

**APPLICATION FOR A NEW
TEXAS POLLUTION DISCHARGE ELIMINATION SYSTEM
PERMIT**

FOR

**CEDAR CREEK
WASTEWATER TREATMENT PLANT**

**CEDAR CREEK MH, LLC
8350 E. RAIN TREE DRIVE, SUITE 220
SCOTTSDALE, AZ 85260**

PREPARED BY:

WATERENGINEERS, INC.
WATER & WASTEWATER TREATMENT CONSULTANTS
17230 HUFFMEISTER ROAD, SUITE A, CYPRESS, TEXAS 77429
TEL: 281-373-0500 FAX: 281-373-1113

FEBRUARY 2023

CCWTP 0001

**APPLICATION FOR A NEW TEXAS POLLUTION DISCHARGE
ELIMINATION SYSTEM PERMIT**

FOR

CEDAR CREEK

WASTEWATER TREATMENT PLANT

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION
CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: Cedar Creek MH, LLC

PERMIT NUMBER: New

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT

ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 29)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 80
Check/Money Order Amount: \$850.00
Name Printed on Check: WaterEngineers, Inc.

EPAY Voucher Number: Click here to enter text

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 29)

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

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

For existing permits:

Permit Number: WQ00New

EPA I.D. (TPDES only): TXNew

Expiration Date: N/A

Section 3. Facility Owner (Applicant) and Co-Applciant 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?

Cedar Creek MH, 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: New

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: Scott Roberts

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

Title: Chief Executive Officer

B. Co-applciant 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-applciant applying for this permit?

N/A

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

CN:

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

Prefix (Mr., Ms., Miss):

First and Last Name:

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

Title:

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

C. Core Data Form

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

Attachment: ADMIN.03

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): Ms.

First and Last Name: Shelley Young

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

Title: Consulting Engineer

Organization Name: WaterEngineers, Inc.

Mailing Address: 17230 Huffmeister Road, Suite A

City, State, Zip Code: Cypress, TX 77429

Phone No.: 281-373-0500 Ext.: Click here to enter text Fax No.: 281-373-1113

E-mail Address: syoung@waterengineers.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

First and Last Name: Click here to enter text

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

Title: Click here to enter text

Organization Name: Click here to enter text

Mailing Address: Click here to enter text

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

Phone No.: Click here to enter text Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: Click here to enter text

Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

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

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

First and Last Name: Scott Roberts

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

Title: Chief Executive Officer

Organization Name: Roberts Communities

Mailing Address: 8350 E. Raintree Dr., Suite 220

City, State, Zip Code: Scottsdale, AZ 85260

Phone No.: 480-425-3524 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: sroberts@robertsrc.com

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

First and Last Name: Robert Bence

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

Title: Click here to enter text.

Organization Name: Roberts Communities

Mailing Address: 8350 E. Raintree Dr., Suite 220

City, State, Zip Code: Scottsdale, AZ 85260

Phone No.: 480-425-3524 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: pbence@robertsrc.com

Section 6. Billing Information (Instructions Page 30)

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

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

First and Last Name: Robert Bence

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

Title: Click here to enter text.

Organization Name: Roberts Communities

Mailing Address: 8350 E. Raintree Dr., Suite 220

City, State, Zip Code: Scottsdale, AZ 85260

Phone No.: 480-425-3524 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: pbence@robertsrc.com

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

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

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

First and Last Name: Robert Bence

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

Title:

Organization Name: Roberts Communities

Mailing Address: 8350 E. Raintree Dr., Suite 220

City, State, Zip Code: Scottsdale, AZ 85260

Phone No.: 480-425-3524 Ext.: Fax No.:

E-mail Address: pbence@robertsrc.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): Ms.

First and Last Name: Shelley Young

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

Title: Consulting Engineer

Organization Name: WaterEngineers, Inc.

Mailing Address: 17230 Huffmeister Road, Suite A

City, State, Zip Code: Cypress, TX 77429

Phone No.: 281-373-0500 Ext.: Fax No.: 281-373-1113

E-mail Address: syoun@waterengineers.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): Ms.

First and Last Name: Shelley Young

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

Title: Consulting Engineer

Organization Name: WaterEngineers, Inc.

Phone No.: 281-373-0500 Ext.: Click here to enter text.

E-mail: syoun@waterengineers.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: Bastrop County Public Library

Location within the building: Reference Desk

Physical Address of Building: 1100 Church Street

City: Bastrop, TX 78602

County: Bastrop

Contact Name: Bonnie Pierson

Phone No.: 512-332-8880 Ext.: Click here to enter text.

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: ADMIN.07

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. RNNew

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):

Cedar Creek WWTP

- C. Owner of treatment facility: Cedar Creek MH, LLC

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

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

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

First and Last Name: Cedar Creek MH, LLC

Mailing Address: 8350 E. Raintree Dr., Suite 220

City, State, Zip Code: Scottsdale, AZ 85260

Phone No.: 480-425-3524

E-mail Address: bpence@robertsrc.com

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

Attachment: Lease Agreement

- E. Owner of effluent disposal site:

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

First and Last Name: Mr. Robert

Mailing Address: 10000 N. 10th St.

City, State, Zip Code: Phoenix, AZ 85020

Phone No.: [Click here to enter text](#) E-mail Address: [Click here to enter text](#)

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

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

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

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

First and Last Name: [Click here to enter text](#)

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

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

Phone No.: [Click here to enter text](#) E-mail Address: [Click here to enter text](#)

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

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

Section 10. TPDES Discharge Information (Instructions Page 34)

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

☐ Yes ☒ No

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

2883 State Highway 71, Cedar Creek, Bastrop County, Texas 78612

- 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:

From the plant site into an unnamed tributary of Dry Creek; thence to Dry Creek; thence to the Colorado River in Segment No. 1428 of the Colorado River Basin

City nearest the outfall(s): Cedar Creek

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

Outfall Latitude: 30.172672

Longitude: -97.525667

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

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

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

[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:

[Click here to enter text.](#)

- B. City nearest the disposal site: [Click here to enter text.](#)

- C. County in which the disposal site is located: [Click here to enter text.](#)

- D. Disposal Site Latitude: [Click here to enter text.](#) Longitude: [Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

Section 12. Miscellaneous Information (Instructions Page 37)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.

[Click here to enter text.](#)

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

☐ Yes ☒ No

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

[Click here to enter text.](#)

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

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

Amount past due: [Click here to enter text.](#)

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: [Click here to enter text.](#)

Amount past due: [Click here to enter text.](#)

Section 13. Attachments (Instructions Page 38)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
 - Applicant's property boundary

- Treatment facility boundary
 - Labeled point of discharge for each discharge point (TPDES only)
 - Highlighted discharge route for each discharge point (TPDES only)
 - Onsite sewage sludge disposal site (if applicable)
 - Effluent disposal site boundaries (TLAP only)
 - New and future construction (if applicable)
 - 1 mile radius information
 - 3 miles downstream information (TPDES only)
 - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☐ Other Attachments. Please specify: ADMIN.02-Proof of Payment, ADMIN.03-Core Data Form, ADMIN.04-Downstream & Adjacent Landowner Map and List, ADMIN.05-Site and Stream Photographs, ADMIN.06-Buffer Zone Map, ADMIN.07-Public Involvement Plan Form,

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: New

Applicant: Cedar Creek MH, 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): Scott Roberts

Signatory title: Chief Executive Officer

Signature: _____ Date: _____

(Use blue ink)

Subscribed and Sworn to before me by the said _____

on this _____ day of _____, 20____.

My commission expires on the _____ day of _____, 20____.

Notary Public

[SEAL]

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.

Cedar Creek MH, LLC (CN New) proposes to operate the Cedar Creek Wastewater Treatment Plant (RN New). an activated sludge with nitrification facility. The facility will be located at 2883 State Highway 71, Cedar Creek, Texas 78612, in Cedar Creek, Bastrop County, Texas 78612.

This application is for a new application to discharge at a daily average flow not to exceed 150,000 gallons per day.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by a conventional activated sludge process plant and the treatment units will include a bar screen, aeration basins, a final clarifier, sludge digesters 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.

