TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: College Mound Special Utility District & Post Oak MHC, LLC

PERMIT NUMBER:

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

	Y	N		Y	N
Administrative Report 1.0	☒	☐	Original USGS Map Attachment C	☒	☐
Administrative Report 1.1	☒	☐	Affected Landowners Map Att K	☒	☐
SPIF	☒	☐	Landowner Disk or Labels Att K	☒	☐
Core Data Form Attachment A	☒	☐	Buffer Zone Map Attachment E	☒	☐
Public Involvement Plan Form B	☒	☐	Flow Diagram Attachment G	☒	☐
Technical Report 1.0	☒	☐	Site Drawing Attachment D	☒	☐
Technical Report 1.1	☒	☐	Original Photographs Att P	☒	☐
Worksheet 2.0	☒	☐	Design Calculations Att H	☒	☐
Worksheet 2.1	☐	☒	Solids Management Plan Att I	☒	☐
Worksheet 3.0	☐	☒	Water Balance	☐	☒
Worksheet 3.1	☐	☒			
Worksheet 3.2	☐	☒			
Worksheet 3.3	☐	☒			
Worksheet 4.0	☐	☒			
Worksheet 5.0	☐	☒			
Worksheet 6.0	☐	☒			
Worksheet 7.0	☐	☒			

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 29)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☒	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: Click here to enter text

Check/Money Order Amount:

Name Printed on Check:

EPAY — Voucher Number: 625540 & 625541

Copy of Payment Voucher enclosed? Yes ☒

Section 2. Type of Application (Instructions Page 29)

☒ New TPDES

☐ New TLAP

☐ Major Amendment *with* Renewal

☐ Minor Amendment *with* Renewal

☐ Major Amendment *without* Renewal

☐ Minor Amendment *without* Renewal

☐ Renewal without changes

☐ Minor Modification of permit

For amendments or modifications, describe the proposed changes: N/A

For existing permits:

Permit Number: N/A

EPA I.D. (TPDES only): N/A

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

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

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

College Mound Special Utility District and Post Oak MHC, LLC

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

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

CN: N/A

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): Mrs.

First and Last Name: Shirley Thompson

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

Title: General Manager

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

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

College Mound Special Utility District & Post Oak MHC, LLC

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

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

CN:

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

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

First and Last Name: Steven Winslow

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

Title: Owner

Provide a brief description of the need for a co-permittee: Owner of land not the same as facility owner

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: See Attachment A

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): Mrs.

First and Last Name: Shirley Thompson

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

Title: General Manager

Organization Name: College Mound Special Utility District & Post Oak MHC, LLC

Mailing Address: P.O. Box 2008

City, State, Zip Code: Terrell, TX 75160

Phone No.: (972) 563-1355 Ext.: Fax No.:

E-mail Address: sthompson@collegemoundwater.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

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

First and Last Name: Lesley Reel

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

Title: Professional Engineer

Organization Name: L Squared Engineering

Mailing Address: 3307 W. Davis Street, Suite 100

City, State, Zip Code: Conroe, TX 77304

Phone No.: (936) 647-0420 Ext.: Fax No.:

E-mail Address: Lreel@L2Engineering.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): Mrs.

First and Last Name: Shirley Thompson

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

Title: General Manager

Organization Name: College Mound Special Utility District & Post Oak MHC, LLC

Mailing Address: P.O. Box 2008

City, State, Zip Code: Terrell, TX 77160

Phone No.: (972) 563-1355 Ext.: Fax No.:

E-mail Address: sthompson@collegemoundwater.com

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

First and Last Name: Lesley Reel

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

Title: Professional Engineer

Organization Name: L Squared Engineering

Mailing Address: 3307 W. Davis Street, Suite 100

City, State, Zip Code: Conroe, TX 77304

Phone No.: (936) 647-0420 Ext.: Fax No.:

E-mail Address: Lreel@L2Engineering.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): Mrs.

First and Last Name: Shirley Thompson

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

Title: General Manager

Organization Name: College Mound Special Utility District & Post Oak MHC, LLC

Mailing Address: P.O. Box 2008

City, State, Zip Code: Terrell, TX 75160

Phone No.: (972) 563-1355 Ext.: Fax No.:

E-mail Address: sthompson@collegemoundwater.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): Mrs.

First and Last Name: Shirley Thompson

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

Title: General Manager

Organization Name: College Mound Special Utility District & Post Oak MHC, LLC

Mailing Address: P.O. Box 2008

City, State, Zip Code: Terrell, TX 75160

Phone No.: (972) 563-1355 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: sthompson@collegemoundwater.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): Mrs.

First and Last Name: Lesley Reel

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

Title: Professional Engineer

Organization Name: L Squared Engineering

Mailing Address: 3307 W. Davis Street, Suite 100

City, State, Zip Code: Conroe, TX 77304

Phone No.: (936) 647-0420 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: Lreel@L2Engineering.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): Mrs.

First and Last Name: Lesley Reel

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

Title: Professional Engineer

Organization Name: L Squared Engineering

Phone No.: (936) 647-0420 Ext.:

E-mail: Lreel@L2Engineering.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: Kaufman County Public Library

Location within the building:

Physical Address of Building: 3790 S. Houston Street

City: Kaufman County: Kaufman

Contact Name:

Phone No.: (972) 932-6222 Ext.:

E. Bilingual Notice Requirements:

This information **is required** for **new, major amendment, minor amendment or minor modification, and renewal applications**.

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

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

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

   ☒ Yes ☐ No

   If **no**, publication of an alternative language notice is not required; **skip to** 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? Spanish

F. Public Involvement Plan Form

Complete the Public Involvement Plan Form (TCEQ Form 20960) for each application for a **new permit or major amendment to a permit** and include as an attachment.

Attachment: See Attachment B

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** N/A
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):

Post Oak WWTP

C. Owner of treatment facility: College Mound Special Utility District & Post Oak MHC, LLC

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: College Mound Special Utility District & Post Oak MHC, LLC

Mailing Address: P.O. Box 2008

City, State, Zip Code: Terrell, TX 75160

Phone No.: (972) 563-1355 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: N/A

E. Owner of effluent disposal site:

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

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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: N/A

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): N/A

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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: N/A

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:

Approximately 1.73 miles southeast of the intersection of Abner Road and Wilson Road.

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 plant will discharge treated effluent first to an unnamed tributary, thence to Anthony Branch, thence to Kings Creek, and finally into Cedar Creek Reservoir in Segment 0818.

City nearest the outfall(s): Kaufman, TX

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

Outfall Latitude: 32.673356 Longitude: 96.228583

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: N/A

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.

N/A

Section 11. TLAP Disposal Information (Instructions Page 36)

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

☐ Yes ☐ No

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

Not a TLAP

B. City nearest the disposal site:

C. County in which the disposal site is located:

D. Disposal Site Latitude: Longitude:

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

Not a TLAP

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

Not a TLAP

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.

Sludge will be hauled off by Dr. Pumper Septic Services, LLC.

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:

N/A

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

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

Section 13. Attachments (Instructions Page 38)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

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

Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: College Mound Special Utility District & Post Oak MHC, LLC

Certification:

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

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

Signatory name (typed or printed): Shirley Thompson

Signatory title: General Manager

Signature: S Thompson Date: 12-28-22

(Use blue ink)

Subscribed and Sworn to before me by the said Shirley Thompson

on this 28th day of December, 2022.

My commission expires on the 14th day of June, 2026.

Tera Bell

Notary Public

[SEAL]

Kaufman

County, Texas

TERA BELL
Notary Public, State of Texas
Comm. Expires 06-14-2026
Notary ID 124245003

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: Click here to enter text.

Applicant: Post Oak MHC, LLC

Certification:

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

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

Signatory name (typed or printed): Steven Winslow

Signatory title: Owner

Signature: _____ Date: 12/07/2022

(Use blue ink)

Subscribed and Sworn to before me by the said Steven Winslow

on this 7 day of December, 2022.

My commission expires on the 11 day of November, 2026

Michelle Cahoe

Notary Public

[SEAL]

Michelle Cahoe
My Commission Expires
11/7/2026
Notary ID131774409

Montgomery

County, Texas

Section 15. Plain Language Summary (Instructions Page 40)

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

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

DOMESTIC WASTEWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.
Post Oak MHC, LLC (CN606117703) and College Mound Special Utility District (CN605630177) propose to operate Post Oak wastewater treatment plant (RN111697546) with an average daily flow of 250,000 gallons per day. The facility will be located approximately 1.73 miles southeast of the intersection of Abner Road and Wilson Road, in Terrell, Kaufman County, Texas 75161.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD_5), total suspended solids, ammonia nitrogen, and dissolved oxygen. Domestic wastewater will be treated by aeration/digestor basins, a clarifier, and a chlorine contact chamber.

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

AGUAS RESIDUALES DOMÉSTICAS

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

Post Oak MHC, LLC (CN606117703) y College Mound Special Utility District (CN605630177) propone operar Post Oak planta de tratamiento de aguas residuals (RN111697546) con un caudal promedio de 250,000 galones diarios. La instalación estará ubicada aproximadamente 1.73 millas al sureste de la intersección de Abner Road y Wilson Road, en Terrell, condado de Kaufman, Texas 75161.

Se espera que las descargas de la instalación demanda bioquímica de oxígeno de cinco días (BOD_5), sólidos suspendidos totales, nitrógeno amoniacal y oxígeno disuelto. Las aguas residuales domésticas serán tratado por balsas de aireación/digestor, un clarificador y una cámara de contacto de cloro.

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:

☐ USB Drive ☒ 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):

Click here to enter text.

Section 2. Original Photographs (Instructions Page 44)

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

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

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

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

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

Section 3. Buffer Zone Map (Instructions Page 44)

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

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

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

☐ Ownership

☒ Restrictive easement

☐ Nuisance odor control

☐ Variance

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

☒ Yes ☐ No

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

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

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

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

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

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

The following applies to all applications:

1. Permittee: College Mound Special Utility District & Post Oak MHC, LLC

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

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

   The property is located approximately 1.73 miles southeast of the intersection of Abner Road and Wilson Road, Kaufman County, TX.

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): Mrs.

First and Last Name: Lesley Reel

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

Title: Professional Engineer

Mailing Address: 3307 W. Davis Street, Suite 100

City, State, Zip Code: Conroe, TX 77304

Phone No.: (936) 647-0420 Ext.: Fax No.:

E-mail Address: Lreel@L2Engineering.com

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

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

N/A

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 plant will discharge treated effluent to Ånthony Branch, thence to Kings Creek, and finally into Cedar Creek Reservoir.

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):

The installation of the wastewater plant will not cause excavation.

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

Pasture/Woods

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:

None.

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

The property is an undeveloped tract of land.

TCEQ ePay Voucher Receipt

Transaction Information

Voucher Number:	625540
Trace Number:	582EA000536192
Date:	03/08/2023 11:27 AM
Payment Method:	CC - Authorization 000002237G
Voucher Amount:	$1,200.00
Fee Type:	WW PERMIT - FACILITY WITH FLOW >= .25 & < .50 MGD - NEW AND MAJOR AMENDMENTS
ePay Actor:	ERICA TOLLIVER

Payment Contact Information

Name:	LESLEY REEL
Company:	L SQUARED ENGINEERING
Address:	3307 W DAVIS STREET, CONROE, TX 77304
Phone:	936-647-0420

Site Information

Site Name:	POST OAK WWTP
Site Location:	1.73 MILES SW OF INTERSECTION OF ABNER RD & WILSON RD

Customer Information

Customer Name:	POST OAK MHC LLC
Customer Address:	5451 FM 1488, MAGNOLIA, TX 77354

CMSUD 0022

TCEQ ePay Voucher Receipt

Transaction Information

Voucher Number:	625541
Trace Number:	582EA000536192
Date:	03/08/2023 11:27 AM
Payment Method:	CC - Authorization 000002237G
Voucher Amount:	$50.00
Fee Type:	30 TAC 305.53B WQ NOTIFICATION FEE
ePay Actor:	ERICA TOLLIVER

Payment Contact Information

Name:	LESLEY REEL
Company:	L SQUARED ENGINEERING
Address:	3307 W DAVIS STREET, CONROE, TX 77304
Phone:	936-647-0420

CMSUD 0023

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:** Click here to enter text

1. Check or Money Order Number: Click here to enter text
2. Check or Money Order Amount: Click here to enter text
3. Date of Check or Money Order: Click here to enter text
4. Name on Check or Money Order: Click here to enter text
5. APPLICATION INFORMATION
   Name of Project or Site: Post Oak WWTP
   Physical Address of Project or Site: Close to the intersection of Abner Road and Wilson Road
   If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Staple Check or Money Order in This Space

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Section 1. Individual Information (Instructions Page 50)

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

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

Full legal name (first, middle, last): Click here to enter text.

Driver's License or State Identification Number: Click here to enter text.

Date of Birth: Click here to enter text.

Mailing Address: Click here to enter text.

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

Phone Number: Click here to enter text. Fax Number: Click here to enter text.

E-mail Address: Click here to enter text.

CN: Click here to enter text.

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

CHECKLIST OF COMMON DEFICIENCIES

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

Core Data Form (TCEQ Form No. 10400) ☒ Yes
(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)

Correct and Current Industrial Wastewater Permit Application Forms ☒ Yes
(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)

Water Quality Permit Payment Submittal Form (Page 19) ☒ Yes
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

7.5 Minute USGS Quadrangle Topographic Map Attached ☒ Yes
(Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)

Current/Non-Expired, Executed Lease Agreement or Easement Attached ☒ N/A ☐ Yes

Landowners Map ☐ N/A ☒ Yes
(See instructions for landowner requirements)

Things to Know:

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

Landowners Cross Reference List ☒ N/A ☐ Yes
(See instructions for landowner requirements)

Landowners Labels or USB Drive attached ☐ N/A ☒ Yes
(See instructions for landowner requirements)

Original signature per 30 TAC § 305.44 – Blue Ink Preferred ☒ Yes
(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached)

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): 0.0625

2-Hr Peak Flow (MGD): 0.25

Estimated construction start date: September 2023

Estimated waste disposal start date: January 2024

B. Interim II Phase

Design Flow (MGD): .125

2-Hr Peak Flow (MGD): 0.50

Estimated construction start date: September 2024

Estimated waste disposal start date: March 2025

C. Final Phase

Design Flow (MGD): .25

2-Hr Peak Flow (MGD): 1.00

Estimated construction start date: March 2025

Estimated waste disposal start date: October 2025

D. Current operating phase: TBD

Provide the startup date of the facility: TBD

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:

See Attachment G

Port or pipe diameter at the discharge point, in inches: 18"

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)
See Attachment F		

C. Process flow diagrams

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

Attachment: See Attachment G

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: See Attachment D

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

Post Oak development

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.

N/A

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.

N/A

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: N/A

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.

N/A

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.

Buffer zone is provided by restrictive easement to all sides of the plant on the adjacent owners property.

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.*

N/A

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.

N/A

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.

N/A

4. Grease and decanted liquid disposal

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

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

N/A

E. Stormwater management

1. Applicability

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

2. MSGP coverage

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

Yes ☐ No ☐

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

TXR05 N/A or TXRNE N/A

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:

N/A

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.

N/A

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.

N/A

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.

N/A

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

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

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

1. Acceptance of sludge from other WWTPs

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

Yes ☐ No ☒

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

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

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

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

N/A

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.

N/A

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

Is the facility in operation?

Yes ☐ No ☒

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

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

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

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

Pollutant	**Average Conc.**	**Max Conc.**	**No. of Samples**	**Sample Type**	**Sample Date/Time**
$CBOD_5$, mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					

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

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: College Mound SUD

Facility Operator's License Classification and Level: Collection license

Facility Operator's License Number: WW0061659

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

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

☐ Permitted landfill

☐ Permitted or Registered land application site for beneficial use

☐ Land application for beneficial use authorized in the wastewater permit

☐ Permitted sludge processing facility

☐ Marketing and distribution as authorized in the wastewater permit

☐ Composting as authorized in the wastewater permit

☐ Permitted surface disposal site (sludge monofill)

☐ Surface disposal site (sludge monofill) authorized in the wastewater permit

☒ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.

☐ Other: Click here to enter text

B. Sludge disposal site

Disposal site name: Greenville Wastewater Reclamation Center

TCEQ permit or registration number: 10485-002

County where disposal site is located: Hunt County

C. Sludge transportation method

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

Name of the hauler: Dr. Pumper Septic Services, LLC

Hauler registration number: 03932

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

B. Sludge processing authorization

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

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

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

Yes ☐ No ☐

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

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

A. Location information

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

- Original General Highway (County) Map:

  Attachment: Click here to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click here to enter text.
- Federal Emergency Management Map:

  Attachment: Click here to enter text.
- Site map:

  Attachment: Click here to enter text.

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

Check all that apply.

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

☐ Wetlands

☐ Located less than 60 meters from a fault

☐ None of the above

Attachment: N/A

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:

N/A

B. Temporary storage information

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

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

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

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

Phosphorus, mg/kg: Click here to enter text.

Potassium, mg/kg: Click here to enter text.

pH, standard units: Click here to enter text.

Ammonia Nitrogen mg/kg: Click here to enter text.

Arsenic: Click here to enter text.

Cadmium: Click here to enter text.

