and facility to process the generated digested sludge will be determined at a future date.





## Payment Submittal Form

---

# WATER QUALITY PERMIT PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP Waste Permit No:

1. Check or Money Order Number: 1006
2. Check or Money Order Amount: \$1,650.00
3. Date of Check or Money Order: 07/28/2022
4. Name on Check or Money Order: Prairieview Associates LLC
5. APPLICATION INFORMATION

Name of Project or Site: Prairieview WWTP

Physical Address of Project or Site:

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

Staple Check or Money Order in This Space

**PRAIRIEVIEW ASSOCIATES LLC**  
14675 DALLAS PARKWAY STE 575 512-689-2626  
DALLAS, TX 75254

1006

88-2453/1119  
01

DATE 7/28/22

CHECK ARMOR  
FRAUD PROTECTION

PAY  
TO THE  
ORDER OF

T.C.E.Q.

ONE THOUSAND SIX HUNDRED FIFTY & XX/100

\$ 1,650.00

DOLLARS

Photo  
Safe  
Deposit  
Details on back

**TEXAS  
REPUBLIC  
BANK**  
Banking like it oughta be!

2595 Preston Rd. Bldg. #100  
Frisco, Texas 75034  
972-334-0700  
www.texasrepublicbank.com

FOR

⑈001006⑈ ⑈111924538⑈⑈0047239⑈

PSALM 0085

Response 1

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

September 12, 2022

Mr. Danny Meza  
Project Manager  
TCCI Land Development Inc.  
14675 Dallas Parkway, Suite 575  
Dallas, Texas 75254

Re: Application for Proposed Permit No. WQ0016202001 (EPA I.D. TX0143341)  
To be Issued to The Psalm 25:10 Foundation  
CN606049542, RN# RN111553269

Dear Mr. Meza:

We have received the application for the above referenced permit, and it is currently under review. Your attention to the following items is requested before we can declare the application administratively complete. Please submit your response by email in a word format.

1. Administrative report 1.1: section 1, item C, affected landowners mailing labels: the application indicated the four sets of mailing labels are submitted. However, we are unable to locate the mailing labels. Please email a mailing label in a word format with this response
2. The following is a portion of the Notice of Receipt of Application and Intent to Obtain a Water Quality Permit which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

The Psalm 25:10 Foundation, 3000 Altamesa Boulevard, Fort Worth, Texas 76133, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016202001 (EPA I.D. No. TX0143341) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 500,000 gallons per day. The domestic wastewater treatment facility will be located approximately 0.5 miles northwest of the intersection of West Farm-to-Market Road 4 and Farm-to-Market Road 2331, in Johnson County, Texas 76044. The discharge route will be from the plant site to an unnamed tributary; thence to West Fork Nolan River; thence to Noal River. TCEQ received this application on August 12, 2022. The permit application is available for viewing and copying at City of Godley Municipal Complex, City Secretary's Office, 200 West Railroad Street, Godley, Texas. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://tceq.maps.arcgis.com/apps/webappviewer/index.html?id=db5bac44afbc468bbdd360f8168250f&marker=-97.554722%2C32.400555&level=12>

Mr. Danny Meza  
Page 2  
September 12, 2022  
Permit No. WQ0016202001

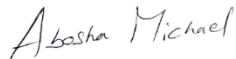
Further information may also be obtained from The Psalm 25:10 Foundation at the address stated above or by calling Mr. Danny Meza, Project Manager, TCCI Land Development Inc., at 817-991-8888.

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

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

Please submit the complete response, addressed to my attention by April 26, 2022. If you should have any questions, please do not hesitate to call me at (512) 239-4912.

Sincerely,



Abesha H. Michael  
Applications Review and Processing Team (MC148)  
Water Quality Division  
Texas Commission of Environmental Quality

Enclosure(s)  
Attachment 1 - Municipal TPDES and TLAP PLS Form

cc: Mr. Glenn Breisch, Professional Engineer, Wasteline Engineering, Inc., 208 South Front Street, Aledo, Texas 76008





# WASTELINE ENGINEERING, INC.

September 21, 2022

Texas Commission on Environmental Quality  
PO Box 13087  
Austin, Texas 78711-3087

**Attn:** Abesha H. Michael  
Applications Review and Processing Team (MC 148)  
Water Quality Division  
Wastewater Permits Section

**Re:** Application for NEW Permit No. WQ0016202001  
CN606049542; RN111553269  
Issued to The Psalm 25:10 Foundation

Abesha H. Michael:

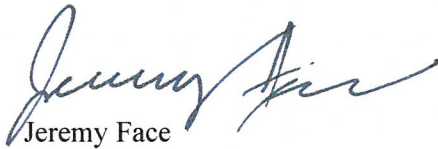
We are in receipt of your letter dated September 12, 2022 and offer the following in response to the items contained therein. Our responses are in the same order as the questions posed.