Cedar Creek MH, LLC (CN New)) propone operar la Planta de Tratamiento de Aguas Residuales de Cedar Creek (RN New), un proceso de lodos activados de nitrificación de una sola etapa. La instalación se ubicada a 2883 Carretera Estatal 71, Cedar Creek, Tejas, en Condado de Bastrop, Tejas 78612.

Esta solicitud es para una nueva aplicación para descargar a un flujo promedio diario de 150,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso de cinco días (CBOD₅), sólidos totalmente suspendidos (TSS), nitrógeno amoniacal (NH₄-N), y *Escherichia coli*. Los contaminantes potenciales adicionales se incluyen en el Informe Técnico Domésticas 1.0, Sección 7 Análisis de Contaminantes de Efluente Tratado en el paquete de solicitud de permisos. Las aguas residuales domésticas serán tratadas por una planta de proceso de lodos activados de nitrificación de una sola etapa y las unidades de tratamiento incluirán una pantalla de barras, balsas de aireación, un clarificador secundario, digestores de lodos, y una balsa de contacto de cloro.

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

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Cedar Creek MH, LLC (CN New)) propone operar la Planta de Tratamiento de Aguas Residuales de Cedar Creek (RN New), un proceso de lodos activados de nitrificación de una sola etapa. La instalación se ubicada a 2883 Carretera Estatal 71, Cedar Creek, Tejas, en Condado de Bastrop, Tejas 78612.

Esta solicitud es para una nueva aplicación para descargar a un flujo promedio diario de 150,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso de cinco días (CBOD₅), sólidos totalmente suspendidos (TSS), nitrógeno amoniacal (NH₄-N), y *Escherichia coli*. Los contaminantes potenciales adicionales se incluyen en el Informe Técnico Domésticas 1.0, Sección 7 Análisis de Contaminantes de Efluente Tratado en el paquete de solicitud de permisos. Las aguas residuales domésticas serán tratadas por una planta de proceso de lodos activados de nitrificación de una sola etapa y las unidades de tratamiento incluirán una pantalla de barras, cuenca de anóxica, cuencas de aireación, un clarificador secundario, digestores de lodos, y una cuenca 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: Bastrop 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: Cedar Creek MH, LLC

Permit No. WQ00 New

EPA ID No. TX New

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

2883 State Highway 71, Cedar Creek, Bastrop County, Texas 78612

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): Ms.

First and Last Name: Shelley Young

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

Title: Consulting Engineer

Mailing Address: 17230 Huffmeister Road, Suite A

City, State, Zip Code: Cypress, TX 77429

Phone No.: 281-373-0500 Ext.: Click here to enter text. Fax No.: 281-373-1113

E-mail Address: syoun@waterengineers.com

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

From the plant site to an unnamed tributary of Dry Creek; thence to Dry Creek; thence to the Colorado River in Segment No. 1428 of the Colorado River Basin

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 plant site will encompass approximately 2.0 acres. The actual plant structures will cover an area approximately 50' wide by 150' long. Minor excavation, less than 10', is expected.

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

The plant site is currently vacant and unused.

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, property is currently unused

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

Property is currently unused.



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): 0.150

2-Hr Peak Flow (MGD): 0.600

Estimated construction start date: Q1 of 2024

Estimated waste disposal start date: end Q3 of 2024

B. Interim II Phase

Design Flow (MGD): Click here to enter text.

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

Estimated construction start date: Click here to enter text.

Estimated waste disposal start date: Click here to enter text.

C. Final Phase

Design Flow (MGD): 0.150

2-Hr Peak Flow (MGD): 0.600

Estimated construction start date: Q1 of 2024

Estimated waste disposal start date: end of Q3 2024

D. Current operating phase: Final

Provide the startup date of the facility: not yet constructed

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:

Flow from an on-site lift station will enter the plant, which will be operated in the conventional activated sludge with nitrification mode, through a bar screen into the anoxic zone; thence to the aeration basins; thence to the clarifier, thence to the chlorine contact chamber for disinfection and discharge. Sludge from the bottom of the clarifier will either be returned to the anoxic zone or wasted to the digester.

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

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Anoxic/Selector Zone	1	162 sq. ft. x 10.5' SWD
Aeration Basins	2	40' L x 12' W x 10.50' SWD (each)
Clarifier	1	27' Diam. x 11.67' SWD
Chlorine Contact	1	16' L x 10' W x 8.00' SWD
Digester Basins	2	20' L x 12' W x 10.67' SWD

C. Process flow diagrams

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

Attachment: TECH.02

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: TECH.03

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

The treatment facility will serve the Cedar Creek Subdivision - a 550 ESFC residential subdivision.

Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

[Click here to enter text.](#)

Section 5. Closure Plans (Instructions Page 53)

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

[Click here to enter text.](#)

Section 6. Permit Specific Requirements (Instructions Page 53)

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

A. Summary transmittal

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

Yes ☐ No ☒

If **yes**, provide the date(s) of approval for each phase: [Click here to enter](#)

[text.](#)

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

[Click here to enter text.](#)

B. Buffer zones

Have the buffer zone requirements been met?

Yes ☒ No ☐

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

relevant to maintaining the buffer zones.

[Click here to enter text.](#)

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*.

None

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

Yes ☐ No ☒

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

2. Grit and grease processing

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

Click here to enter text.

3. Grit disposal

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

Yes ☐ No ☐

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

Describe the method of grit disposal.

Click here to enter text.

4. Grease and decanted liquid disposal

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

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

Click here to enter text.

E. Stormwater management

1. Applicability

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

2. MSGP coverage

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

Yes ☐ No ☐

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

TXR05 [Click here to enter text.](#) or TXRNE [Click here to enter text.](#)

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

Yes ☐ No ☐

3. Conditional exclusion

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

Yes ☐ No ☐

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

[Click here to enter text.](#)

4. Existing coverage in individual permit

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

Yes ☐ No ☐

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

Click here to enter text.

5. Zero stormwater discharge

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

Yes ☐ No ☐

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

Click here to enter text.

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

6. Request for coverage in individual permit

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

Yes ☐ No ☐

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

Click here to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

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

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

1. Acceptance of sludge from other WWTPs

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

Yes ☐ No ☒

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

In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click here to enter text.

Note: Permits that accept sludge from other wastewater treatment plants

may be required to have influent flow and organic loading monitoring.

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

If yes to any of the above, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click here to enter text.](#)

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

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

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

Yes ☐ No ☒

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

[Click here to enter text.](#)

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

Is the facility in operation?

Yes ☐ No ☒

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD 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					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
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: Not yet chosen

Facility Operator's License Classification and Level: Will be C or higher

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

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

A. Sludge disposal method

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

- ☐ Permitted landfill
- ☐ Permitted or Registered land application site for beneficial use

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

B. Sludge disposal site

Disposal site name: Austin Wastewater Processing Facility

TCEQ permit or registration number: MSW 2384

County where disposal site is located: Travis

C. Sludge transportation method

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

Name of the hauler: Wastewater Transport Services

Hauler registration number: 24343

Sludge is transported as a:

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

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

A. Beneficial use authorization

Does the existing permit include authorization for land application of sewage

sludge for beneficial use?

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

B. Sludge processing authorization

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

Sludge Composting Yes ☐ No ☒

Marketing and Distribution of sludge Yes ☐ No ☒

Sludge Surface Disposal or Sludge Monofill Yes ☐ No ☒

Temporary storage in sludge lagoons Yes ☐ No ☒

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

Yes ☐ No ☐

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

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

A. Location information

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

- Original General Highway (County) Map:

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

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

Discuss in a description if any of the following exist within the lagoon area.
Check all that apply.

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

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

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

[Click here to enter text.](#)

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: [Click here to enter text.](#)

Total Kjeldahl Nitrogen, mg/kg: [Click here to enter text.](#)

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

Phosphorus, mg/kg: [Click here to enter text.](#)

Potassium, mg/kg: [Click here to enter text.](#)

pH, standard units: [Click here to enter text.](#)

Ammonia Nitrogen mg/kg: [Click here to enter text.](#)

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

Cadmium: Click here to enter text.