Chromium: Click here to enter text.

Copper: Click here to enter text.

Lead: Click here to enter text.

Mercury: Click here to enter text.

Molybdenum: Click here to enter text.

Nickel: Click here to enter text.

Selenium: Click here to enter text.

Zinc: Click here to enter text.

Total PCBs: Click here to enter text.

Provide the following information:

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

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

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

C. Liner information

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

Yes ☐ No ☐

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

N/A

D. Site development plan

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

N/A

Attach the following documents to the application.

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

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

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

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

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

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

  Attachment: Click here to enter text.

E. Groundwater monitoring

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

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

Yes ☐ No ☒

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

Attachment: Click here to enter text.

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

A. Additional authorizations

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

Yes ☐ No ☒

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

N/A

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:

N/A

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: N/A

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: N/A

Title: N/A

Signature: _____

Date: _____

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.

Due to the overall phasing and growth planned for Post Oak, all three phases will need to be completed according to Attachment M. The completion dates for each phase can be found on page 1 of Domestic Technical Report 1.0.

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: Click here to enter text.

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: Click here to enter text.

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: N/A

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: Attachment L

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

Attachment: Attachment L

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

Yes ☐ No ☒

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

Attachment: Click here to enter text.

Section 2. Organic Loading (Instructions Page 67)

Is this facility in operation?

Yes ☐ No ☒

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application):

Average Influent Organic Strength or BOD_5 Concentration in mg/l:

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34):

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

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD_5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park	0.25	200
School with cafeteria and showers		
School with cafeteria,		

Source	Total Average Flow (MGD)	Influent BOD_5 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	0.25	
AVERAGE BOD_5 from all sources		200

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: 4

Other: Click here to enter text.

B. Interim II 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: 4

Other: N/A

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: 4

Other: N/A

D. Disinfection Method

Identify the proposed method of disinfection.

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

Dechlorination process: Click here to enter text.

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

☐ Other: Click here to enter text.

Section 4. Design Calculations (Instructions Page 68)

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

Attachment: See Attachment H

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.

N/A

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

FEMA Firm Panel 0225D, Map Number 48257C0225D, Effective Date 7/3/2012

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

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

B. Wind rose

Attach a wind rose. **Attachment**: See Attachment J

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

A. Beneficial use authorization

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

Yes ☐ No ☒

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

Attachment: Click here to enter text.

B. Sludge processing authorization

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

☐ Sludge Composting

☐ Marketing and Distribution of sludge

☐ Sludge Surface Disposal or Sludge Monofill

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

Attachment: Click here to enter text.

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

Attach a solids management plan to the application.

Attachment: See Attachment I

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

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

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

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

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

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

Yes ☐ No ☒

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

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

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

Attachment: Click here to enter text.

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

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: Click here to enter text.

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☐

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

N/A

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).

N/A

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: Anthony Branch

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click here to enter text

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify:

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click here to enter text.

C. Downstream perennial confluences

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

N/A

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.

E. Normal dry weather characteristics

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

Dry creek bed with leaves at the bottom.

Date and time of observation: August 16, 2022; 4:14 PM

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☒

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

☐ Domestic water supply ☐ Industrial water supply

☐ Park activities ☐ Other(s), specify

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 A - Core Data Form

TCEQ Core Data Form

TCEQ Use Only

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

SECTION I: General Information

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

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

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

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

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy)

☒ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

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

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

College Mound Special Utility District

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
	30003300602	465660024	

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ State ☐ Other ☐ Sole Proprietorship ☒ Other: Special Utility District

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

13. Independently Owned and Operated?
☐ Yes ☐ No

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

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

15. Mailing Address:

P.O. Box 2008

City	Terrell	State	TX	ZIP	75160	ZIP + 4	

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(972) 563-1355		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Post Oak

CMSUD 0061

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	Approximately 1.73 miles southeast of the intersection of Abner Road and Wilson Road, in Kaufman County, Texas 75161

26. Nearest City	**State**	**Nearest ZIP Code**
Terrell	TX	75161

27. Latitude (N) In Decimal: 32.673356			**28. Longitude (W) In Decimal:** 96.228583		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
32	40	24.08	96	13	42.90

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
6514		531311	

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

Multifamily Development

34. Mailing Address:	**P.O. Box 2008**						
	City	**Terrell**	**State**	**TX**	**ZIP**	**75160**	**ZIP + 4**
35. E-Mail Address:							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(972) 563-1355		( ) -

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

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

SECTION IV: Preparer Information

40. Name:	Lesley Reel	**41. Title:**	Professional Engineer

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(936) 647-0420		( ) -	Lreel@L2Engineering.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:	College Mound Special Utility District	**Job Title:**	General Manager
Name *(In Print):*	Shirley Thompson	**Phone:**	(972) 563- 1355
Signature:	SThompson	**Date:**	12-28-22

CMSUD 0062

TCEQ Core Data Form

TCEQ Use Only

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

SECTION I: General Information

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

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

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

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

SECTION II: Customer Information

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

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

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

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

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

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
804195002	32080629655		

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

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

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

13. Independently Owned and Operated?
☐ Yes ☐ No

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

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

15. Mailing Address:	5451 FM 1488						
	City	Magnolia	State	TX	ZIP	77354	ZIP + 4	2402

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(936) 217-9300		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Post Oak

CMSUD 0063

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	Approximately 1.73 miles southeast of the intersection of Abner Road and Wilson Road, in Kaufman County, Texas 75161				
26. Nearest City			State	Nearest ZIP Code	
Terrell			TX	75161	
27. Latitude (N) In Decimal:	32.673356		28. Longitude (W) In Decimal:	96.228583	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
32	40	24.08	96	13	42.90

29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)	32. Secondary NAICS Code (5 or 6 digits)
6514		531311	

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

Multifamily Development

34. Mailing Address:	5451 FM 1488							
	City	Magnolia	State	TX	ZIP	77354	ZIP + 4	2402
35. E-Mail Address:	Hwinslow@affinalre.com							

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(936) 217-9300		( ) -

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

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

SECTION IV: Preparer Information

40. Name:	Lesley Reel	41. Title:	Professional Engineer

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(936) 647-0420		( ) -	Lreel@L2Engineering.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:	Post Oak MHC, LLC	Job Title:	Owner		
Name *(In Print)*:	Steven Winslow			Phone:	(936) 217- 9300
Signature:				Date:	01/13/2023

Attachment B - Public Involvement Plan

Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

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

If neither of the above boxes are checked, a Public Involvement Plan is not necessary. Completion of the remaining sections not required.

Section 2. Secondary Screening

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

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

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

☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.
Not considered to have significan public interest.

Section 3. Application Information

Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V

Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste
☐ Radioactive Materials Licensing ☐ Underground Injection Controls

Water Quality

☐ Texas Pollutant Discharge Elimination System (TPDES)

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

Water Rights New Permit

- ☐ New Appropriation of Water
- ☐ New or existing reservoir

Amendment to an Existing Water Right

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

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

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

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

_____

(City)

_____

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.
☐ City
☐ County
☐ Census Tract

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

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

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

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

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

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

☐ Yes ☐ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☐ No

If Yes, please describe.

If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

☐ Yes ☐ No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

☐ Publish in alternative language newspaper

☐ Posted on Commissioner's Integrated Database Website

☐ Mailed by TCEQ's Office of the Chief Clerk

☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☐ Yes ☐ No

(e) If a public meeting is held, will a translator be provided if requested?

☐ Yes ☐ No

(f) Hard copies of the application will be available at the following (check all that apply):

☐ TCEQ Regional Office

☐ TCEQ Central Office

☐ Public Place (specify)

Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

☐ Yes ☐ No

What types of notice will be provided?

☐ Publish in alternative language newspaper

☐ Posted on Commissioner's Integrated Database Website

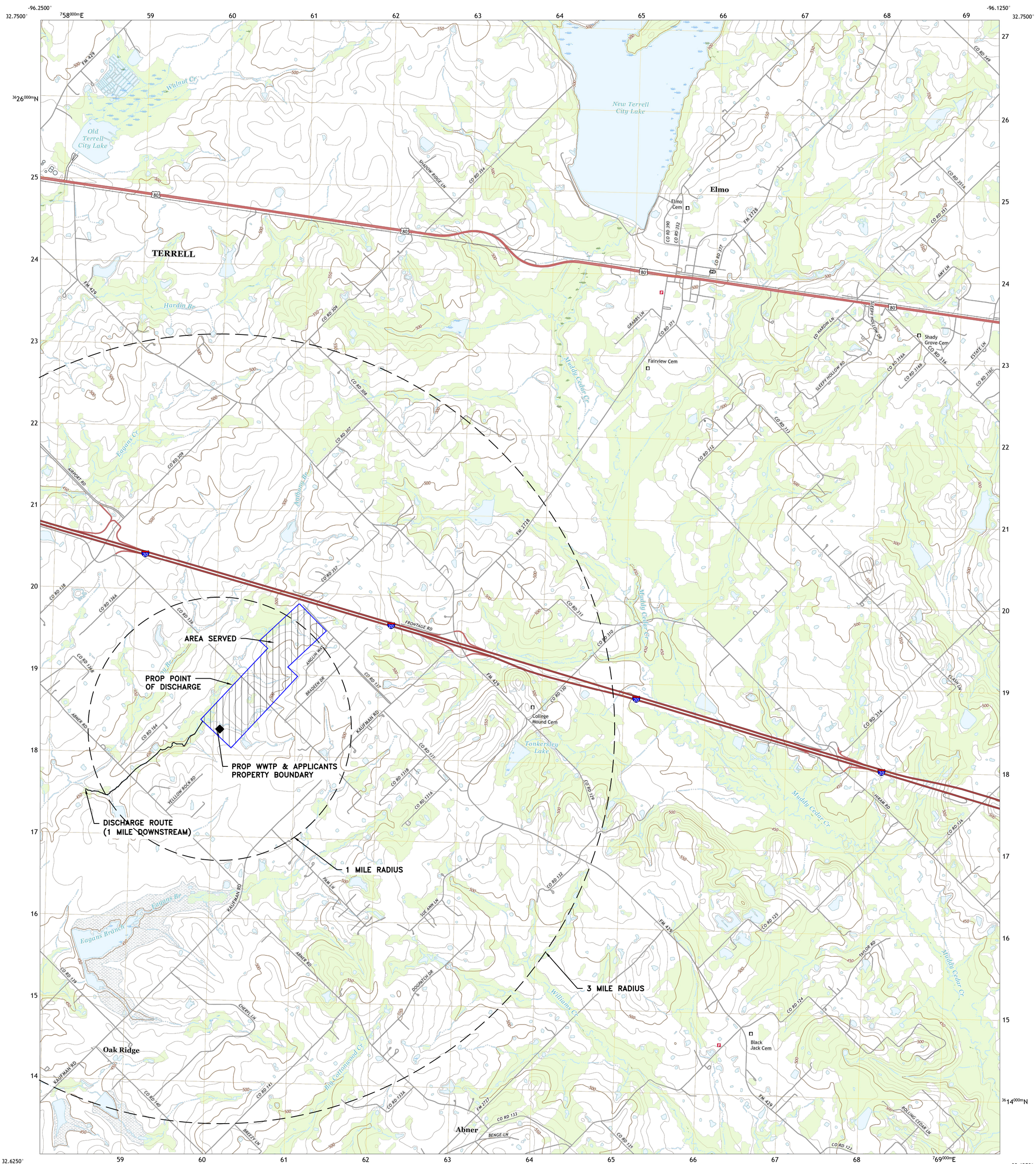
☐ Mailed by TCEQ's Office of the Chief Clerk

☐ Other (specify)

Attachment C - USGS Maps

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

ELMO QUADRANGLE
TEXAS - KAUFMAN COUNTY
7.5-MINUTE SERIES



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World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 14S

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Imagery.....NAIP, October 2016 - November 2016
Roads..... U.S. Census Bureau, 2015 - 2018
Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2003 - 2018
Contours.....National Elevation Dataset, 2004
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
2°48´ 50 MILS
1°31´ 27 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

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

SCALE 1:24 000

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1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard.

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Terrell North
2 Poetry
3 Ables Springs
4 Terrell South
5 Wills Point
6 Kaufman
7 Ola
8 Cedarvale

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

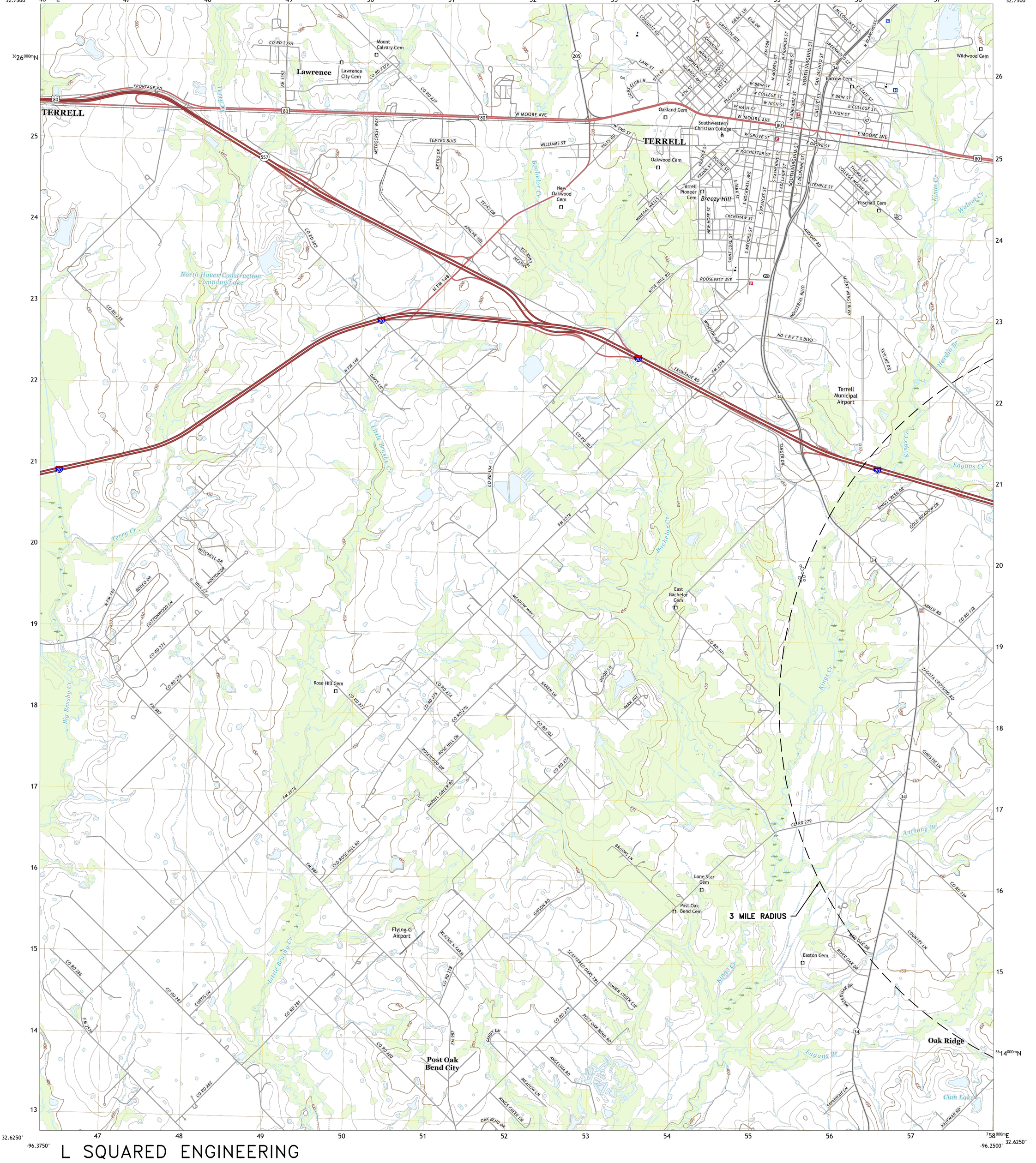
NSN 7643016396056
NGA REF NO. USGSX24K14194

ELMO, TX
2022

CMSUD 0071

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

TERRELL SOUTH QUADRANGLE
TEXAS - KAUFMAN COUNTY
7.5-MINUTE SERIES



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Contours.....National Elevation Dataset, 2004
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
2°53'
51 MILS
1°27'
26 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

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

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

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Forney North
2 Terrell North
3 Poetry
4 Forney South
5 Elmo
6 Scurry
7 Kaufman
8 Ola