1. Administrative Report 1.1: Section 1, Item C: A sheet containing affected landowner mailing labels have been attached. Upon cross referencing the previously provided landowner information with the USPS, I have identified some inconsistencies with our previous landowner information list. I have revised it and attached it as well to this letter.
2. The Notice of Receipt seems to be complete and accurate.
3. I have attached a Plain Language Summary in response to your request.

Hopefully, the above will adequately respond to your inquiries. However, should you have any questions or comments concerning this document and its contents, please do not hesitate to contact this office.

Thanking you in advance for your prompt attention to this matter, we remain,  
Very truly yours,

**WASTELINE ENGINEERING, INC.**  
TX Registered Engineering Firm #F-1669



Jeremy Face

cc: File, Attachments

## Landowner List

#	Name	Address	City, State Zip
1	DON E MASSEY	10101 W FM 4	GODLEY TX 76044
2	RICHARD W CRIDER	10201 W FM 4	GODLEY TX 76044
3	DON E MASSEY	10805 W FM 4	GODLEY TX 76044
4	RICHARD W CRIDER	6741 COUNTY ROAD 1232	GODLEY TX 76044
5	CHRIS CRIDER	6741 COUNTY ROAD 1232	GODLEY TX 76044
6	BRIAN C ETUX ROBIN B ROBINSON	6849 COUNTY ROAD 1232	GODLEY TX 76044
7	EDITH IRVELENE HAYS	9301 COUNTY ROAD 1127	GODLEY TX 76044
8	GLEN LEE GUTHRIE	8801 COUNTY ROAD 1127	GODLEY TX 76044
9	GEORGE BRYON BROCK	8601 COUNTY ROAD 1127	GODLEY TX 76044
10	MARTHA SUE MAHAFFEY BUTLER	8133 COUNTY ROAD 1127	GODLEY TX 76044
11	E H GOODMAN	6528 FM 2331	GODLEY TX 76044
12	S L JR MOORE	6165 FM 2331	GODLEY TX 76044
13	MICHAEL HENRY SCHULTZ	8631 W FM 4	GODLEY TX 76044



DON E MASSEY  
10101 W FM 4  
GODLEY TX 76044

DON E MASSEY  
10101 W FM 4  
GODLEY TX 76044

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10101 W FM 4  
GODLEY TX 76044

DON E MASSEY  
10101 W FM 4  
GODLEY TX 76044

RICHARD W CRIDER  
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GODLEY TX 76044

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6165 FM 2331  
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8631 W FM 4  
GODLEY TX 76044

MICHAEL HENRY SCHULTZ  
8631 W FM 4  
GODLEY TX 76044

Response 2

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

### C. Core Data Form

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

**Attachment:** 1

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

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

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

First and Last Name: Richard Alberque

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

Title: Director of Land Development

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 214-734-0360 or 469-688-8224 Ext.:        Fax No.:  

E-mail Address: rich@tccitx.com

Check one or both:     ☒ Administrative Contact                     ☐ Technical Contact

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

First and Last Name: Glenn Breisch

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

Title:  

Organization Name: Wasteline Engineering, Inc.

Mailing Address: 208 S Front Street

City, State, Zip Code: Aledo, Texas 76008

Phone No.: 817-441-1300 Ext.:   Fax No.: 817-441-1033

E-mail Address: gbreisch@wasteline-eng.com

Check one or both:     ☐ Administrative Contact                     ☒ Technical Contact

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

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

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

First and Last Name: Richard Alberque

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

Title: Director of Land Development

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 214-734-0360 or 469-688-8224 Ext.: \_\_\_\_\_ Fax No.: [REDACTED]

E-mail Address: rich@tccitx.com

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

First and Last Name: Glenn Breisch

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

Title: [REDACTED]

Organization Name: Wasteline Engineering, Inc.

Mailing Address: 208 S Front Street

City, State, Zip Code: Aledo, Texas 76008

Phone No.: 817-441-1300 Ext.: [REDACTED] Fax No.: 817-441-1033

E-mail Address: gbreisch@wasteline-eng.com

## Section 6. Billing Information (Instructions Page 30)

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

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

First and Last Name: Richard Alberque

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

Title: Director of Land Development

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 214-734-0360 or 469-688-8224 Ext.: \_\_\_\_\_ Fax No.: [REDACTED]

E-mail Address: rich@tccitx.com

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

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

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

First and Last Name: Richard Alberque

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

Title: Director of Land Development

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 214-734-0360 or 469-688-8224 Ext.:        Fax No.:

E-mail Address: rich@tccitx.com

DMR data is required to be submitted electronically. Create an account at:

<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

## Section 8. Public Notice Information (Instructions Page 31)

### A. Individual Publishing the Notices

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

First and Last Name: Richard Alberque

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

Title: Director of Land Development

Organization Name: TCCI Land Development Inc.

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 817-991-8888 Ext.:  Fax No.:

E-mail Address: rich@tccitx.com

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

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

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

First and Last Name: Richard Alberque

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

Title: Director of Land Development

Organization Name: TCCI Land Development Inc.