Chromium: Click here to enter text.

Copper: Click here to enter text.

Lead: Click here to enter text.

Mercury: Click here to enter text.

Molybdenum: Click here to enter text.

Nickel: Click here to enter text.

Selenium: Click here to enter text.

Zinc: Click here to enter text.

Total PCBs: Click here to enter text.

Provide the following information:

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

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

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

C. Liner information

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

Yes ☐ No ☐

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

Click here to enter text.

D. Site development plan

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

Click here to enter text.

Attach the following documents to the application.

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

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

- Copy of the closure plan

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

- Copy of deed recordation for the site

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

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

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

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

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

- Procedures to prevent the occurrence of nuisance conditions

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

E. Groundwater monitoring

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

Yes ☐ No ☐

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

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

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

A. Additional authorizations

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

Yes ☐ No ☒

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

Click here to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Click here to enter text.

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

A. RCRA hazardous wastes

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

Yes ☐ No ☒

B. Remediation activity wastewater

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

Yes ☐ No ☒

C. Details about wastes received

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

Attachment: Click here to enter text.

Section 14. Laboratory Accreditation (Instructions Page 64)

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

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

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

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

CERTIFICATION:

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

Printed Name: N/A - Plant not yet built

Title: Click here to enter text

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.

Applicant is developing land in western Bastrop County and plans to develop 550 ESFCs. See Attachment TECH.06 for a development schedule.

B. Regionalization of facilities

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

1. *Municipally incorporated areas*

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

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

Yes ☐ No ☒ Not Applicable ☐

If yes, within the city limits of: [Click here to enter text.](#)

If yes, attach correspondence from the city.

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

If consent to provide service is available from the city, attach a 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: [Click here to enter text.](#)

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: TECH.05

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

Attachment: TECH.05

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

Yes ☐ No ☒

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

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

Section 2. Organic Loading (Instructions Page 67)

Is this facility in operation?

Yes ☐ No ☒

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application): [Click here to enter text.](#)

Average Influent Organic Strength or BOD₅ Concentration in mg/l: [Click here to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): [Click here to enter text.](#)

Provide the source of the average organic strength or BOD₅ concentration.

[Click here to enter text.](#)

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
Municipality		
Subdivision		
Trailer park - transient		
Mobile home park	0.150	300
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	0.150	
AVERAGE BOD ₅ from all sources		300

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 5

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l: 1

Dissolved Oxygen, mg/l: 6

Other: E. coli mpn/100 ml: 126

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click here to enter text.](#)

Total Suspended Solids, mg/l: [Click here to enter text.](#)

Ammonia Nitrogen, mg/l: [Click here to enter text.](#)

Total Phosphorus, mg/l: [Click here to enter text.](#)

Dissolved Oxygen, mg/l: [Click here to enter text.](#)

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

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 5

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l: 1

Dissolved Oxygen, mg/l: 6

Other: E. coli mpn/100 ml: 126

D. Disinfection Method

Identify the proposed method of disinfection.

- ☒ Chlorine: 1-4 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: TECH.01

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.

The plant site is on the edge of the flood plain. Tops of walls of the WWTPs, as well as all equipment, will be located above the 100-year frequency flood level.

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

FEMA Flood Map No. 48339C0450G

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:** TECH.03

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: TECH.04

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

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

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

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

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

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

Yes ☐ No ☒

If yes, provide the following:

Owner of the drinking water supply: [Click here to enter text.](#)

Distance and direction to the intake: [Click here to enter text.](#)

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

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

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

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [Click here to enter text.](#)

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☒

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

[Click here to enter text.](#)

C. Sea grasses

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

Yes ☐ No ☒

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

[Click here to enter text.](#)

Section 3. Classified Segments (Instructions Page 73)

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

Yes ☐ No ☒

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Unnamed tributary of Dry Creek

A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☒ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

Surface area, in acres: [Click here to enter text.](#)

Average depth of the entire water body, in feet: [Click here to enter text.](#)

Average depth of water body within a 500-foot radius of discharge point, in feet: [Click here to enter text.](#)

- ☐ Man-made Channel or Ditch

- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: [Click here to enter text.](#)

B. Flow characteristics

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

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

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

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

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

Dry Creek

C. Downstream characteristics

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

Yes ☐ No ☒

If yes, discuss how.

Click here to enter text.

D. Normal dry weather characteristics

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

The unnamed tributary was dry during the observation.

Date and time of observation: 012/16/2022 @ 11:30

Was the water body influenced by stormwater runoff during observations?

Yes ☐

No ☒

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

A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify

B. Waterbody uses

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

☐ Livestock watering

☐ Contact recreation

☐ Irrigation withdrawal

☐ Non-contact recreation

☐ Fishing

☐ Navigation

- | | |
|--|--|
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |
| <input type="checkbox"/> Park activities | <input checked="" type="checkbox"/> Other(s), specify <u>unknown</u> |

C. Waterbody aesthetics

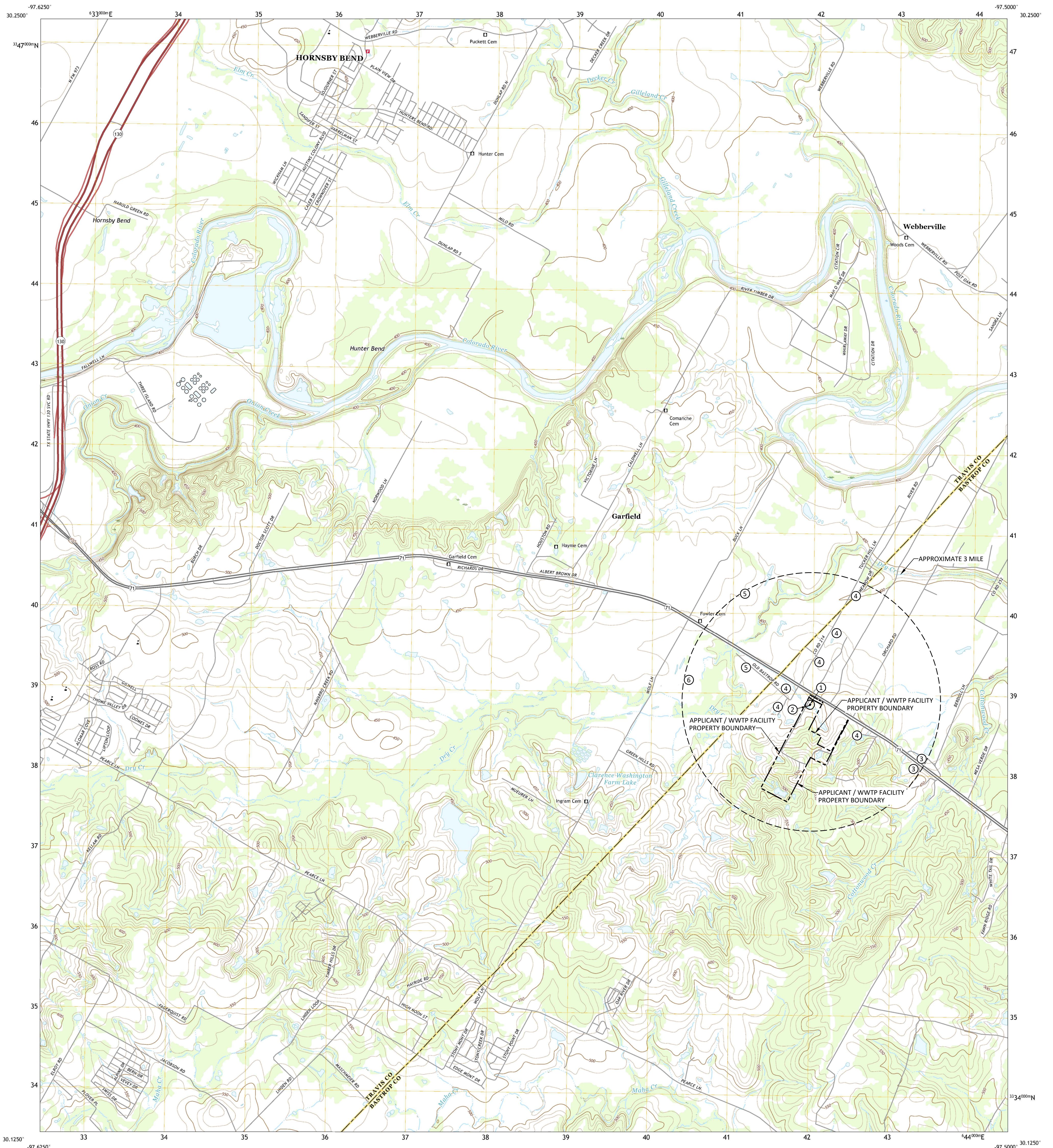
Check one of the following that best describes the aesthetics of the receiving water and the surrounding area.