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

TERRELL SOUTH, TX
2022

NSN 7643016398565
NGA REF NO. USGSX24K44611

CMSUD 0072

Attachment D - Site Drawings

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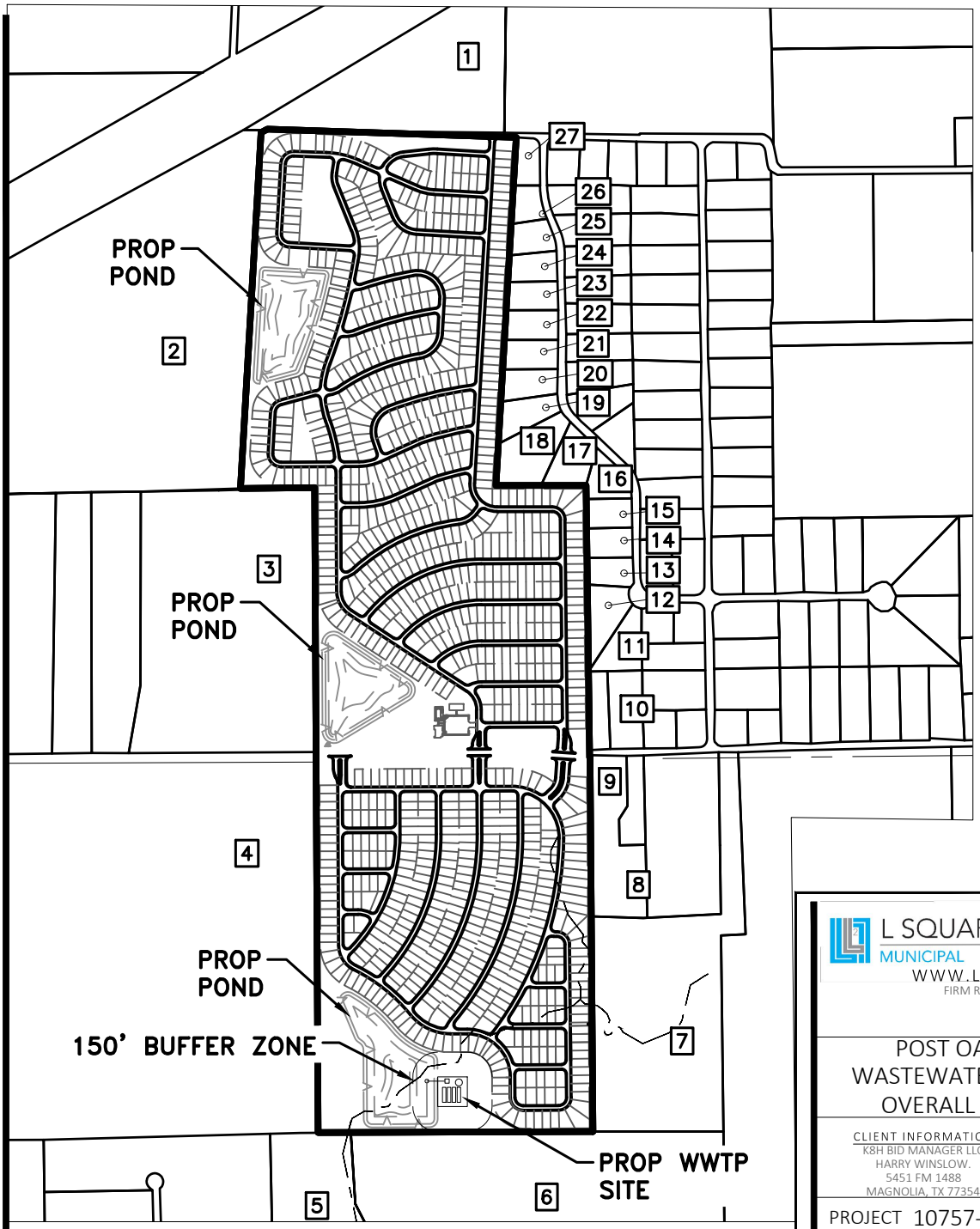

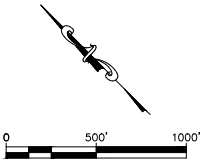

#	Owners name	Property ID
1	Donald Lambert	8766
2	Terrell HRC LP	8827
3	Piper Alan & Diane L	8801
4	Liston Ricket Lee Et Al	16296
5	Demetrio Jr & Carmen Saenz	16318
6	Demetrio Jr & Carmen Saenz	16316
7	Ricky Harvey	16288
8	Ronald & Carla Clements	195174
9	Justin Clements	213367
10	Johan Estevane	50800
11	Anglin Bobby H Trustee	50805
12	Mariani Barraza	50806
13	Brenda Gutierrez & Gabriel Cardenas	50807
14	Damacio Jacobo & Loera Bertha	50808

#	Owners name	Property ID
15	Ronald Wallace	50809
16	Catalina Escobedo	50810
17	Anglin Bobby H Trustee	50811
18	Allan Dennis	50812
19	Adrian Garcia	50813
20	Daniel Reveles	50814
21	Maria Butista	50815
22	Juan Pina & Marivel Sanchez	50816
23	Michael Shafer	50817
24	Flor Bohorquez	50818
25	Francisco Vasquez	50819
26	Fernando Flores	50820
27	Sharon Mejia	50752

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POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
OVERALL SITE PLAN EXHIBIT

CLIENT INFORMATION
K8H BID MANAGER LLC
HARRY WINSLOW.
5451 FM 1488
MAGNOLIA, TX 77354

PROJECT ADDRESS
PROJECT ADDRESS HERE
PROJECT ADDRESS HERE

PROJECT	10757-003	DATE	12/19/2022
SCALE	1" = 1000'	SHEET	EXHIBIT D

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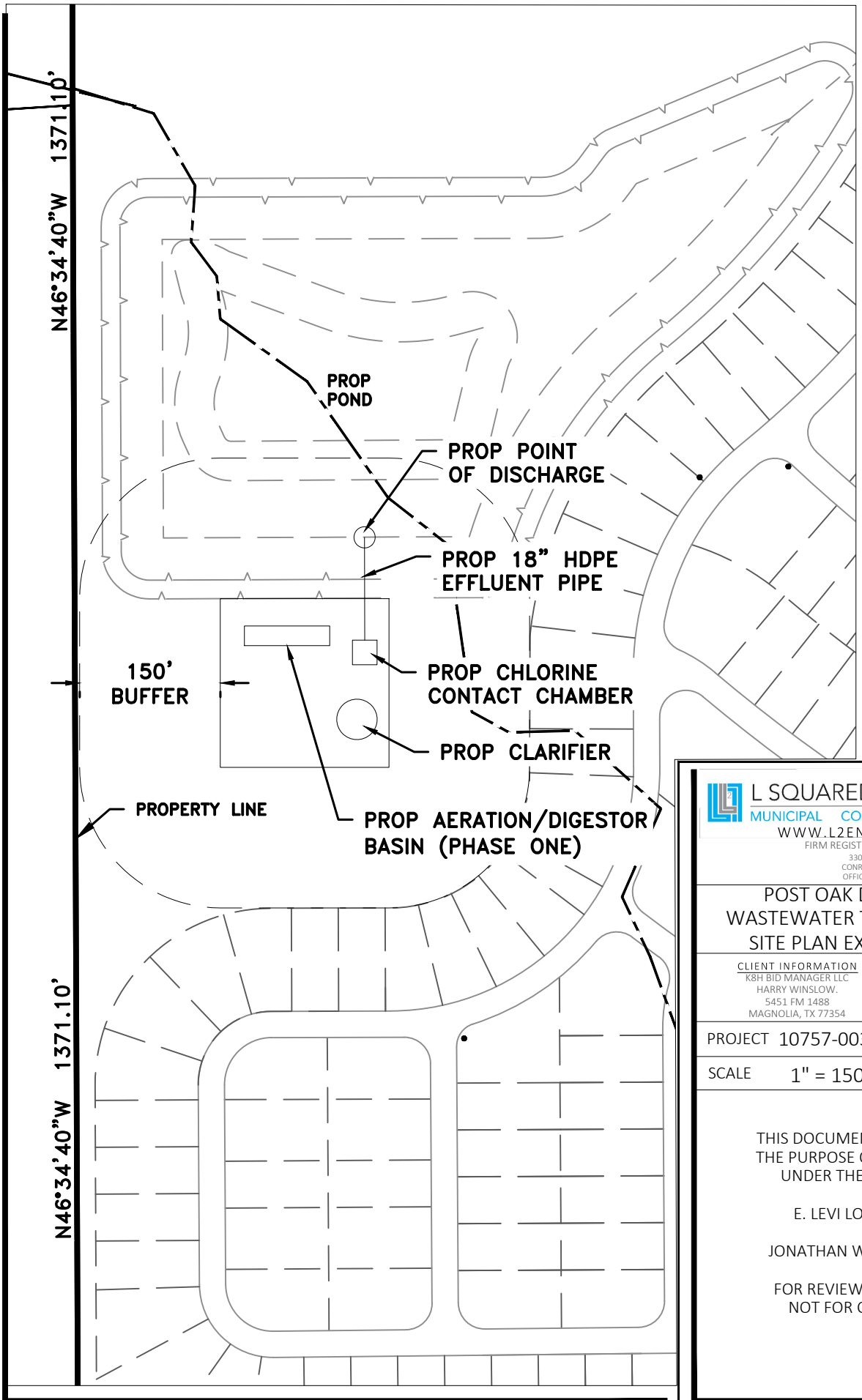

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POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
SITE PLAN EXHIBIT - PHASE 1

CLIENT INFORMATION
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HARRY WINSLOW.
5451 FM 1488
MAGNOLIA, TX 77354

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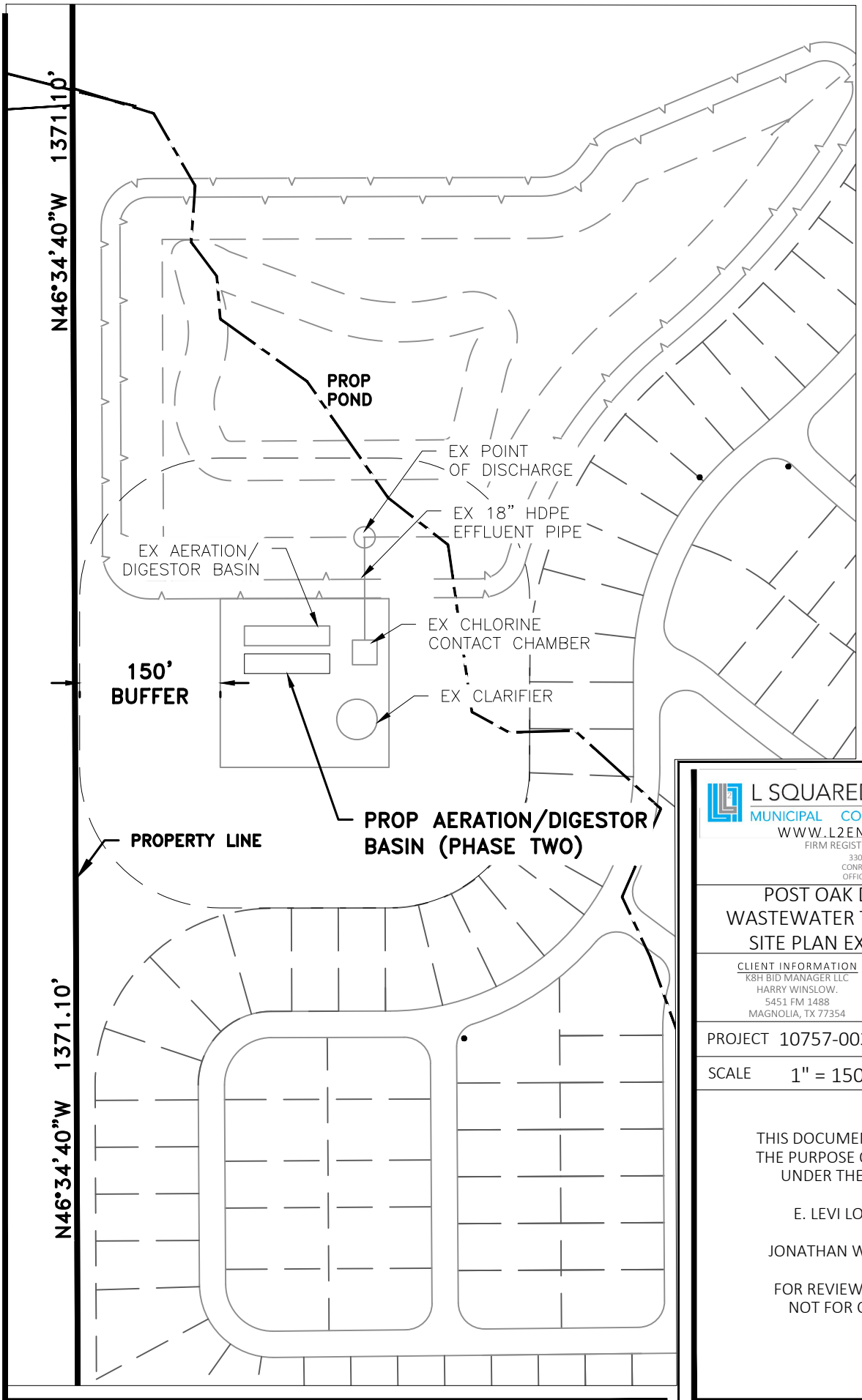

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POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
SITE PLAN EXHIBIT - PHASE 2

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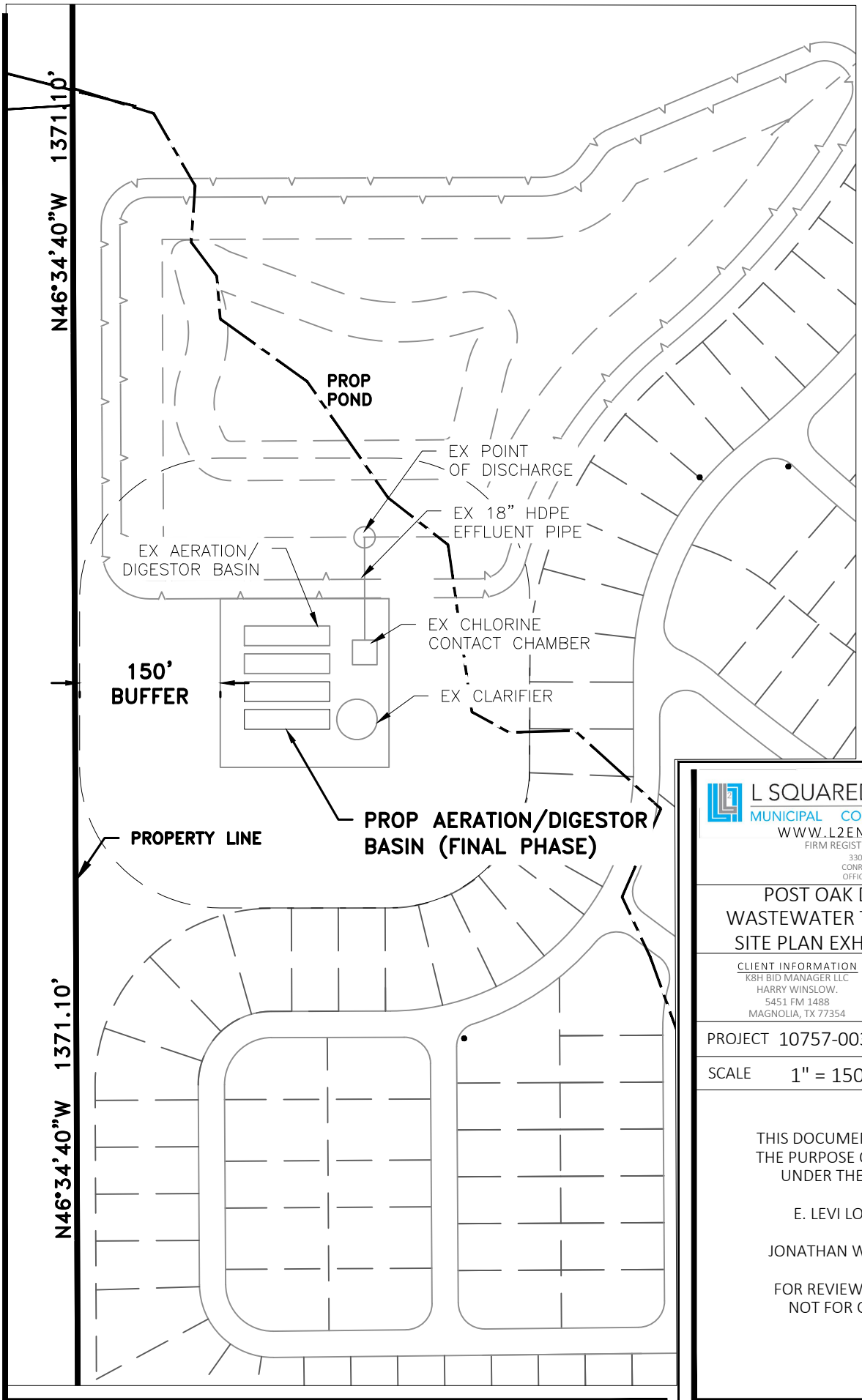

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POST OAK DEVELOPMENT WASTEWATER TREATMENT PLANT SITE PLAN EXHIBIT FINAL PHASE

CLIENT INFORMATION
K8H BID MANAGER LLC
HARRY WINSLOW.
5451 FM 1488
MAGNOLIA, TX 77354

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SCALE	1" = 150'	SHEET	EXHIBIT D.3