Phone No.: 214-734-0360 or 469-688-8224 Ext.:

E-mail: rich@tccitx.com

#### D. Public Viewing Information

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

Public building name: City of Godley Municipal Complex

Location within the building: City Secretary's Office

Physical Address of Building: 200 West Railroad Street

City: Godley

County: Johnson

Contact Name: Reception

Phone No.: 817-389-3539 Ext.: [REDACTED]

#### E. Bilingual Notice Requirements:

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No



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

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

First and Last Name: Richard Alberque

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

Title: TCCI Land Development Inc

Mailing Address: 14675 Dallas Parkway, Suite 575

City, State, Zip Code: Dallas, TX 75254

Phone No.: 214-734-0360 or 469-688-8224 Ext.:        Fax No.:

E-mail Address: rich@tccitx.com

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

Not Applicable

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

The treated effluent will be discharged into the Westfork Nolan River, thence into Nolan River, thence into Lake Pat Cleburne, Classified Segment Number 1228.

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

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

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

- ☒ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☐ Vibration effects during construction or as a result of project design
- ☒ Additional phases of development that are planned for the future
- ☐ Sealing caves, fractures, sinkholes, other karst features



**The Psalm 25-10 Foundation**  
**Permit No. WQ0016202001**  
**New TPDES Permit Application**

As you know Rep. DeWayne Burns requested a public meeting on this application, and the Public Meeting is scheduled for September 19, 2023. Therefore, please address the following technical deficiencies by COB tomorrow, September 6, 2023. TCEQ staff attorney asked me to get applicant's latest correspondence with the contestant on these issues.

**Domestic Technical Report 1.1**

**Section A: Justification of Permit need**

Please provide a detailed discussion regarding an anticipated construction start date and operation/development schedule for each phase being proposed. If construction is dependent upon housing/commercial development, provide information from the developer. Provide information such as the size of the development (number of lots), the date construction on the development is scheduled to begin, and the anticipated growth rate of the development (number of houses per month or year). If additional space is needed, submit the justification information as an attachment.

**Section B: Regionalization of Facilities**

1. Municipally incorporated areas:

If the applicant is **not** a city, indicate if any portion of the proposed service area is located in an incorporated city. If yes, provide the name of the city and provide correspondence from the city concerning service for the proposed wastewater treatment facility (consent to provide service or denial to provide service from the city). If consent to provide service is available from the city, provide justification and a cost analysis of expenditures that shows the cost of connecting to the city versus the cost of the proposed facility or expansion.

2. Utility CCN areas:

Indicate if any portion of the proposed service area is inside another utility's sewer Certificate of Convenience and Necessity (CCN) area. If yes, provide justification and a cost analysis of expenditures that shows the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.

3. Nearby WWTPs or Collection Systems:

If there are any permitted domestic wastewater treatment facilities or sanitary sewer collection systems located within a three-mile radius of the proposed wastewater treatment facility, provide a list of all of these facilities, including the permittee's name and wastewater permit number. Identify these facilities on an area map.

Provide copies of your certified letters with mailing confirmation to these facilities and their response letters concerning providing wastewater service for the proposed service area. If any of these facilities agree to provide service, provide justification

and a cost analysis of expenditures that shows the cost of connecting to these facilities versus the cost of the proposed facility or expansion.



# WASTELINE ENGINEERING, INC.

September 6, 2023

Texas Commission on Environmental Quality  
PO Box 13087  
Austin, Texas 78711-3087

**Attn:** Abdur Rahim  
Applications Review and Processing Team (MC 148)  
Water Quality Division  
Wastewater Permits Section

**Re:** Application for NEW Permit No. WQ0016202001  
CN606049542; RN111553269  
Issued to The Psalm 25:10 Foundation

Abdur Rahim:

We are in receipt of your email dated September 5, 2023, and offer the following in response to the items contained therein. Our responses are in the same order as the questions posed.

1. Domestic Technical Report 1.1, Section A: The Justification of Permit Need is still the same as when we submitted the original application on August 20, 2023. The development of Prairieview is constructing approximately 1,200 single family homes across 360 acres. There are currently no wastewater facilities or wastewater collection systems constructed within a three-mile radius. The projected ultimate buildout of the development is to be achieved within six years, bringing an expected flow of 0.500 MGD of wastewater to the area. This leaves the development of Prairieview no other feasible option than to construct its own wastewater treatment facility.
2. Domestic Technical Report 1.1, Section B, 1: The applicant is not a city, the applicant is not within an incorporated city.
3. Domestic Technical Report 1.1, Section B, 2: No portion of the development is located inside another utility's CCN.
4. Domestic Technical Report 1.1, Section B, 3: There are no permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility. As you noted in your letter, there is currently an active permit for a proposed facility within a three-mile radius, but this facility is not constructed or operational.

Hopefully, the above will adequately respond to your inquiries. However, should you have any questions or comments concerning this document and its contents, please do not hesitate to contact this office.

Thanking you in advance for your prompt attention to this matter, we remain,  
Very truly yours,

**WASTELINE ENGINEERING, INC.**

TX Registered Engineering Firm #F-1669

Jeremy Face