- ☐ 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

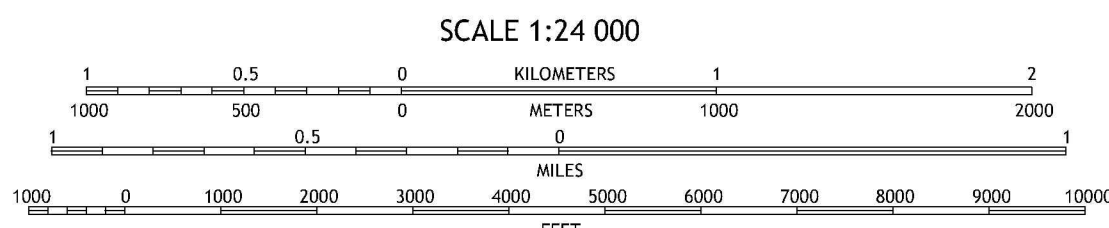
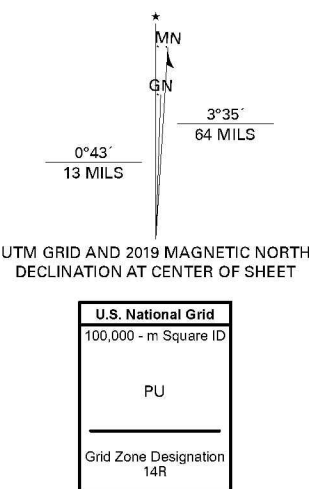
ATTACHMENT ADMIN.01

USGS Topographic Map

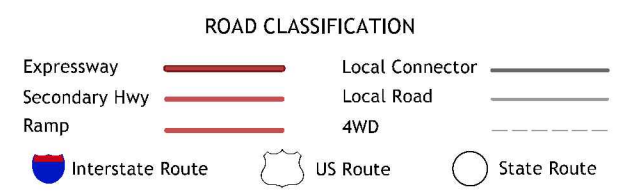
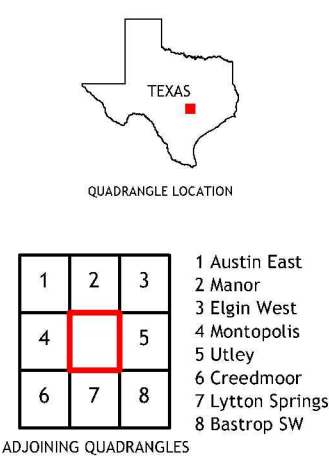
(Reference Administrative Report 1.0, Page 11, Question 13)



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 14R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.
Imagery.....NAIP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015
Names.....GNIS, 1979 - 2015
Hydrography.....National Hydrography Dataset, 2000 - 2018
Contours.....National Elevation Dataset, 2002 - 2004
Boundaries.....Multiple sources; see metadata file 2016 - 2017
Wetlands.....FWS National Wetlands Inventory 1982



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



WEBBERVILLE, TX 2019

LEGEND	
1	APPLICANT'S WASTEWATER TREATMENT PLANT
2	POINT OF DISCHARGE
3	COMMERCIAL DEVELOPMENT
4	HOUSING DEVELOPMENT
5	INDUSTRIAL SITE
6	PARK
7	SCHOOLS
8	RECREATIONAL AREA
9	PUBLIC WATER WELL
10	EXISTING WWTP (OWNED BY OTHERS)

WATERENGINEERS, INC.
Water & Wastewater Treatment Consultants
Texas Board of Professional Engineers - License No. 2006
17283 HILFMASTER ROAD
CORPUS CHRISTI, TEXAS 78412
TEL: 361-373-0200
FAX: 361-373-1113
APPLICANT: CEDAR CREEK MH, LLC
CEDAR CREEK WWTP
APPLICATION FOR A NEW TPDES PERMIT
USGS TOPOGRAPHIC MAP
DRAWN BY: BIR
APPROVED BY: SBY
SCALE: AS SHOWN
DATE: 3/14/2023
JOB No.: 6237-22300
DWG. NO.:
ADMIN.01

ATTACHMENT ADMIN.02

Proof of Payment

(Reference Administrative Report 1.0, Page 11, Question 13)

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: Check form for correct fee.

1. Check or Money Order Number: 8005
2. Check or Money Order Amount: \$850.00
3. Date of Check or Money Order: 02/15/2023
4. Name on Check or Money Order: WaterEngineers, Inc.

5. APPLICATION INFORMATION

Name of Project or Site: Cedar Creek MH, LLC WWTP

Physical Address of Project or Site: 2883 State Highway 72, Cedar Creek, Bastrop County

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

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON.

WATERENGINEERS, INC.
17230 HUFFMEISTER RD., SUITE A
CYPRESS, TEXAS 77429
281-373-0500

AMEGY BANK N.A.
P.O. BOX 27459
HOUSTON, TX 77227-7459

35-1125/1130
78

2/15/2023

8005

PAY
TO THE
ORDER OF

TCEQ

\$ **850.00

Eight Hundred Fifty and 00/100

DOLLARS

TCEQ
12100 PARK 35 CIRCLE
MC-214
AUSTIN, TX 78753-1808

Cedar Creek MH, LLC- NEW TPDES PERMIT


AUTHORIZED SIGNATURE

CCWTP 0059

⑈008005⑈ ⑆113011258⑆ 0003164349⑈

Security features included. Details on back.

ATTACHMENT ADMIN.03

Core Data Form

(Reference Administrative Report 1.0, Page 4, Section 3C)



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)					
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership					
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:					
Cedar Creek MH 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)				
0804641360	32085372079						
11. Type of Customer:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited				
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> Other: limited liability company					
12. Number of Employees		13. Independently Owned and Operated?					
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No					
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator							
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:							
15. Mailing Address:	8350 E. Raintree Drive, Suite 220						
	City	Scottsdale	State	AZ	ZIP	85260	ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)			
				sroberts@robertsrc.com			
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)			
(480) 425-3524				() -			

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)		
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information		
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.)		
Cedar Creek Wastewater Treatment Plant		

CCWTP 0061

23. Street Address of the Regulated Entity: (No PO Boxes)	2883 State Highway 71							
	City	Bastrop	State	TX	ZIP	78612	ZIP + 4	
24. County	Bastrop							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City				State		Nearest ZIP Code	
Cedar Creek				TX		78612	
27. Latitude (N) In Decimal:		30.172697		28. Longitude (W) In Decimal:		97.525375	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
30	10	21.71	-97	31	31.35		
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)	
6515				531190			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Mobile home community							
34. Mailing Address:		8350 E. Raintree Drive, Suite 220					
		City	Scottsdale	State	AZ	ZIP	85260
35. E-Mail Address:		sroberts@robertsrc.com					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(480) 425-3524				() -			

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

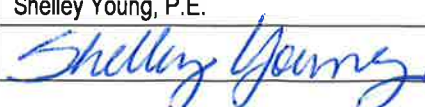
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	Shelley Young	41. Title:	Consulting Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281) 373-0500		(281) 373-1113	syoung@waterengineers.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.