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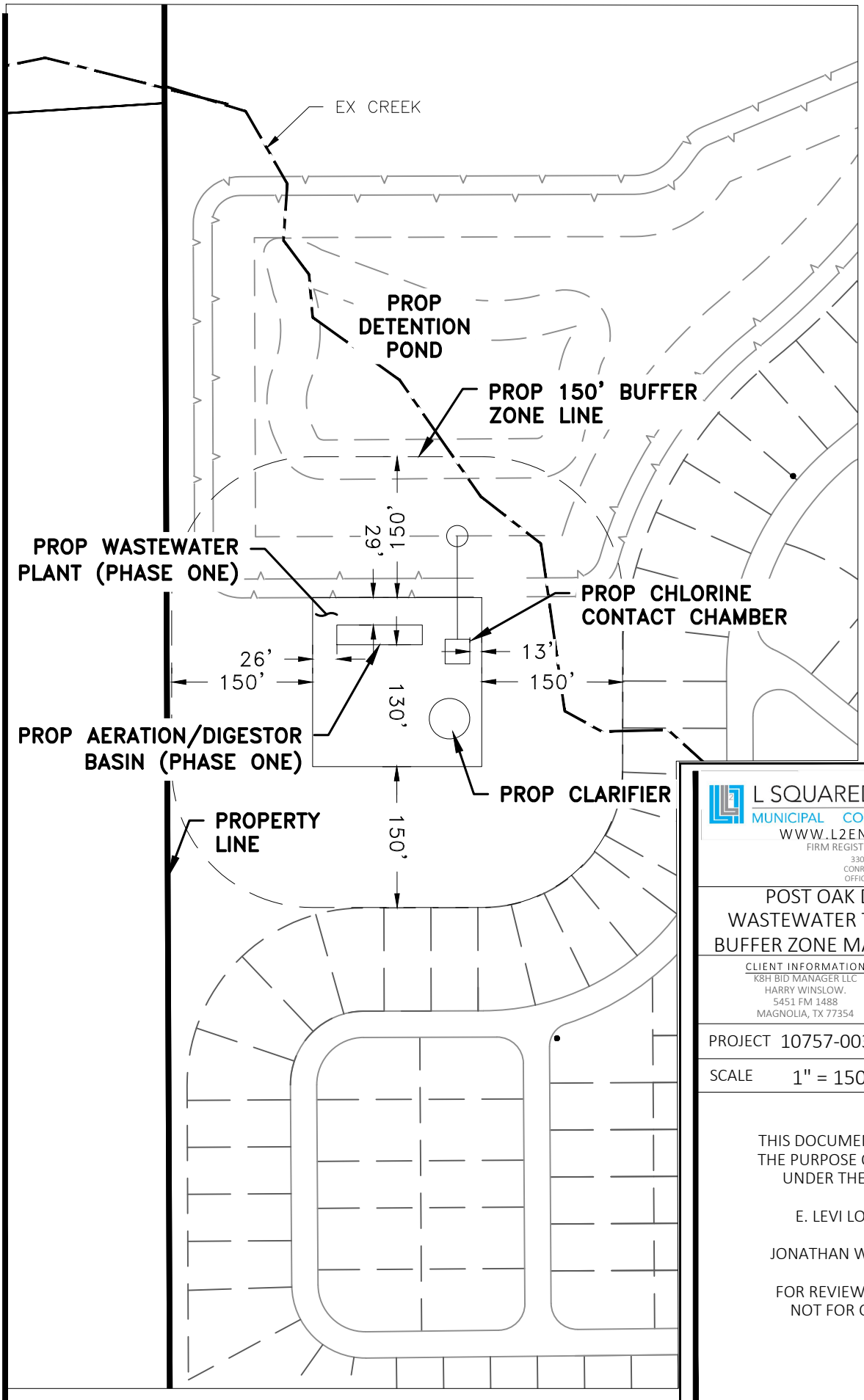
Attachment E - Buffer Zone Maps



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POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
BUFFER ZONE MAP-PHASE 1 EXHIBIT

CLIENT INFORMATION
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HARRY WINSLOW.
5451 FM 1488
MAGNOLIA, TX 77354

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PROJECT ADDRESS HERE

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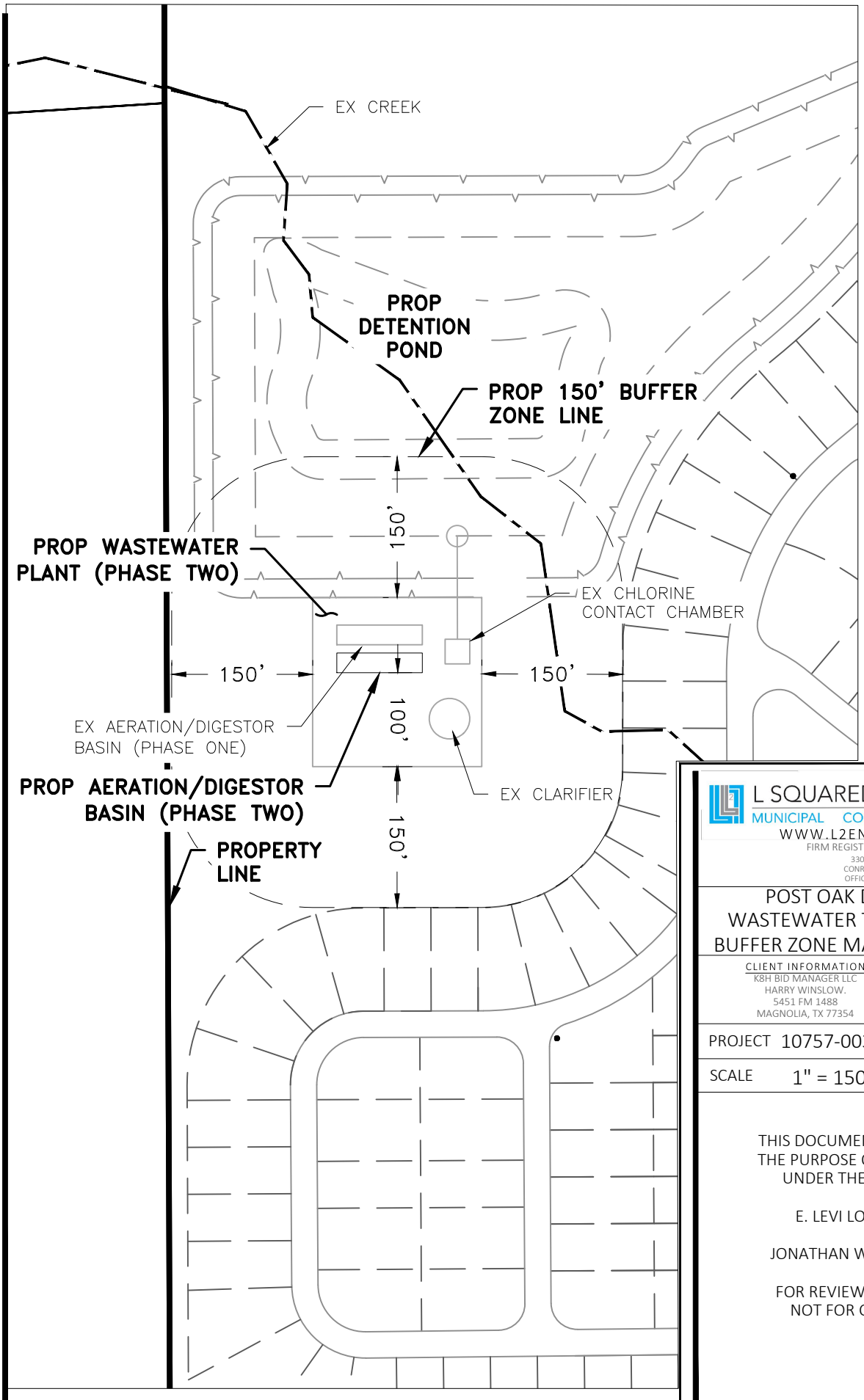

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POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
BUFFER ZONE MAP-PHASE 2 EXHIBIT

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MAGNOLIA, TX 77354

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PROJECT	10757-003	DATE	02/02/2023
SCALE	1" = 150'	SHEET	EXHIBIT D.2

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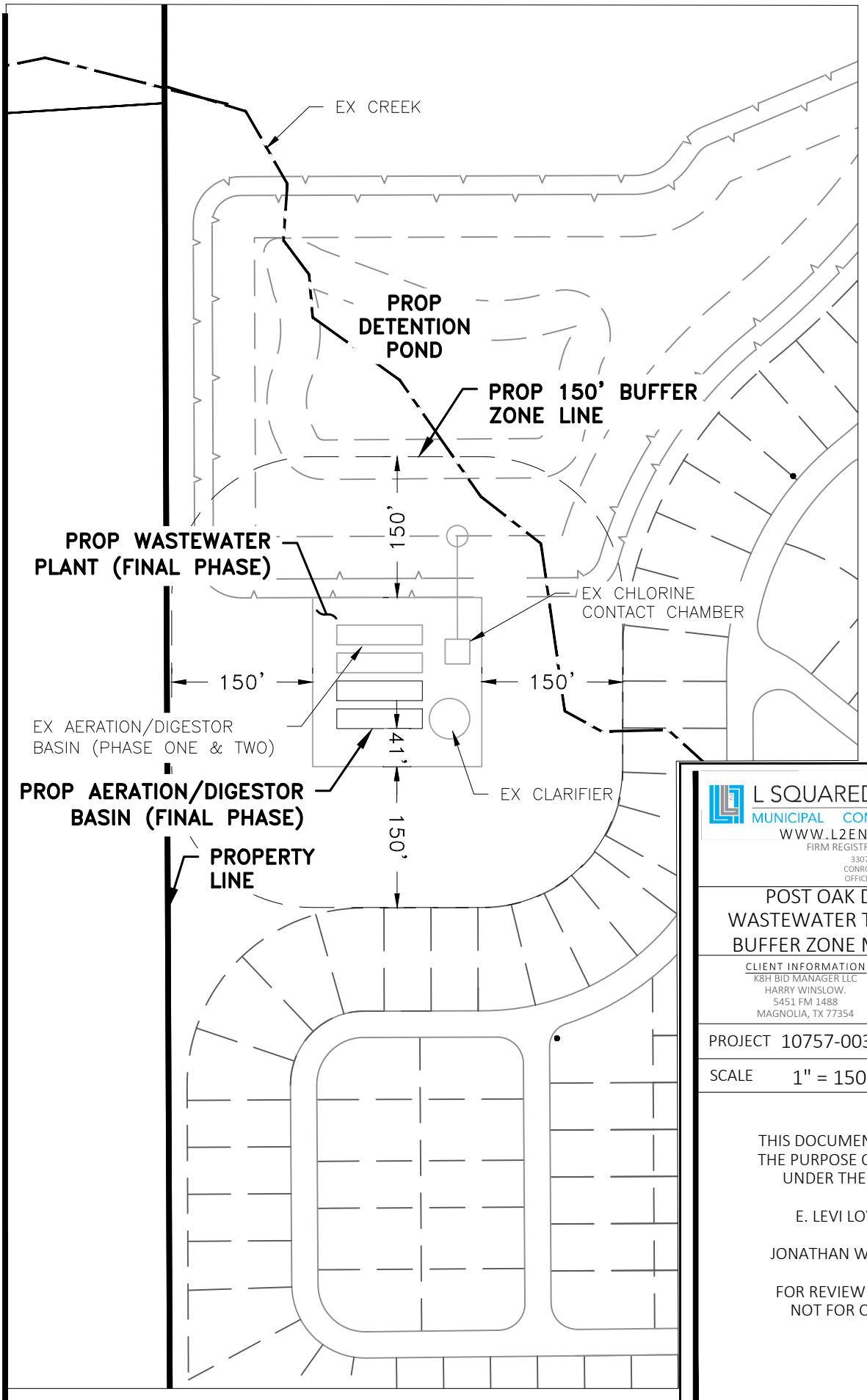

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POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
BUFFER ZONE MAP FINAL PHASE

CLIENT INFORMATION
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MAGNOLIA, TX 77354

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Attachment F - Facility Dimensions & Facility Features

Facility Dimensions &
Facility Features

The facility will employ the complete mix variation of the activated sludge process designed for single stage nitrification - From the lift station the wastewater will travel through a coarse barscreen then to the complete mix basin; from the basin the mix-liquor will be transferred to the clarifier where solids will be settled out and clear water will flow over the weirs then into the chlorine contact basin. The settled solids will either be transferred to the digester or returned to the headworks.

Phase I – 0.0625MGD

Unit	Length	Width	Height
Clarifier		33' Dia.	12'
Chlorine Contact	500CUFT		
Aeration	32'	12'	12'
Digester	20'	12'	12'

Phase II – 0.125MGD

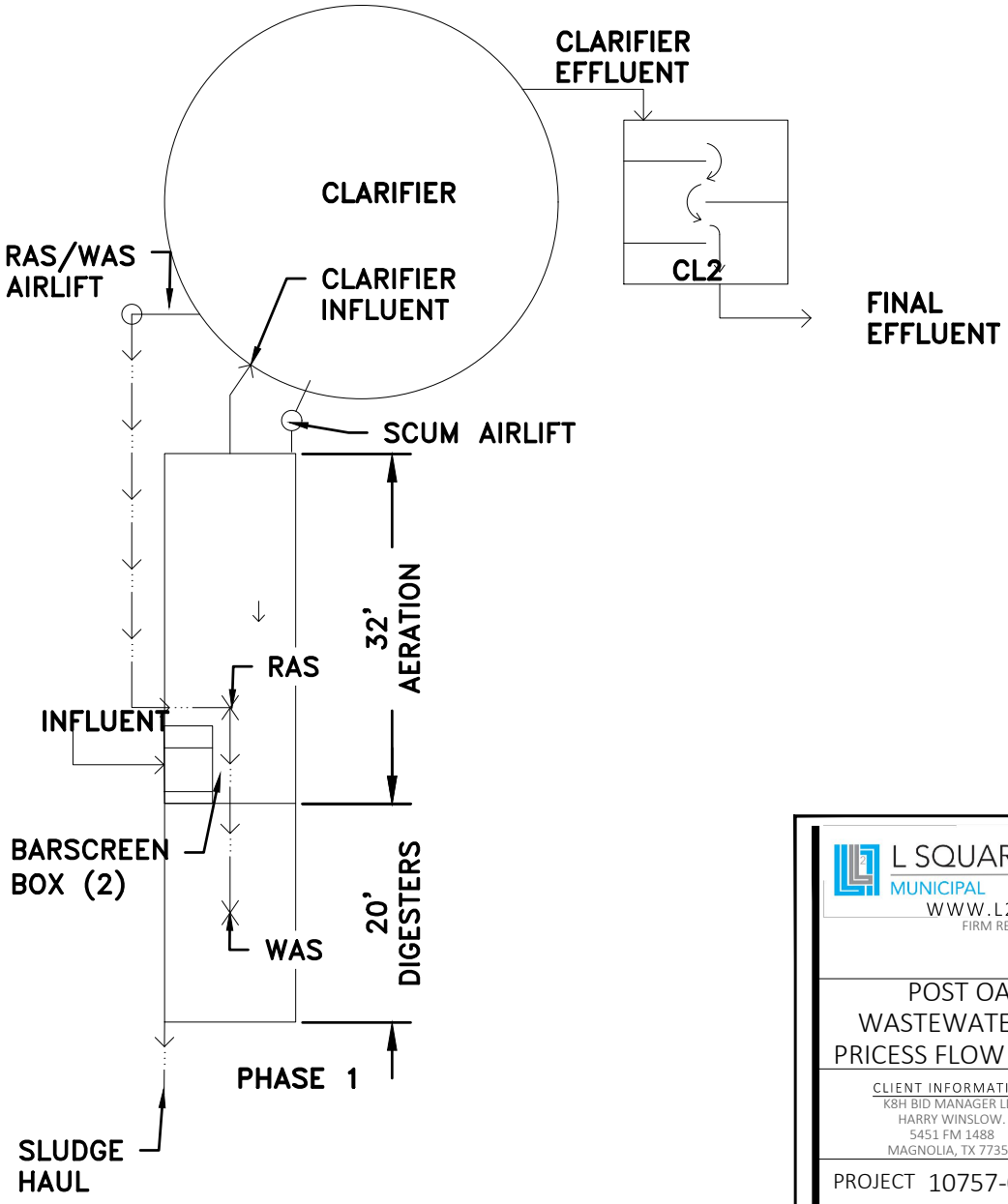
Unit	Length	Width	Height
Clarifier		33' Dia.	12'
Chlorine Contact	1000CUFT		
Aeration 2@	32'	12'	12'
Digester 2@	20'	12'	12'

Phase III – 0.25MGD

Unit	Length	Width	Height
Clarifier		33' Dia.	12'
Chlorine Contact	2000CUFT		
Aeration 4@	32’	12’	12'
Digester 4@	20’	12’	12'

- For short power outages the sewage will be contained in the collection system. The plant features digesters, chlorinator, and stand-by blowers. The plant is to be maintained and operated by personnel licensed by the State of Texas.
- The plant is designed to be maintained without bypassing. Replacement or repair of the interior coating system is the only maintenance item that would necessitate bypassing and the epoxy system should last 25-30 years.
- An intruder resistant fence will be placed around the facility.