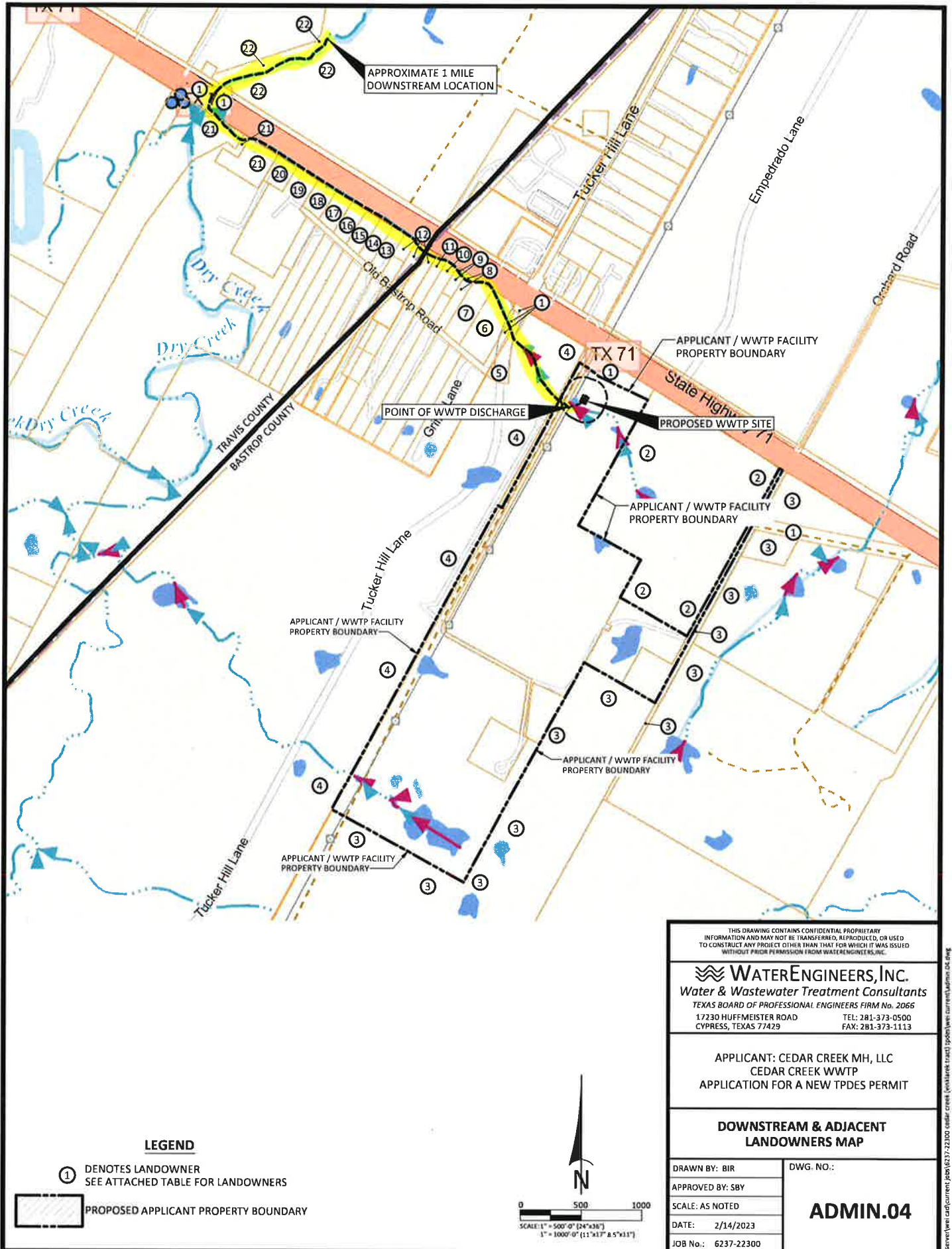
Company:	WaterEngineers, Inc.	Job Title:	Engineer
Name(In Print) :	Shelley Young, P.E.	Phone:	(281) 373-0500
Signature:		Date:	2/6/2023

CCWTP 0062

ATTACHMENT ADMIN.04

Affected Landowner Map and List

(Reference Administrative Report 1.1, Page 13, Section 1)



CCWTP 0064

TABLE “ADMIN.04”

CEDAR CREEK MH, LLC Cedar Creek Wastewater Treatment Plant

Adjacent & Downstream Land Ownership Table

Source: Bastrop and Travis County Appraisal Districts

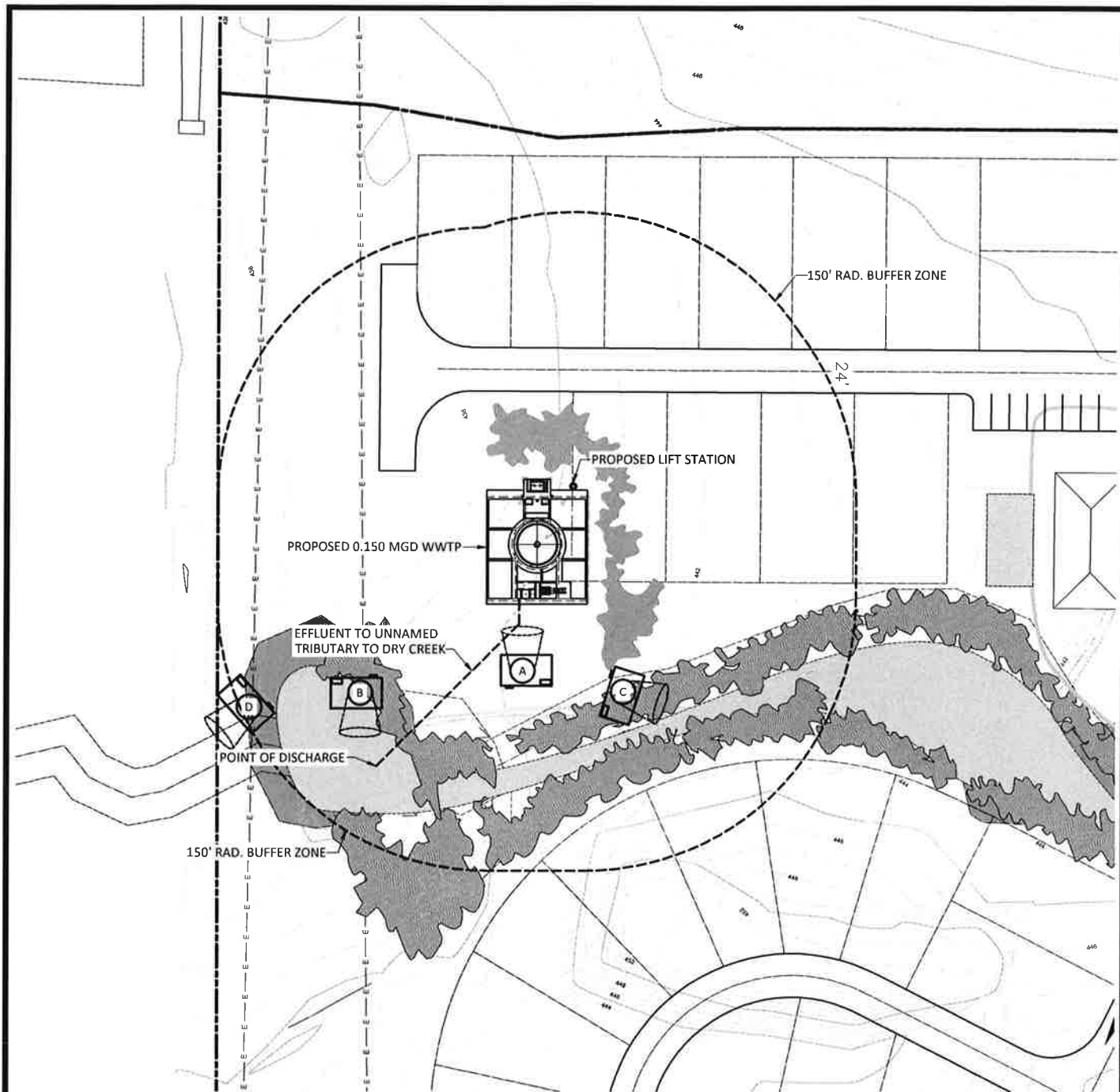
Tract No. (See Attachment “ADMIN.04” Map)	Title Owner & Address
1	STATE OF TEXAS TEXAS DEPT OF TRANSPORTATION AUSTIN DISTRICT 7901 N I-35 AUSTIN TX 78753
2	THE WASHINGTON CHILDREN’S TRUST #2 2323 CAROLINE ST 1000 THE HOUSTON BLDG HOUSTON TX 77004
3	ATLANTIS WKA BASTROP LLC 2121 MIDWAY ROAD SUITE 320 CARROLLTON TX 75066
4	CARR FAMILY PARTNERHSIP LTD 4826 HIGHWAY 71 EAST DEL VALLE TX 78617
5	BASTROP COUNTY P O BOX 579 BASTROP TX 78602
6	OLEG ZARETSKY 129 MARKET STREET KENIL WORTH NJ 07033
7	RADY FAMILY TRUST 9/8/94 13276 RESEARCH BLVD #105 AUSTIN TX 78750
8	JOSE & MAIRA ALVARADO 5216 VILLAGE PATH AUSTIN TX 78744
9	FELICITA LUM 2933 HIGHWAY 71 WEST CEDAR CREEK TX 78612
10	MICHAEL & ROSE SOZA 2937 HIGHWAY 71 WEST CEDAR CREEK TX 78612
11	REYNALDO CAMACHO 11204 BLUFF BEND