Attachment G - Process Flow Diagram



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POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
PRICESS FLOW DIAGRAM DETAIL PH.1

CLIENT INFORMATION
K8H BID MANAGER LLC
HARRY WINSLOW.
5451 FM 1488
MAGNOLIA, TX 77354

PROJECT ADDRESS
PROJECT ADDRESS HERE
PROJECT ADDRESS HERE

PROJECT	10757-003	DATE	12/19/2022
SCALE	N.T.S	SHEET	EXHIBIT G.1

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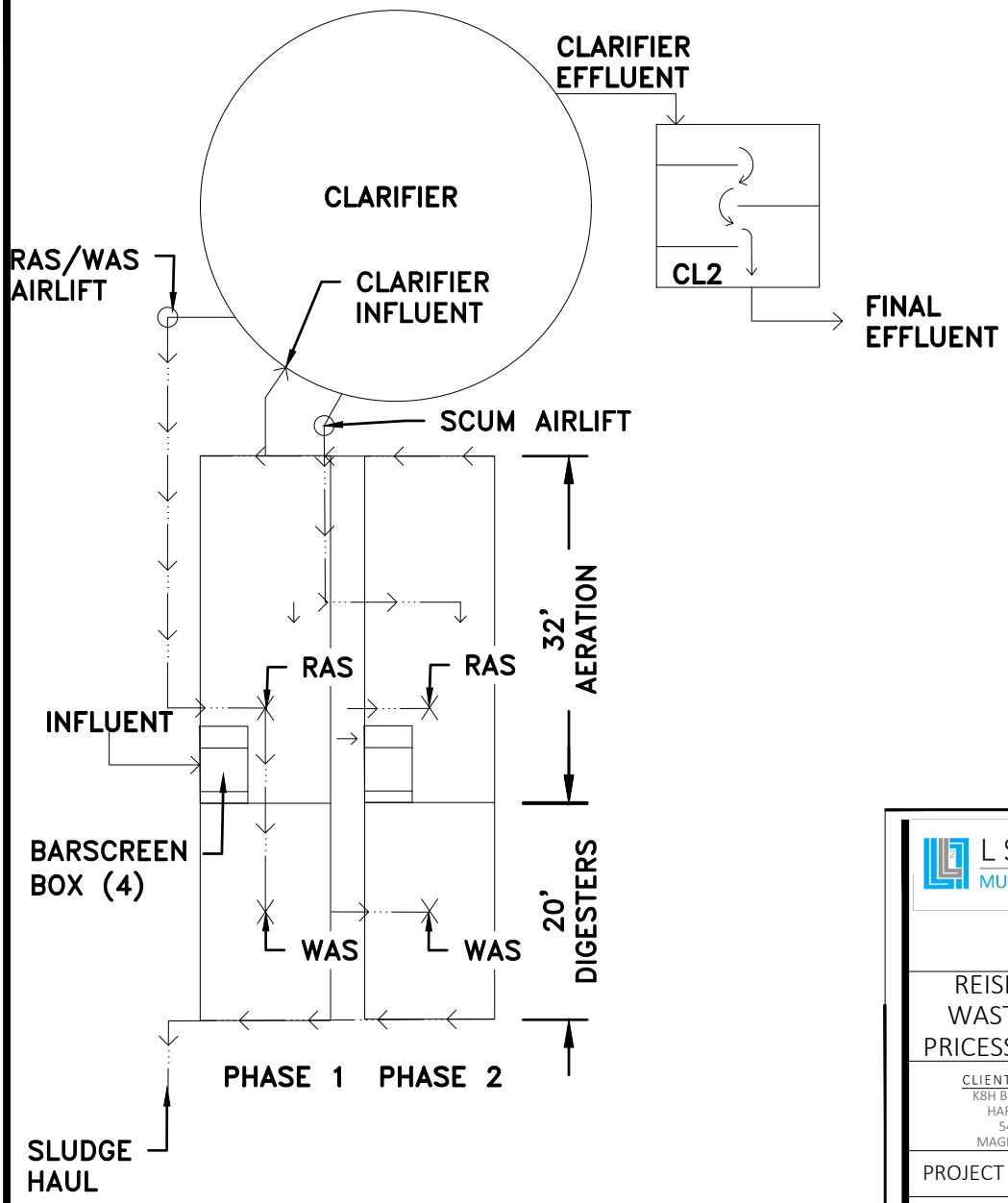

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REISINGER RIDGE DEVELOPMENT
WASTEWATER TREATMENT PLANT
PRICESS FLOW DIAGRAM DETAIL PH.2

CLIENT INFORMATION
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HARRY WINSLOW.
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MAGNOLIA, TX 77354

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SCALE	N.T.S	SHEET	EXHIBIT G.2

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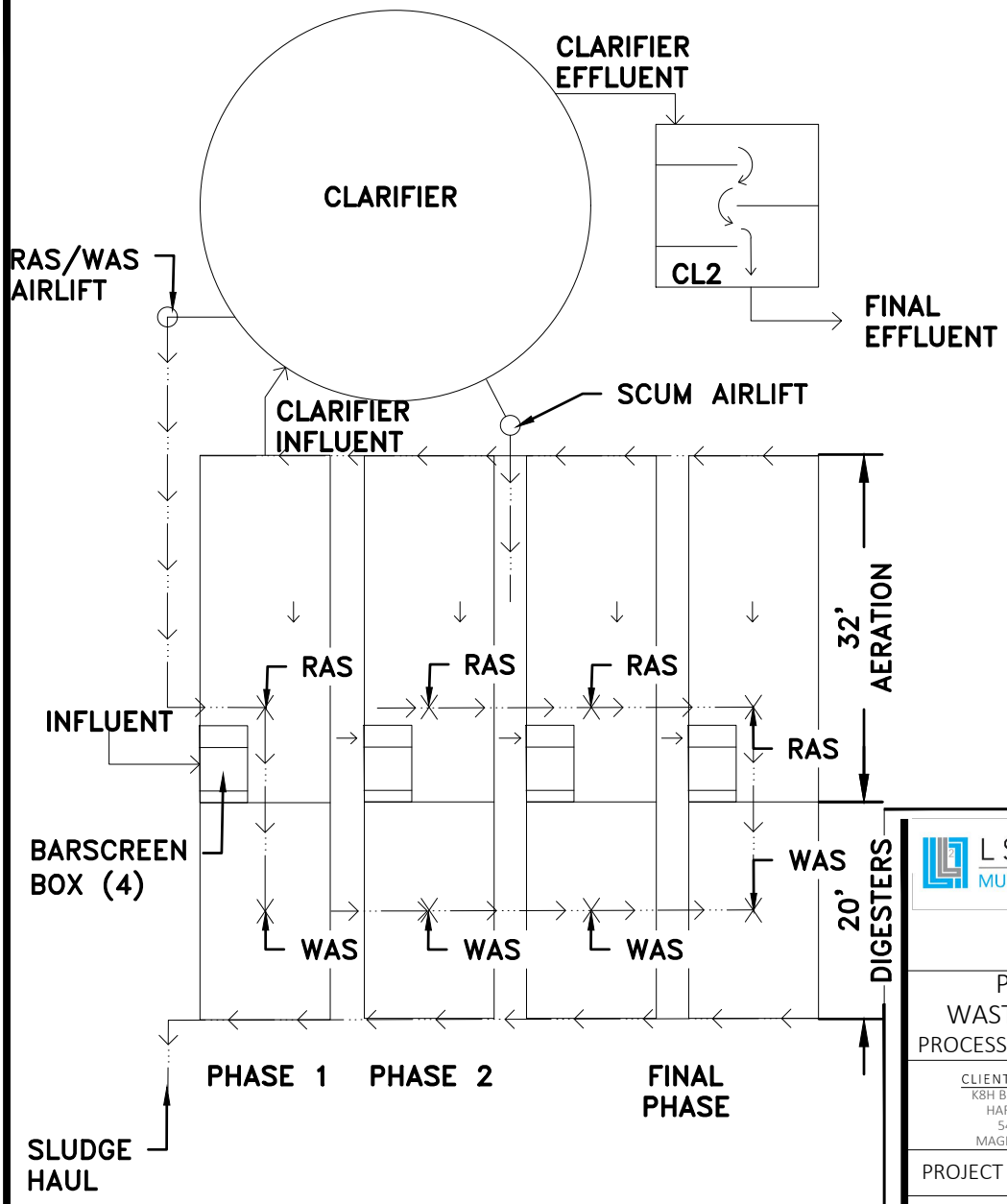

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POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
PROCESS FLOW DIAGRAM DETAIL FINAL PHASE

CLIENT INFORMATION
K8H BID MANAGER LLC
HARRY WINSLOW.
5451 FM 1488
MAGNOLIA, TX 77354

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PROJECT	10757-003	DATE	12/19/2022
SCALE	N.T.S	SHEET	EXHIBIT G.3

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Attachment H - Design Calculations

TECHNICAL DESIGN REPORT

FOR

Post Oak

1. **PURPOSE** The purpose of this report is to present the basis of design and summary of unit sizing and hydraulic calculations for the Sewage Treatment Plant.

2. **DESCRIPTION OF PROPERTY** The project under development is a residential community

3. **POPULATION SERVED** The location of the proposed facility is shown on Sheet One of the Plans. The population flow is based on 100 gallons per capita per day.

4. **INFLUENT QUALITY CHARACTERISTICS** The raw sewage quality characteristics used for design are estimates based on past experience and on State Design Criteria and are as follows:

PARAMETER	CONCENTRATION - MG/L	PER CAPITA CONTRIBUTION - LB/DAY
BOD_5	200	417
TSS	200	417

5. **INFLUENT FLOW CHARACTERISTICS** The hydraulic design of the plant must be conservative to insure that the plant will operate under the most extreme conditions anticipat Future enlargement to the plant will be based on actual influent flow data. The plant process and hydraulic design for this phase are based on the following flows:

		First Phase		
Average Daily Flow (Qav)	62,500	GPD	43	GPM
Peak 2-Hr. Flow (Qpk) 4	250,000	GPD	174	GPM
		Second Phase		
Average Daily Flow (Qav)	125,000	GPD	87	GPM
Peak 2-Hr. Flow (Qpk) 4	500,000	GPD	347	GPM
		Third Phase		
Average Daily Flow (Qav)	250,000	GPD	174	GPM
Peak 2-Hr. Flow (Qpk) 4	1,000,000	GPD	694	GPM

Refer to Attachment "A" - Process Design Calculations, Hydraulic Profile Calculations, Process Flow Diagrams, and Plant Discharge relationship for the 100 year flood.

6. **PROCESS DESIGN** **The Sewage Treatment Plant has been designed to produce an effluent in compliance with permitted perameters of: BOD_5 = 10 mg/l, TSS = 15 mg/l, and Chlorine Residual = 2mg/l after 20 minutes contact**

Compressed air will be supplied to the process units by multiple blowers.

7. **FLOOD HAZARD ANALYSIS** **The 100 Year Flood Elevation is ____ feet and is confined to the flood control and drainage, which has a bank elevation of ____ feet. The plant is capable of discharging at peak flow against the 100 year flood elevation.**

8. **SLUDGE DISPOSAL**

Digester…… …….. Aerobic
Transportation… …….. Contract Hauler
Final Disposition …….. To be Determined by Contract Hauler

Post Oak WWTP Phase I Design Calculations

The design calculations are based on the following influent raw sewage characteristics"

Parameter	Concentration	
BOD_5	200	mg/L
TSS	200	mg/L

Flow	MGD	Gallons Per Day	Gallons Per Min
ADF (Q_{ave})	0.0625	62500	44
Peak 2-hr Flow (Q_{pk})	0.25	250000	174

Loading	Pounds Per Day (lb/day)
BOD_5	105
TSS	105
NH_3-N =	45

The facility will be designed to produce an effluent quality in compliance with the limits mentioned in the TPDES Permit:

$CBOD_5$ =	10	mg/L
TSS =	15	mg/L
NH_3-N =	3	mg/L
DO =	4	mg/L
CL_2 =	2	to 4 mg/L after 20 minutes detention time at peak flow

To meet the TPDES permit limits, the conventional activated sludge process with nitrification will be used. The lowest seven day mean reactor temperature as assumed to be between > than 15°C. Hence, a maximum organic loading rate of 35 lbs BOD/day/1000ft^3 was chosen for the activated sludge system design.

Aeration Basin

	TCEQ Requires	Actual Provided
Max. Organic Loading rate (lbs/day/1000ft^3)	35	21
Total Aeration Volume (ft^3)	3,000	5,000

Proposed 0.0625 MGD Train:

Aeration Basin Volume = 5000 ft^3

	TCEQ Requires	Actual Provided
Oxygen Required (lb O_2/lb BOD_5)	2.2	2.2
Oxygen Required (lb/day)	231	231
Air Provided (SCFM)	316	316

Per Chapter 217.155 "Aeration Equipment Sizing" Equation F.4

$$RAF = \frac{(PPD\ BOD_5) \times (O_2/lb\ BOD_5)}{WOTE \times 0.23 \times 0.075 \times 1440}$$

Where:

RAF =	Required Airflowrate (standard cubic feet per minute (SCFM))
PPD BOD_5 =	Influent Organic Load in Pounds per Day
0.23 =	lb 0_2/lb air @ 20° C
1440 =	minutes/day
0.075 =	lb air/cubic foot (cf)
WOTE =	Wastewater Oxygen Transfer Efficiency (decimal)
	If the design inlet temperature is above 24° C, the specific weight of air must be adjusted to the specific weight at the intake temperature.

Clean water oxygen transfer efficiency =	0.85	% per ft of submergence
Correction factor for coarse bubble diffusers =	0.65	
Diffuser submergence (ft) =	9.00	
Therefore, WOTE =	0.0497	
Required air flow rate (RAF) =	187.02	SCFM
RAF Correction Factor for 9 feet of submergence =	1.69	
Corrected Required Airflow Rate =	316	SCFM

Clarifier

	TCEQ Requires	Acutal Provided
Max. Surface Loading Rate (Q_{pk}) (gallons/day/ft^2)	1200	292
Surface Area (ft^2)	208	855.3
Diameter (ft)	16.3	33

Proposed .0625 MGD Train:

Clarifier dia = 33

Detention Time (hr)	1.8	1.8
Volume (ft^3)	2506.7	10263.6
Min. Side Water Depth (ft)	10	12

Chlorine Contact Basin	TCEQ Requires	Actual Provided
Detention Time (Q_{pk}) (minutes)	20	22
Volume (ft^3)	464.2	500

Proposed .0625 MGD Train

Chlorine Contact Basin Volume = 500 ft^3

Aerobic Digester	TCEQ Requires	Actual Provided
MCRT at 20°C (days)	40	41
WAS Solids Production (lb/day)	Not Specified	84
Digester Sludge Solids Production (lb/day)	Not Specified	46.2
Required Solids Digesters (lbs)	Not Specified	1894.2
Digester Influent VSS Loading Rate (lbs/CF*d)	Not Specified	0.025
Reduction in VSS (%)	Not Specified	50%
Digester Volume (ft^3)	Not Specified	2100
Aeration Requirements (SCFM/1,000CF)	30	30
Air Flow Rate (SCFM)	325.8	187.02

Post Oak WWTP Phase II Design Calculations

The design calculations are based on the following influent raw sewage characteristics"

Parameter	Concentration	
BOD_5	200	mg/L
TSS	200	mg/L

Flow	MGD	Gallons Per Day	Gallons Per Min
ADF (Q_{ave})	0.125	125000	87
Peak 2-hr Flow (Q_{pk})	0.5	500000	348

Loading	Pounds Per Day (lb/day)
BOD_5	209
TSS	209
NH_3-N =	45

The facility will be designed to produce an effluent quality in compliance with the limits mentioned in the TPDES Permit:

$CBOD_5$ =	10	mg/L
TSS =	15	mg/L
NH_3-N =	3	mg/L
DO =	4	mg/L
CL_2 =	2	to 4 mg/L after 20 minutes detention time at peak flow

To meet the TPDES permit limits, the conventional activated sludge process with nitrification will be used. The lowest seven day mean reactor temperature as assumed to be between > than 15°C. Hence, a maximum organic loading rate of 35 lbs BOD/day/1000ft^3 was chosen for the activated sludge system design.

Aeration Basin	TCEQ Requires	Actual Provided
Max. Organic Loading rate (lbs/day/1000ft^3)	35	30
Total Aeration Volume (ft^3)	5,971	7,000

Proposed 0.125 MGD Train:
Aeration Basin Volume = 7,000 ft^3

	TCEQ Requires	Actual Provided
Oxygen Required (lb O_2/lb BOD_5)	2.2	2.2
Oxygen Required (lb/day)	460	460
Air Provided (SCFM)	629	629

Per Chapter 217.155 "Aeration Equipment Sizing" Equation F.4

$$RAF = \frac{(PPD\ BOD_5) \times (O_2/lb\ BOD_5)}{WOTE \times 0.23 \times 0.075 \times 1440}$$

Where:

RAF =	Required Airflowrate (standard cubic feet per minute (SCFM))
PPD BOD_5 =	Influent Organic Load in Pounds per Day
0.23 =	lb 0_2/lb air @ 20° C
1440 =	minutes/day
0.075 =	lb air/cubic foot (cf)
WOTE =	Wastewater Oxygen Transfer Efficiency (decimal)
	If the design inlet temperature is above 24° C, the specific weight of air must be adjusted to the specific weight at the intake temperature.