	CEDAR CREEK TX 78612
12	KSSL HOLDINGS INC 1713 E 7 TH STREET AUSTIN TX 78702
13	CIELO FERRIGNO 212 OLD BASTROP ROAD CEDAR CREEK TX 78612
14	MICHAEL MARTINEZ 4917 LEXINGTON MEADOW LANE DEL VALLE TX 78617
15	CRISOFORO ROMO 5536 STATE HGIHWAY 71 EAST CEDAR CREEK TX 78612
16	SOFIA FLORES 234 OLD BASTROP ROAD CEDAR CREEK TX 78612
17	JOAQUIN & ARIA URQUIZA 12829 RANFT COVE DEL VALLE TX 78617
18	JUAN & NOHEMI PUENTE 9901 PARKFIELD DRIVE AUSTIN TX 78758
19	ARM VENTURES LLC P O BOX 579 DEL VALLE TX 78617-0579
20	JOHN PAQUIN 208 PICKLE ROAD AUSTIN TX 78704

ATTACHMENT ADMIN.05


Photographs

(Reference Administrative Report 1.1, Page 14, Section 2)



NOTE:
SEE ATTACHED TABLE FOR
LANDOWNER INFORMATION

LEGEND

 DENOTES LOCATION FROM WHICH PHOTOGRAPHS WERE TAKEN
SEE ATTACHMENT ADMIN.05 FOR SITE PHOTOGRAPHS

0 40 80
SCALE: 1" = 40'-0" (24"x36")
1" = 80'-0" (11"x17" & 8.5"x11")

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WATERENGINEERS, INC.
Water & Wastewater Treatment Consultants
TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2066
17230 HUFFMEISTER ROAD TEL: 281-373-0500
CYPRESS, TEXAS 77429 FAX: 281-373-1113

APPLICANT: CEDAR CREEK MH, LLC
CEDAR CREEK WWTP
APPLICATION FOR A NEW TPDES PERMIT

SITE PHOTOGRAPH LOCATION MAP

DRAWN BY: BIR

DWG. NO.:

APPROVED BY: SBY

SCALE: AS NOTED

DATE: 2/14/2023

JOB No.: 6237-22300

ADMIN.05-1

CCWTP 0068


WASTEWATER TREATMENT PLANT SITE



POINT OF DISCHARGE INTO UNNAMED TRIBUTARY TO DRY CREEK



** SEE ADMIN.05-1 FOR LOCATION IN
WHICH PHOTOGRAPHS WERE TAKEN

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 WATERENGINEERS, INC. <i>Water & Wastewater Treatment Consultants</i> <small>TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2066</small> <small>17230 HUFFMEISTER ROAD TEL: 281-373-0500</small> <small>CYPRESS, TEXAS 77429 FAX: 281-373-1113</small>	
APPLICANT: CEDAR CREEK MH, LLC CEDAR CREEK WWTP APPLICATION FOR A NEW TPDES PERMIT	
SITE PHOTOGRAPHS	
DRAWN BY: BIR APPROVED BY: SBY SCALE: AS NOTED DATE: 2/14/2023 JOB No.: 6237-22300	DWG. NO.: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">ADMIN.05-2</div>

CCWTP 0069



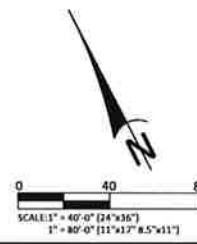
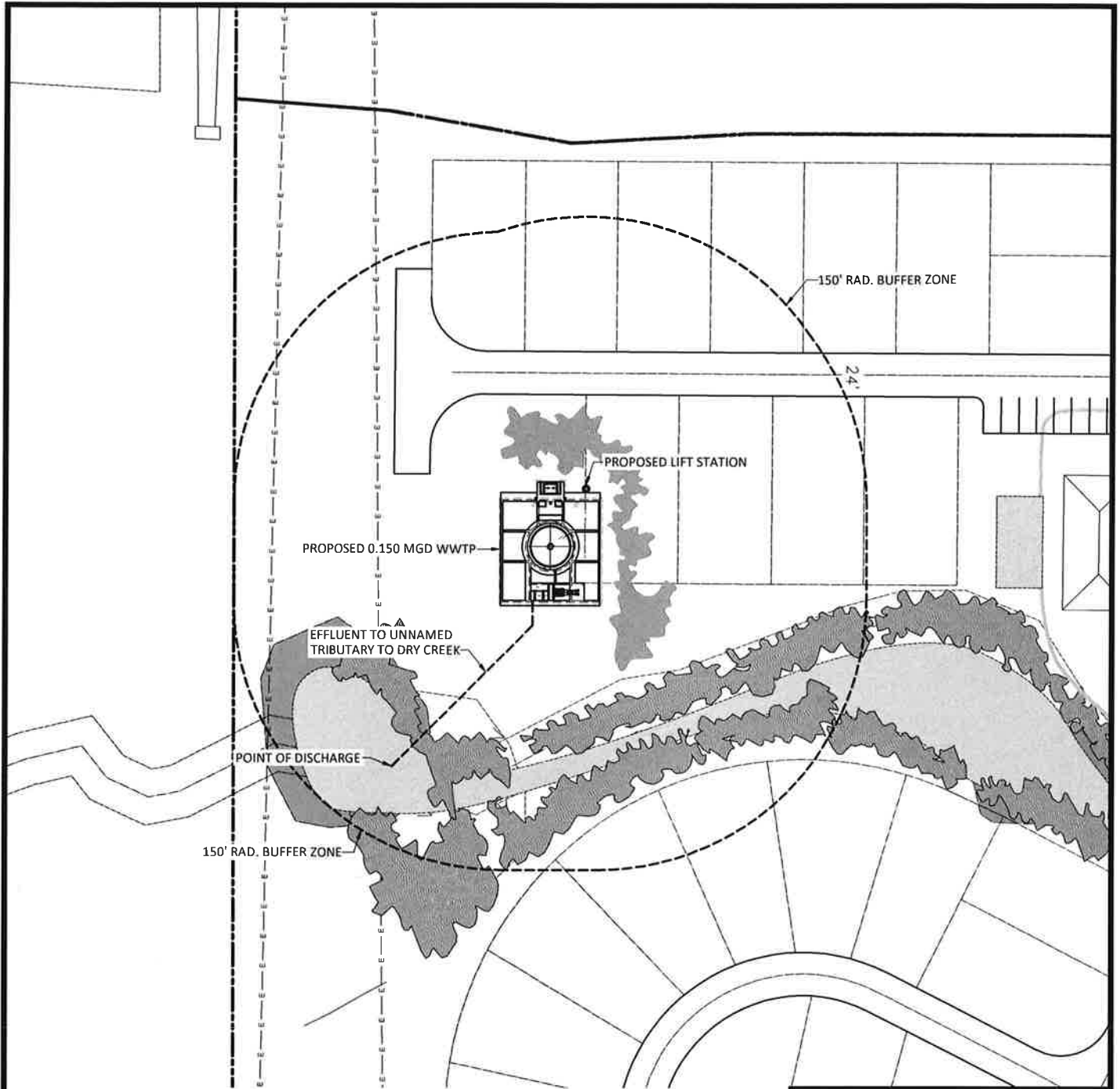
** SEE ADMIN.05-1 FOR LOCATION IN WHICH PHOTOGRAPHS WERE TAKEN

CCWTP 0070

ATTACHMENT ADMIN.06

Buffer Zone Map

(Reference Administrative Report 1.1, Page 14, Section 3A)



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WATERENGINEERS, INC.
Water & Wastewater Treatment Consultants
 TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2066
 17230 HUFFMEISTER ROAD TEL: 281-373-0500
 CYPRESS, TEXAS 77429 FAX: 281-373-1113

APPLICANT: CEDAR CREEK MH, LLC
 CEDAR CREEK WWTP
 APPLICATION FOR A NEW TPDES PERMIT

BUFFER ZONE MAP

DRAWN BY: BIR	DWG. NO.:
APPROVED BY: SBY	ADMIN.06
SCALE: AS NOTED	
DATE: 2/14/2023	
JOB No.: 6237-22300	

CCWTP 0072

ATTACHMENT ADMIN.07

Public Involvement Plan

(Reference Administrative Report 1.0, Page 10, Section 8F)



Texas Commission on Environmental Quality

WQ00New
Cedar Creek MH, LLC
Cedar Creek WWTP

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
 - San Antonio
 - Dallas
 - West Texas
 - Fort Worth
 - Texas Panhandle
 - Houston
 - 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. The area affected by this permit action is not environmentally highly sensitive and, to the best of my knowledge, not been part of any other contested permit action.

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)

<p>(Census Tract)</p> <p>Please indicate which of these three is the level used for gathering the following information.</p> <p><input type="checkbox"/> City</p> <p><input type="checkbox"/> County</p> <p><input type="checkbox"/> Census Tract</p>
(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
<p>(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please describe.</p>
<p>If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.</p>
<p>(c) Will you provide notice of this application in alternative languages?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>If yes, how will you provide notice in alternative languages?</p> <p><input type="checkbox"/> Publish in alternative language newspaper</p> <p><input type="checkbox"/> Posted on Commissioner's Integrated Database Website</p>

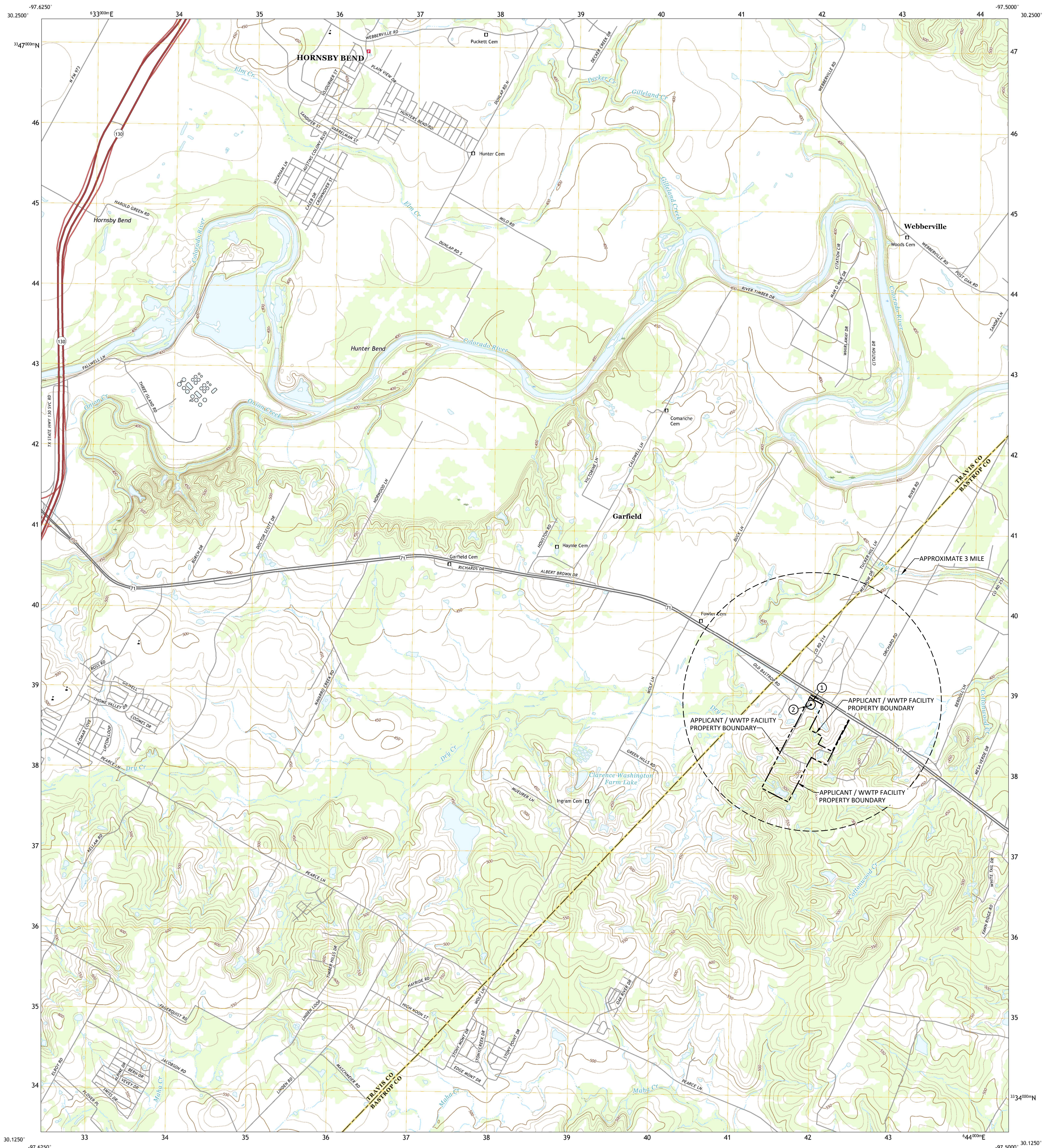
<input type="checkbox"/> Mailed by TCEQ's Office of the Chief Clerk <input type="checkbox"/> Other (specify)
(d) Is there an opportunity for some type of public meeting, including after notice? <input type="checkbox"/> Yes <input type="checkbox"/> No
(e) If a public meeting is held, will a translator be provided if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Hard copies of the application will be available at the following (check all that apply): <input type="checkbox"/> TCEQ Regional Office <input type="checkbox"/> TCEQ Central Office <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
What types of notice will be provided? <input type="checkbox"/> Publish in alternative language newspaper <input type="checkbox"/> Posted on Commissioner's Integrated Database Website <input type="checkbox"/> Mailed by TCEQ's Office of the Chief Clerk <input type="checkbox"/> Other (specify)