Clean water oxygen transfer efficiency =	0.85	% per ft of submergence
Correction factor for coarse bubble diffusers =	0.65	
Diffuser submergence (ft) =	9.00	
Therefore, WOTE =	0.0497	
Required air flow rate (RAF) =	372.26	SCFM
RAF Correction Factor for 9 feet of submergence =	1.69	
Corrected Required Airflow Rate =	629	SCFM

Clarifier	TCEQ Requires	Acutal Provided
Max. Surface Loading Rate (Q_{pk}) (gallons/day/ft^2)	1200	585
Surface Area (ft^2)	417	855.3
Diameter (ft)	23.0	33

Proposed .125 MGD Train:
Clarifier dia = 33

Detention Time (hr)	1.8	1.8
Volume (ft^3)	5013.4	10263.6
Min. Side Water Depth (ft)	10	12

Chlorine Contact Basin	TCEQ Requires	Actual Provided
Detention Time (Q_{pk}) (minutes)	20	22
Volume (ft^3)	928.4	1000

Proposed .125 MGD Train

Chlorine Contact Basin Volume = 1000 ft^3

Aerobic Digester	TCEQ Requires	Actual Provided
MCRT at 20°C (days)	40	41
WAS Solids Production (lb/day)	Not Specified	167.2
Digester Sludge Solids Production (lb/day)	Not Specified	91.96
Required Solids Digesters (lbs)	Not Specified	3770.36
Digester Influent VSS Loading Rate (lbs/CF*d)	Not Specified	0.025
Reduction in VSS (%)	Not Specified	50%
Digester Volume (ft^3)	Not Specified	4180
Aeration Requirements (SCFM/1,000CF)	30	30
Air Flow Rate (SCFM)	325.8	372.26

Post Oak WWTP Phase III Design Calculations

The design calculations are based on the following influent raw sewage characteristics"

Parameter	Concentration	
BOD_5	200	mg/L
TSS	200	mg/L

Flow	MGD	Gallons Per Day	Gallons Per Min
ADF (Q_{ave})	0.25	250000	174
Peak 2-hr Flow (Q_{pk})	1	1000000	695

Loading	Pounds Per Day (lb/day)
BOD_5	417
TSS	417
NH_3-N =	45

The facility will be designed to produce an effluent quality in compliance with the limits mentioned in the TPDES Permit:

$CBOD_5$ =	10	mg/L
TSS =	15	mg/L
NH_3-N =	3	mg/L
DO =	4	mg/L
CL_2 =	2	to 4 mg/L after 20 minutes detention time at peak flow

To meet the TPDES permit limits, the conventional activated sludge process with nitrification will be used. The lowest seven day mean reactor temperature as assumed to be between > than 15°C. Hence, a maximum organic loading rate of 35 lbs BOD/day/1000ft^3 was chosen for the activated sludge system design.

Aeration Basin	TCEQ Requires	Actual Provided
Max. Organic Loading rate (lbs/day/1000ft^3)	35	28
Total Aeration Volume (ft^3)	11,914	15,000

Proposed 0.25 MGD Train:
Aeration Basin Volume = 15,000 ft^3

	TCEQ Requires	Actual Provided
Oxygen Required (lb O_2/lb BOD_5)	2.2	2.2
Oxygen Required (lb/day)	917	917
Air Provided (SCFM)	1255	1255

Per Chapter 217.155 "Aeration Equipment Sizing" Equation F.4

$$RAF = \frac{(PPD\ BOD_5) \times (O_2/lb\ BOD_5)}{WOTE \times 0.23 \times 0.075 \times 1440}$$

Where:

RAF =	Required Airflowrate (standard cubic feet per minute (SCFM))
PPD BOD_5 =	Influent Organic Load in Pounds per Day
0.23 =	lb 0_2/lb air @ 20° C
1440 =	minutes/day
0.075 =	lb air/cubic foot (cf)
WOTE =	Wastewater Oxygen Transfer Efficiency (decimal)
	If the design inlet temperature is above 24° C, the specific weight of air must be adjusted to the specific weight at the intake temperature.

Clean water oxygen transfer efficiency =	0.85	% per ft of submergence
Correction factor for coarse bubble diffusers =	0.65	
Diffuser submergence (ft) =	9.00	
Therefore, WOTE =	0.0497	
Required air flow rate (RAF) =	742.73	SCFM
RAF Correction Factor for 9 feet of submergence =	1.69	
Corrected Required Airflow Rate =	1255	SCFM

Clarifier	TCEQ Requires	Acutal Provided
Max. Surface Loading Rate (Q_{pk}) (gallons/day/ft^2)	1200	1169
Surface Area (ft^2)	833	855.3
Diameter (ft)	32.6	33

Proposed .25 MGD Train:
Clarifier dia = 33

Detention Time (hr)	1.8	1.8
Volume (ft^3)	10026.7	10263.6
Min. Side Water Depth (ft)	10	12

Chlorine Contact Basin	TCEQ Requires	Actual Provided
Detention Time (Q_{pk}) (minutes)	20	22
Volume (ft^3)	1856.8	2000

Proposed .25 MGD Train

Chlorine Contact Basin Volume = 2000 ft^3

Aerobic Digester	TCEQ Requires	Actual Provided
MCRT at 20°C (days)	40	41
WAS Solids Production (lb/day)	Not Specified	333.6
Digester Sludge Solids Production (lb/day)	Not Specified	183.48
Required Solids Digesters (lbs)	Not Specified	7522.68
Digester Influent VSS Loading Rate (lbs/CF*d)	Not Specified	0.025
Reduction in VSS (%)	Not Specified	50%
Digester Volume (ft^3)	Not Specified	8340
Aeration Requirements (SCFM/1,000CF)	30	30
Air Flow Rate (SCFM)	325.8	742.73

Attachment I - Solids Management Plan

SLUDGE PRODUCTION RATES

Sludge Management Plan Calculations (Phase I)

Influent Design Flow =	0.0625	MGD	
Influent BOD Concentration =	200	mg/L	
Aerobic Digester Volume (existing + proposed) =	2100	ft^3	15709 Gallons
Aeration Basin MLSS =	2000 to 3000	mg/L	
WAS Sludge Concentration =	8000	mg/L	

Sludge Production				
Solids Generated	**100% Flow**	**75% Flow**	**50% Flow**	**25% Flow**
Pounds of Influent BOD5 (lb/day)	105.0	79.0	52.5	26.0
Pounds of digested dry sludge (lb/day)*	46.2	35.0	23.1	12.0
Pounds of wet sludge produced**	2310.0	1733.0	1155.0	578.0
Gallons of wet sludge produced	277.0	208.0	138.5	69.0

* Assuming 0.8 lbs of dry sludge produced per pound of influent BOD consumed; and 45% reduction of VS.
** 2.0% solids concentration in the digester

Sludge Removal Schedule				
Solids Generated	**100% Flow**	**75% Flow**	**50% Flow**	**25% Flow**
Days between Sludge Removal	57	76	113	228

The digested sludge will be removed from the digester for disposal on a regular basis as required.

The calculated mean cell residence time for the provided digester volume at 100% capacity is = 41 days

The annual average sludge production at 100% capacity will be = 46.2 lb/day (dry)

Once the digester is full of thickened solids,the contents will be hauled by **the contracted sludge hauler** to one of the approved land application sites.

The sludge hauler will supply sludge hauling manifests showing volumes and concentration of sludge removed from the plant.

SLUDGE PRODUCTION RATES

Sludge Management Plan Calculations (Phase II)

Influent Design Flow =	0.125	MGD	
Influent BOD Concentration =	200	mg/L	
Aerobic Digester Volume (existing + proposed) =	4180	ft^3	31269 Gallons
Aeration Basin MLSS =	2000 to 3000	mg/L	
WAS Sludge Concentration =	8000	mg/L	

Sludge Production				
Solids Generated	**100% Flow**	**75% Flow**	**50% Flow**	**25% Flow**
Pounds of Influent BOD5 (lb/day)	209.0	157.0	104.5	52.0
Pounds of digested dry sludge (lb/day)*	92.0	69.0	46.0	23.0
Pounds of wet sludge produced**	4598.0	3449.0	2299.0	1150.0
Gallons of wet sludge produced	551.3	413.0	275.7	138.0

* Assuming 0.8 lbs of dry sludge produced per pound of influent BOD consumed; and 45% reduction of VS.
** 2.0% solids concentration in the digester

Sludge Removal Schedule				
Solids Generated	**100% Flow**	**75% Flow**	**50% Flow**	**25% Flow**
Days between Sludge Removal	57	76	113	227

The digested sludge will be removed from the digester for disposal on a regular basis as required.

The calculated mean cell residence time for the provided digester volume at 100% capacity is = 41 days

The annual average sludge production at 100% capacity will be = 91.96 lb/day (dry)

Once the digester is full of thickened solids,the contents will be hauled by **the contracted sludge hauler** to one of the approved land application sites.

The sludge hauler will supply sludge hauling manifests showing volumes and concentration of sludge removed from the plant.

SLUDGE PRODUCTION RATES

Sludge Management Plan Calculations (Phase III)

Influent Design Flow =	0.25	MGD	
Influent BOD Concentration =	200	mg/L	
Aerobic Digester Volume (existing + proposed) =	8340	ft^3	62388 Gallons
Aeration Basin MLSS =	2000 to 3000	mg/L	
WAS Sludge Concentration =	8000	mg/L	

Sludge Production				
Solids Generated	**100% Flow**	**75% Flow**	**50% Flow**	**25% Flow**
Pounds of Influent BOD5 (lb/day)	417.0	313.0	208.5	104.0
Pounds of digested dry sludge (lb/day)*	183.5	138.0	91.7	46.0
Pounds of wet sludge produced**	9174.0	6881.0	4587.0	2294.0
Gallons of wet sludge produced	1100.0	825.0	550.0	275.0

* Assuming 0.8 lbs of dry sludge produced per pound of influent BOD consumed; and 45% reduction of VS.
** 2.0% solids concentration in the digester

Sludge Removal Schedule				
Solids Generated	**100% Flow**	**75% Flow**	**50% Flow**	**25% Flow**
Days between Sludge Removal	57	76	113	227

The digested sludge will be removed from the digester for disposal on a regular basis as required.

The calculated mean cell residence time for the provided digester volume at 100% capacity is = 41 days

The annual average sludge production at 100% capacity will be = 183.48 lb/day (dry)

Once the digester is full of thickened solids,the contents will be hauled by **the contracted sludge hauler** to one of the approved land application sites.

The sludge hauler will supply sludge hauling manifests showing volumes and concentration of sludge removed from the plant.

From: William Murphy <drpumper1968@gmail.com>
Date: February 18, 2023 at 5:27:18 PM CST
To: Chad Wilson <cwilson@collegemoundwater.com>
Subject: Re: Sludge Hauling

Hi Mr. Chad,

College Mound SUD,

DR. PUMPER SEPTIC SERVICES LLC, can provide sludge hauling for College Mound SUD. We will transport sludge from College Mound SUD to the city of Greenville TX.

Disposal information:

Greenville Wastewater Reclamation Center

100 Division Street, Greenville, Texas 75401

PERMIT NO: TCEQ 10485-002

TRANSPORTER INFORMATION

Dr. Pumper Septic Service LLC

8660 Private Road 2289

Quinlan, Tx 75474

TCEQ REGISTRATION NUMBER: 03932

VEHICLE PERMIT NUMBER: 0121-A

William Murphy

Dr. Pumper Septic Service LLC

903-450-6330

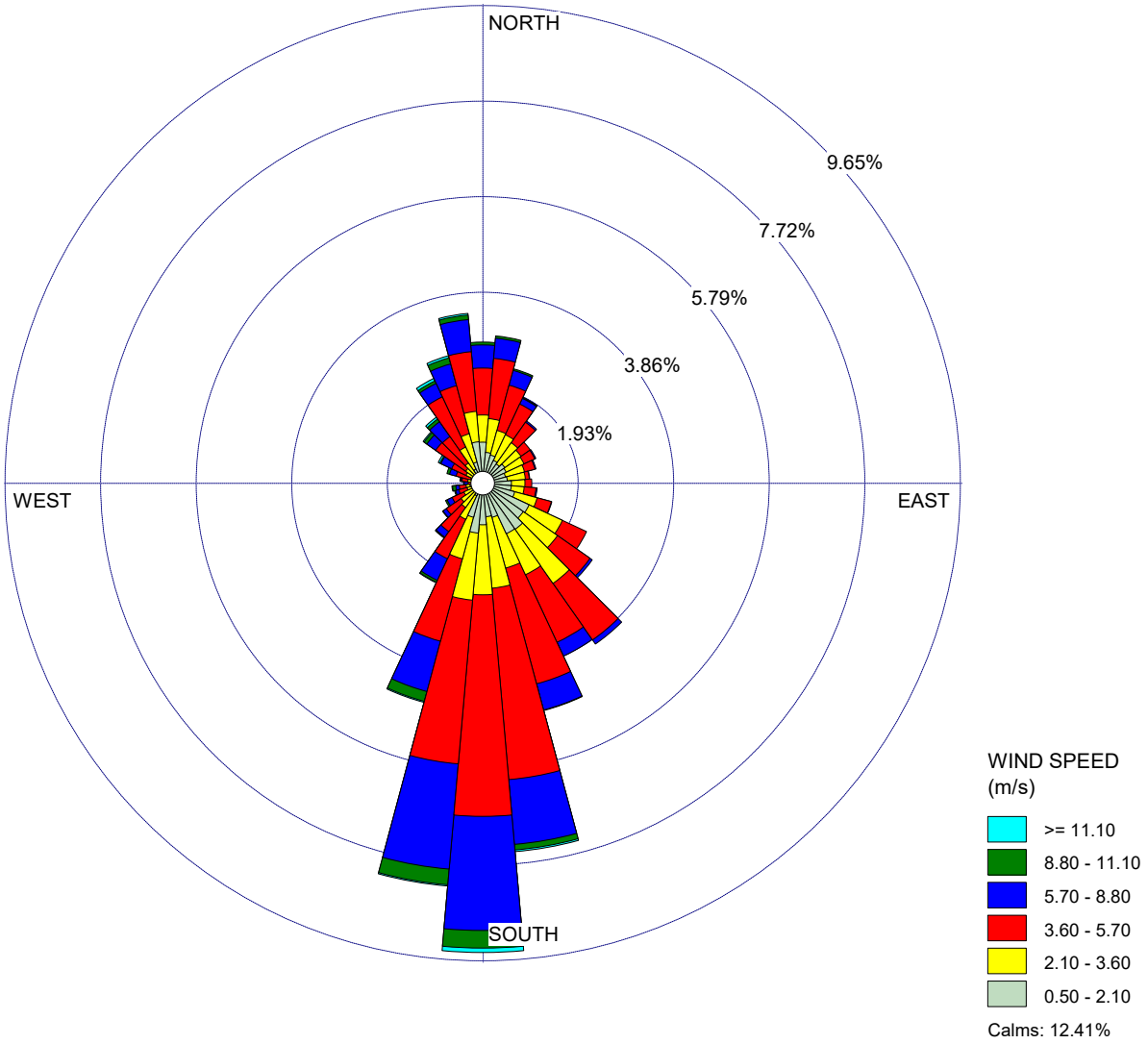
Attachment J - Wind Rose

WIND ROSE PLOT:

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

DISPLAY:

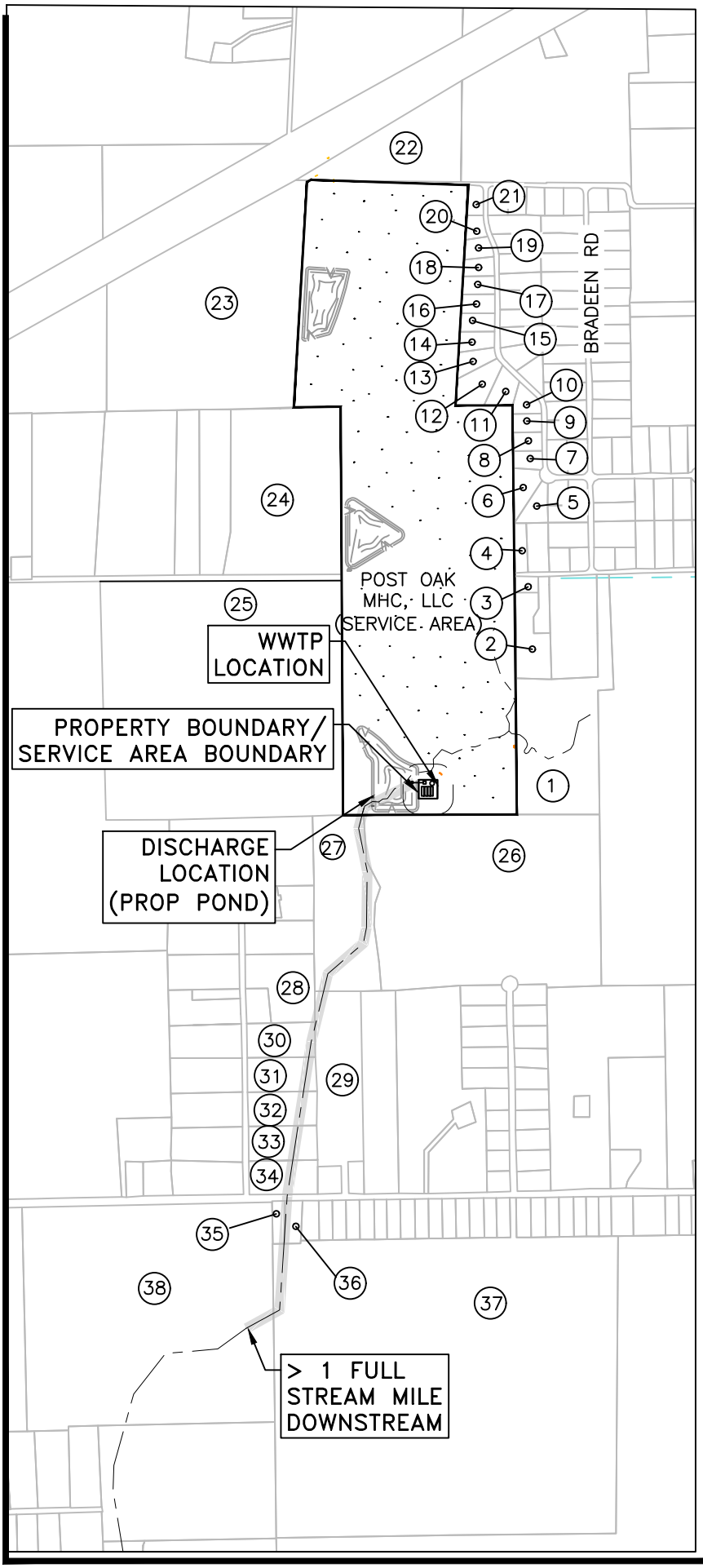
Wind Speed
Direction (blowing from)

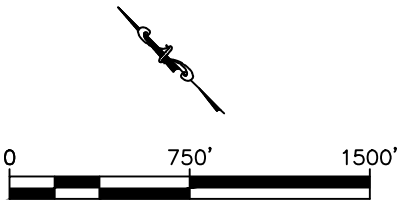


COMMENTS:	DATA PERIOD: **Start Date: 1/1/92 - 00:00** **End Date: 12/31/92 - 23:00**	COMPANY NAME:	
		MODELER:	
	CALM WINDS: **12.41%**	TOTAL COUNT: **8784 hrs.**	
	AVG. WIND SPEED: **3.55 m/s**	DATE: **11/18/22**	PROJECT NO.:

WRPLOT View - Lakes Environmental Software

Attachment K - Adjacent Land Owner List and Map.





L:\SHARED\L2 ENGINEERING PROJECTS\ENGINEERING PROJECTS\10757 - K8H DEVELOPMENTS\PROJECTS\10757-003 - POST OAK MHC -TERRELL\03 CAD\DESIGN SET\WWTP EXHIBITS\WWTP EXHIBITS.DWG Mar. 22, 2023-12:51 PM

L SQUARED ENGINEERING
MUNICIPAL COMMERCIAL RESIDENTIAL
WWW.L2ENGINEERING.COM
FIRM REGISTRATION NUMBER 11235
3307 W. DAVIS ST.
CONROE, TEXAS 77304
OFFICE: 936-647-0420

POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
LAND OWNERS EXHIBIT

CLIENT INFORMATION
K8H BID MANAGER LLC
HARRY WINSLOW.
5451 FM 1488
MAGNOLIA, TX 77354

PROJECT ADDRESS
PROJECT ADDRESS HERE
PROJECT ADDRESS HERE

PROJECT 10757-003	DATE 02/02/2023
SCALE 1" = 1,500'	SHEET EXHIBIT K

THIS DOCUMENT IS RELEASED FOR THE PURPOSE OF INTERIM REVIEW UNDER THE AUTHORITY OF:

E. LEVI LOVE, PE #99340
OR
JONATHAN WHITE, PE #127058

FOR REVIEW PURPOSES ONLY
NOT FOR CONSTRUCTION

02/02/2023

Post Oak WWTP Land Owner List

#	Owners Name	Owner Address	Property ID
1	Ricky D Harvey	7452 County Road 136, Terrell, TX 75161	16288
2	Ronald & Carla Clements	7698 County Road 136, Terrell, TX 75161	195174
3	Justin C Clements	7694 County Road 136, Terrell, TX 75161	213367
4	Johan Estevane	7733 County Road 136, Terrell, TX 75161	50800
5	Bobby H Anglin Trustee	P.O. Box 794548, Dallas, TX 75379	50805
6	Mariani Barraza	1292 Anglin Way, Terrell, TX 75161	50806
7	Brenda S Gutierrez & Gabriel S Cardenas	1280 Anglin Way, Terrell, TX 75161	50807
8	Damacia C & Bertha Loera Jacobo	1258 Anglin Way, Terrell, TX 75161	50808
9	Ronald Wallace	1222 Anglin Way, Terrell, TX 75161	50809
10	Catalina Escobedo	1210 Anglin Way, Terrell, TX 75160	50810
11	Bobby H Anglin Trustee	P.O. Box 794548, Dallas, TX 75379	50811
12	Allan Dennis	1176 Anglin Way, Terrell, TX 75161	50812
13	Adrian Garcia & Destiny Guerrero	1154 Anglin Way, Terrell, TX 75160	50813
14	Daniel Reveles	1132 Anglin Way, Terrell, TX 75161	50814
15	Maria A Butista	1110 Anglin Way, Terrell, TX 75160	50815
16	Juan B & Sanchez Marivel A Pina	1088 Anglin Way, Terrell, TX 75161	50816
17	Michael E Shafer	1066 Anglin Way, Terrell, TX 75161	50817
18	Flor R Bohorquez	2801 Hardy Way, Garland, TX 75041	50818
19	Francisco J Vasquez	1022 Anglin Way, Terrell, TX 75126	50819
20	Fernando R Flores	1000 Anglin Way, Terrell, TX 75161	50820
21	Sharon Mejia	8797 County Road 137, Terrell, TX 75161	50752
22	Donald L Lambert	309 Yacht Club Dr. NE, Fort Walton Beach, FL 32548	8766
23	Terrell HRC LP	P.O. Box 133068, Dallas, TX 75313	8827
24	Alan L & Diane L Piper	8225 County Road 136, Terrell, TX 75161	8801
25	Rickey Lee Liston Et Al	P.O. Box 545, Wills Point, TX 75169	16296
26	Demetrio Jr & Carmen Saenz	1586 Yellow Rock Ridge, Terrell, TX 75161	16316
27	Demetrio Jr & Carmen Saenz	1586 Yellow Rock Ridge, Terrell, TX 75161	16318
28	Demetrio Jr & Carmen Saenz	1586 Yellow Rock Ridge, Terrell, TX 75161	16329
29	June M & Christopher R Moore	6386 County Road 164, Terrell, TX 75160	30982
30	Epic Glass & Building Services Inc.	11285 FM 2932, Forney, TX 75126	30979
31	Leslie G & Laura A Fluker	6260 County Road 164, Terrell, TX 75161	30978
32	Michael P & Linda O'Brien	6222 County Road 164, Terrell, TX 75161	207993
33	Allison Phyllis	P.O. Box 1953, Terrell, TX 75160	30976
34	Zachary Tyler & Stevi T Coates	6068 County Road 164, Terrell, TX 75161	30975
35	MM Kaufman 1132 LLC	1800 Valley View Lane, Suite 300, Farmers Branch, TX 75243	160572
36	MM Kaufman 1132 LLC	1800 Valley View Lane, Suite 300, Farmers Branch, TX 75243	160573
37	Ceigen Capital Land Holdings 1 LLC	7267 Notre Dame Drive, Irving, TX 75063	16269
38	Lackland OVS Development LLC	3045 Lackland Road, Fort Worth, TX 76116	16268

RICKY D HARVEY
7452 COUNTY ROAD 136
TERRELL TX 75161

RONALD & CARLA CLEMENTS
7698 COUNTY ROAD 136
TERRELL TX 75161

JUSTIN C CLEMENTS
7694 COUNTY ROAD 136
TERRELL TX 75161

JOHAN ESTEVANE
7733 COUNTY ROAD 136
TERRELL TX 75161

BOBBY H ANGLIN TRUSTEE
P.O. BOX 794548
DALLAS TX 75379

MARIANI BARRAZA
1292 ANGLIN WAY
TERRELL TX 75161

BRENDA S GUTIERREZ & GABRIAL S CARDENAS
1280 ANGLIN WAY
TERRELL TX 75161

DAMACIA C & BERTHA LOERA JACOBO
1258 ANGLIN WAY
TERRELL TX 75161

RONALD WALLACE
1222 ANGLIN WAY
TERRELL TX 75161

CATALINA ESCOBEDO
1210 ANGLIN WAY
TERRELL TX 75160

BOBBY H ANGLIN TRUSTEE
P.O. BOX 794548
DALLAS TX 75379

ALLAN DENNIS
1176 ANGLIN WAY
TERRELL TX 75161

ADRIAN GARCIA & DESTINY GUERRERO
1154 ANGLIN WAY
TERRELL TX 75160

DANIEL REVELES
1132 ANGLIN WAY
TERRELL TX 75161

MARIA A BUTISTA
1110 ANGLIN WAY
TERRELL TX 75160

JUAN B & SANCHEZ MARIVEL A PINA
1088 ANGLIN WAY
TERRELL TX 75161

MICHAEL E SHAFER
1066 ANGLIN WAY
TERRELL TX 75161

FLOR R BOHORQUEZ
2801 HARDY WAY
GARLAND TX 75041

FRANCISCO J VASQUEZ
1022 ANGLIN WAY
TERRELL TX 75126

FERNANDO R FLORES
1000 ANGLIN WAY
TERRELL TX 75161

SHARON MEJIA
8797 COUNTY ROAD 137
TERRELL TX 75161

DONALD L LAMBERT
309 YACHT CLUB DR NE
FORT WALTON BEACH FL 32548

TERRELL HRC LP
P.O. BOX 133068
DALLAS TX 75313

ALAN L & DIANE L PIPER
8225 COUNTY ROAD 136
TERRELL TX 75161

RICKEY LEE LISTON ET ALL
P.O. BOX 545
WILLS POINT TX 75169

DEMETRIO & CARMEN SAENZ
1586 YELLOW ROCK RIDGE
TERRELL TX 75161

DEMETRIO & CARMEN SAENZ
1586 YELLOW ROCK RIDGE
TERRELL TX 75161

DEMETRIO & CARMEN SAENZ
1586 YELLOW ROCK RIDGE
TERRELL TX 75161

JUNE M & CHRISTOPHER R MOORE
6386 COUNTY ROAD 164
TERRELL TX 75160

EPIC GLASS & BUILDING SERVICES INC
11285 FM 2932
FORNEY TX 75126

LESLIE G & LAURA A FLUKER
6260 COUNTY ROAD 164
TERRELL TX 75161

MICHAEL P & LINDA O'BRIEN
6222 COUNTY ROAD 164
TERRELL TX 75161

ALLISON PHYLLIS
P.O. BOX 1953
TERRELL TX 75160

ZACHARY TYLER & STEVI T COATES
6068 COUNTY ROAD 164
TERRELL TX 75160

MM KAUFMAN 1132 LLC
1800 VALLEY VIEW LANE, SUITE 300
FARMERS BRANCH TX 75243

MM KAUFMAN 1132 LLC
1800 VALLEY VIEW LANE, SUITE 300
FARMERS BRANCH TX 75243

CEIGEN CAPITAL LAND HOLDINGS 1
7267 NOTRE DAME DRIVE
IRVING TX 75063

LACKLAND OVS DEVELOPMENT LLC
3045 LACKLAND ROAD
FORT WORTH TX 76116

Attachment L - List of Proximal Facilities

TCEQ Permit numbers in proximity to Post Oak:

City of Terrell Wastewater Permit, ID number: TX1290006

L SQUARED ENGINEERING
3307 W. Davis Street, Suite 100
Conroe, TX 77304
P: 936-647-0420 F: 936-647-2366
www.L2Engineering.com

November 29, 2022

City of Terrell
P.O. Box 310
Terrell, TX 75160

Re: TCEQ Waste Discharge Permit No. WQ0010747001

Dear permittee:

We are writing to you on behalf of Post Oak MHC, LLC regarding a proposed wastewater treatment facility project to serve a proposed development in Ellis County, located approximately 1.20 miles south and 0.95 miles east of the intersection of County Road 138 and Wilson Road, Terrell, TX 75160. We are in the process of applying for a new TCEQ Wastewater Discharge Permit for 250,000 gallons per day (GPD) to serve this development.

We are required to contact all existing TCEQ Wastewater Discharge Permittees within a 3-mile radius of the project to inquire if an existing permit holder is willing to provide the wastewater treatment capacity needed. According to TCEQ records, you are a permittee having an existing wastewater treatment facility located within 3 miles of the project and have a TCEQ Waste Discharge Permit. If there is a wastewater treatment facility permit holder within 3 miles that has the capacity available or will expand their facility to make it available, there will be a conducted feasibility study to determine if it is cost effective to obtain service from them.

We would appreciate receiving a response from you indicating if 250,000 GPD of wastewater treatment capacity in your facility is available, and if so, under what terms. A handwritten reply on a copy of this letter will be adequate. You may email your response to me at LReel@L2Engineering.com or fax it to (936) 647-2366. Please feel free to call me at (936) 647-0420 if you have any questions. Thank you for your assistance.

Sincerely,

Lesley Reel

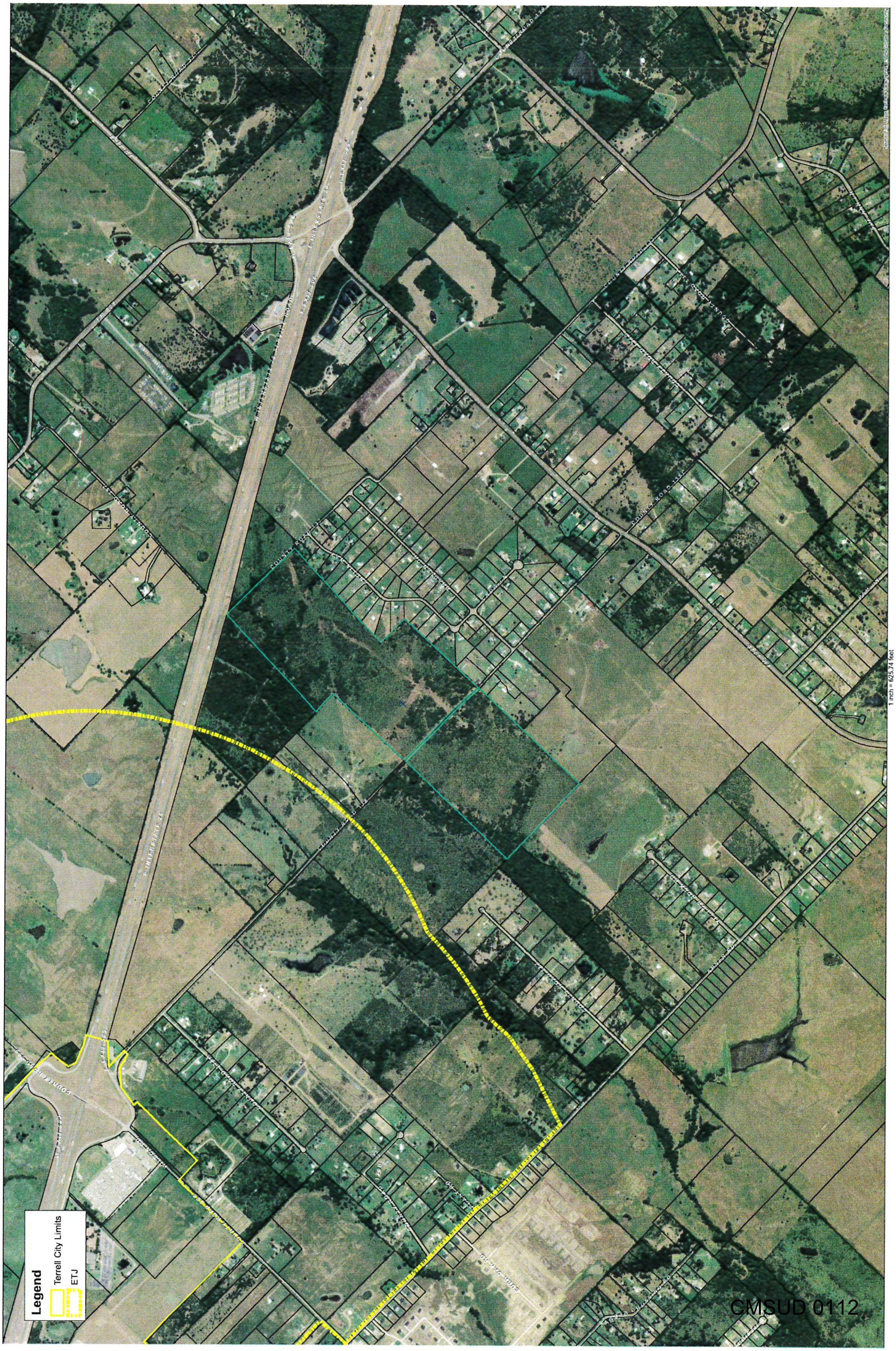
Lesley Reel, PE

Attachment: 3-Mile Radius Map

Reply

Date of Reply: 12-12-22
Name of Permittee: City of Terrell
Capacity Available: (Yes / No)? Yes
Terms (if available): WWTP capacity available. Closet sewer main is an 8" approx. 9000 feet from property. Main is south of FA Truck Stop at Wilson Rd. Capacity downstream would have to be evaluated. Note: Annexation planned which will bring property into Terrell's ETJ.

Signature: Mike Mikeska
Printed Name: Mike Mikeska
Title: Dir. of Utilities
Address: 201 E. Nash St. Terrell, TX 75160
Telephone: 972-551-6600 ext 2141
Email: mmikeska@cityofterrell.org


Legend
Terrell City Limits
ETJ
1 inch = 625.74 feet

CITY OF TERRELL, 8 INCH SANITARY SEWER MAIN NEAR TA TRUCK STOP ON WILSON ROAD

CMSUD 0113

Attachment M - Buildout Schedule

Post Oak
Estimated Schedule of Buildout

Year	Number of months for buildout
2023	3
2024	12
2025	10

Monthly growth of LUE's= 54
Gal. Per day per connection = 185

Estimated time for implementation of all phases

Year	GPD	Sub Total GPD	Number of LUE's
2023	29,970	29,970	162
2024	119,880	149,850	810
2025	99,900	249,750	1,350

Total GPD 249,750

Requesting 250,000 to allow for the 75%/90% rule

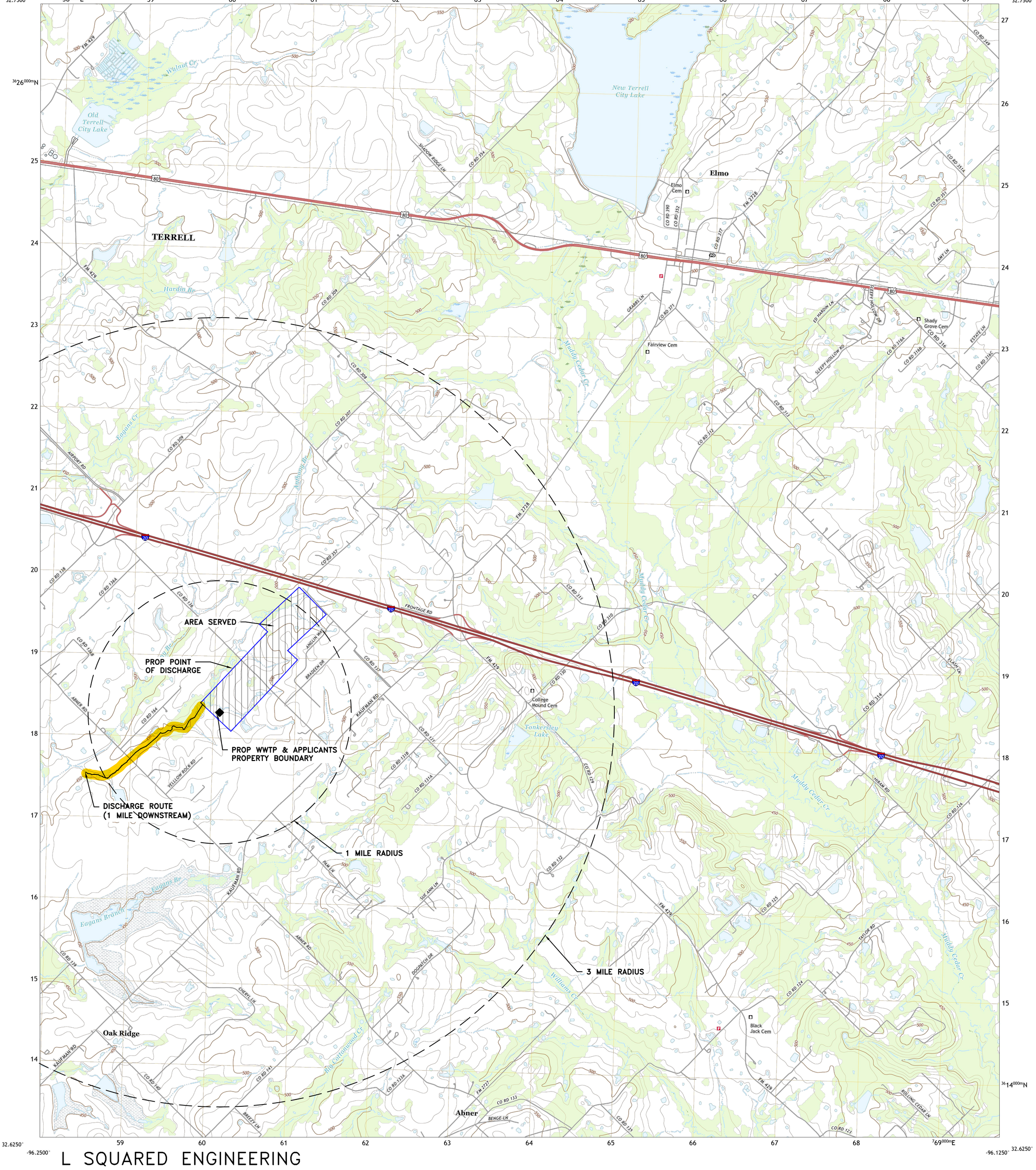
Year		Loading Percentages
2023	125,000	23.98%
2024	187,500	79.92%
2025	250,000	99.90%

note: Final Phase is built within 4 years

Attachment N - USGS Map Showing Site Location

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

ELMO QUADRANGLE
TEXAS - KAUFMAN COUNTY
7.5-MINUTE SERIES



L SQUARED ENGINEERING

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

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

Imagery.....NAIP, October 2016 - November 2016
Roads..... U.S. Census Bureau, 2015 - 2018
Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2003 - 2018
Contours.....National Elevation Dataset, 2004
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

MN
GN
2°48´ 50 MILS
1°31´ 27 MILS

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

SCALE 1:24 000

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

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard.

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Terrell North
2 Poetry
3 Ables Springs
4 Terrell South
5 Wills Point
6 Kaufman
7 Ola
8 Cedarvale

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

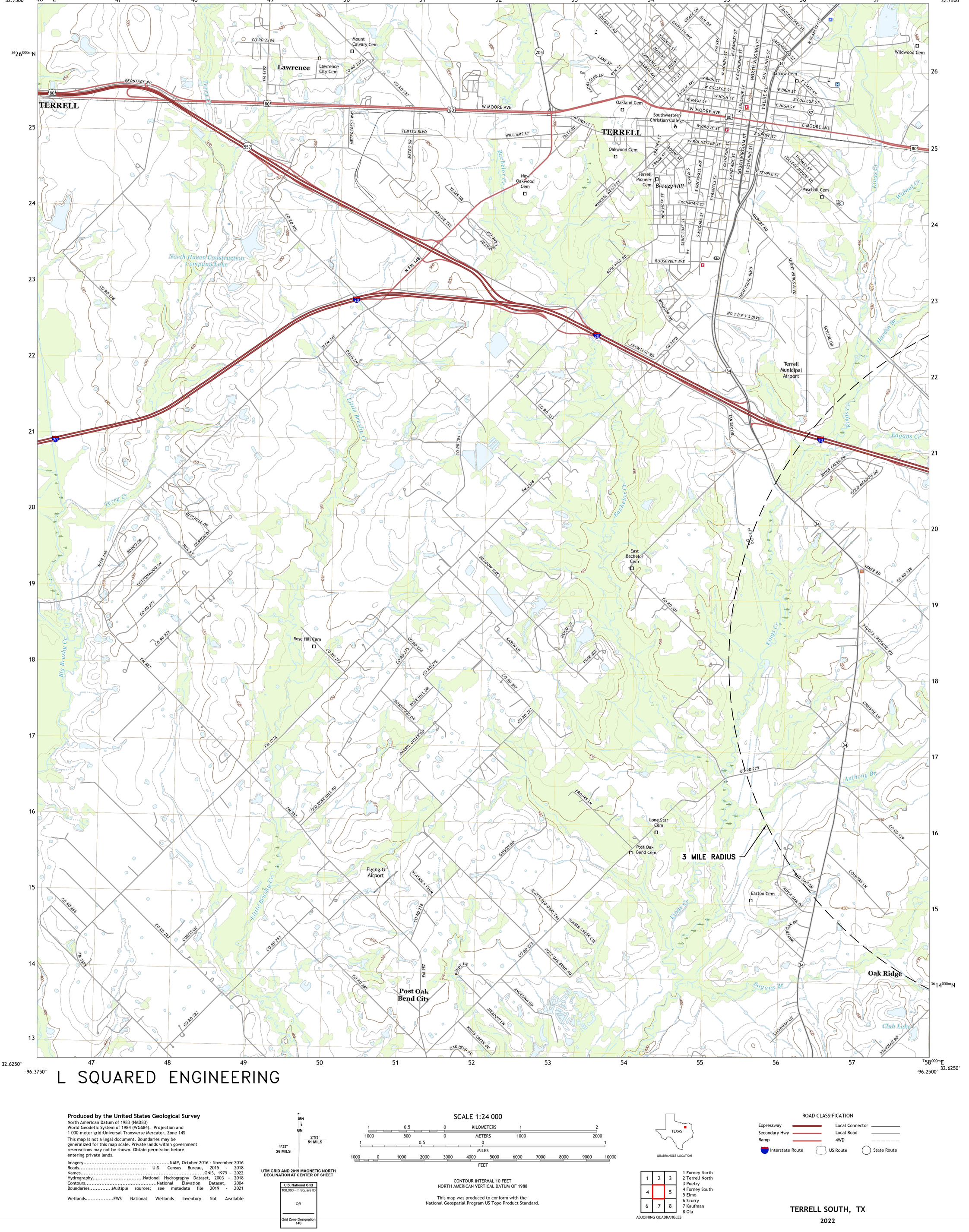
NSN, 7643016396056
NGA REF NO. USGSX24K14194

ELMO, TX
2022

CMSUD 0117

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

TERRELL SOUTH QUADRANGLE
TEXAS - KAUFMAN COUNTY
7.5-MINUTE SERIES



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Contours.....National Elevation Dataset, 2004
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
2°53'
51 MILS
1°27'
26 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

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

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

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard.

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Forney North
2 Terrell North
3 Poetry
4 Forney South
5 Elmo
6 Scurry
7 Kaufman
8 Ola

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

TERRELL SOUTH, TX
2022

NSN 7643016398565
NGA REF NO. USGSX24K44611

CMSUD 0118

Attachment O - Operator Information

Lesley Reel, PE <lreel@l2engineering.com>

RE: Post Oak MHC Non-Standard Contract revised

Shirley Thompson <sthompson@collegemoundwater.com> Thu, Feb 16, 2023 at 1:03 PM
To: Harry Winslow <Hwinslow@affinalre.com>, "Levi Love, PE" <levi@l2engineering.com>
Cc: Lesley Reel <lreel@l2engineering.com>, Brittanie Martin <BMartin@affinalre.com>, Kevin Mims <Kmims@affinalre.com>, Chad Wilson <cwilson@collegemoundwater.com>

Good afternoon all. We are currently awaiting the letter for the sludge haul. We have contacted a few to no avail, and it seems they don't want to provide the letter without an agreement of sorts or at least they are in no hurry to do so. As soon as we receive the letter I will forward it to you. I'm very sorry about this, I know it's holding you up on the filing.

For the licensed person, Stephen Lewis WW0061659 is his collections license, and he is currently waiting for a scheduled appointment with TCEQ for testing for the treatment side of it. He is one of our employees.

Again, I'm sorry for the delay, but I'm hopeful the latest company we contacted will provide the letter this week.

Shirley

Shirley Thompson

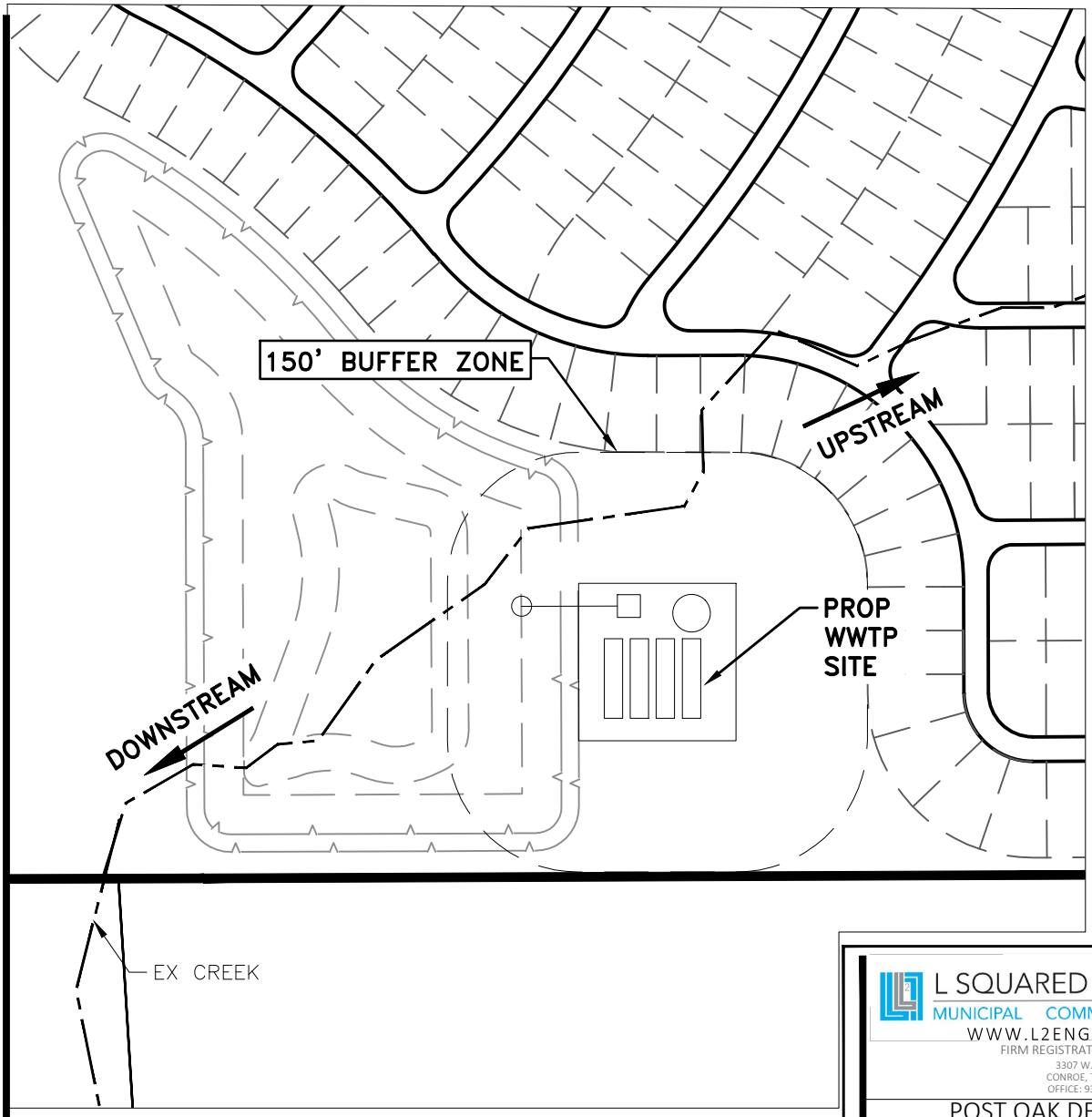
General Manager

972 563-1355 ext 102

College Mound Special Utility District

[Quoted text hidden]

Attachment P - Original Photographs



NOTE:
ARROWS INDICATE FACING DIRECTION FOR THE PICTURES THAT FOLLOW THIS DRAWING.

L SQUARED ENGINEERING
MUNICIPAL COMMERCIAL RESIDENTIAL
WWW.L2ENGINEERING.COM
FIRM REGISTRATION NUMBER 11235
3307 W. DAVIS ST.
CONROE, TEXAS 77304
OFFICE: 936-647-0420

POST OAK DEVELOPMENT
WASTEWATER TREATMENT PLANT
PHOTO EXHIBIT

CLIENT INFORMATION
K8H BID MANAGER LLC
HARRY WINSLOW.
5451 FM 1488
MAGNOLIA, TX 77354

PROJECT ADDRESS
PROJECT ADDRESS HERE
PROJECT ADDRESS HERE

PROJECT	10757-003	DATE	11/22/2022
SCALE	1" = 200'	SHEET	EXHIBIT P

THIS DOCUMENT IS RELEASED FOR THE PURPOSE OF INTERIM REVIEW UNDER THE AUTHORITY OF:

E. LEVI LOVE, PE #99340
OR
JONATHAN WHITE, PE #127058

FOR REVIEW PURPOSES ONLY
NOT FOR CONSTRUCTION

11/22/2022

L:\SHARED\L2 ENGINEERING PROJECTS\ENGINEERING PROJECTS\10757 - K8H DEVELOPMENTS\PROJECTS\10757-003 - POST OAK MHC -TERRELL\03 CAD\DESIGN SET\WWTP EXHIBITS\WWTP EXHIBITS.DWG Nov. 30, 2022-9:04 AM

Upstream

Downstream