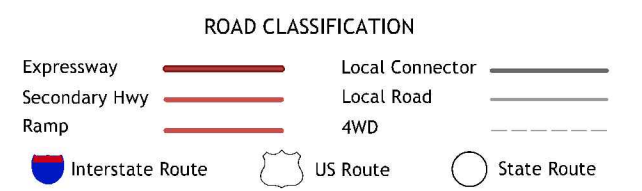
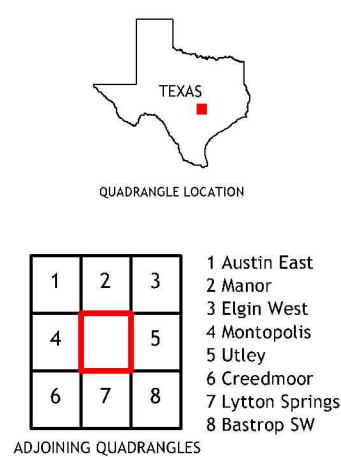
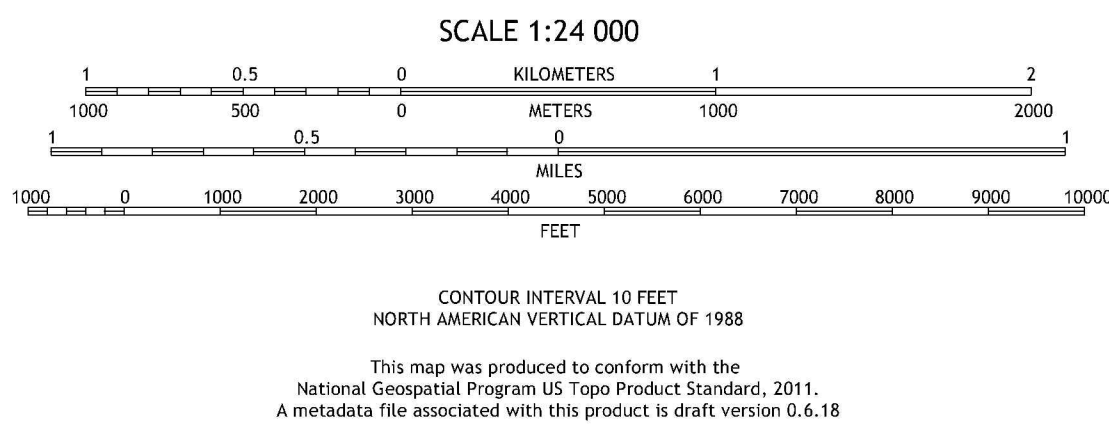
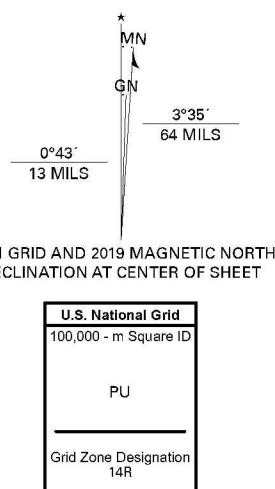
ATTACHMENT SPIF.01

USGS Topographic Map

(Reference Supplemental Permit Information Form, Pg 16, Question 5)



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 14R
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.....NAP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015
Names.....GNIS, 1979 - 2015
Hydrography.....National Hydrography Dataset, 2000 - 2018
Contours.....National Elevation Dataset, 2002 - 2004
Boundaries.....Multiple sources; see metadata file 2016 - 2017
Wetlands.....FWS National Wetlands Inventory 1982



WEBBERVILLE, TX
2019

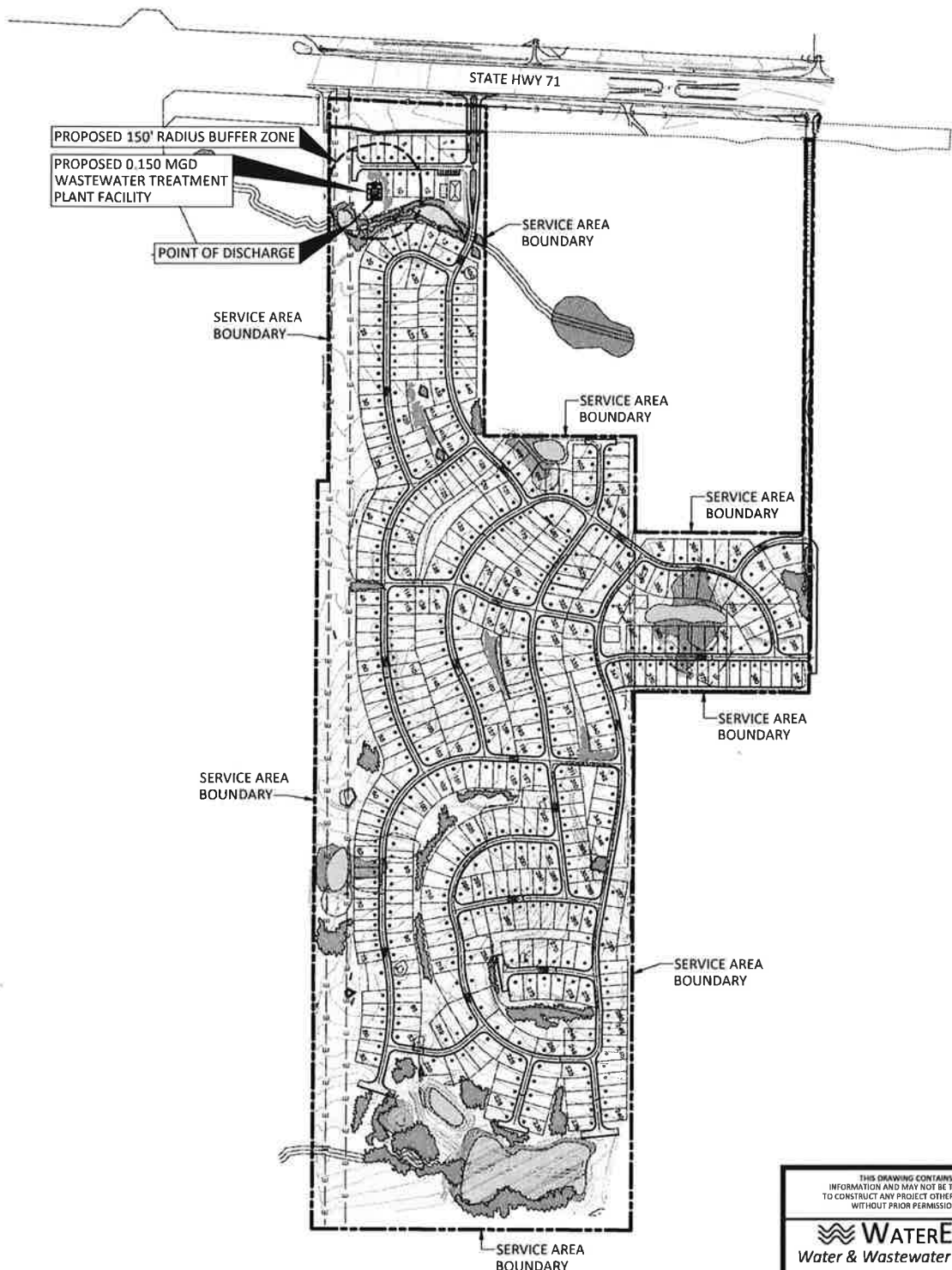
WATERENGINEERS, INC.
Water & Wastewater Treatment Consultants
Texas Board of Professional Engineers: 0086
17280 HILFMASTER ROAD
CORPUS CHRISTI, TEXAS 78412
TEL: 361-373-0000
FAX: 361-373-1113
APPLICANT: CEDAR CREEK MH, LLC
CEDAR CREEK WWTP
APPLICATION FOR A NEW TPDES PERMIT
USGS TOPOGRAPHIC MAP
DRAWN BY: BIR
APPROVED BY: SBY
SCALE: AS NOTED
DATE: 3/14/2023
JOB No.: 6237-22300
DWG. No.:
SPIF.01

LEGEND
① APPLICANT'S WASTEWATER TREATMENT PLANT
② POINT OF DISCHARGE

ATTACHMENT SPIF.02

Site Drawing

(Reference Supplemental Permit Information Form, Pg 16, Question 5)



LEGEND



PROPOSED SERVICE AREA BOUNDARY

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WATERENGINEERS, INC.

Water & Wastewater Treatment Consultants

TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2066

17230 HUFFMEISTER ROAD
CYPRESS, TEXAS 77429

TEL: 281-373-0500
FAX: 281-373-1113

APPLICANT: CEDAR CREEK MH, LLC
CEDAR CREEK WWTP
APPLICATION FOR A NEW TPDES PERMIT

SERVICE AREA & SITE PLAN

DRAWN BY: BIR

APPROVED BY: SBY

SCALE: AS NOTED

DATE: 2/14/2023

JOB No.: 6237-22300

DWG. NO.:

SPIF.02

CCWTP 0081

ATTACHMENT TECH.01

Design & Loading Criteria Table

And Design Features for Reliability

(Reference Technical Report Page 2, Question 2b)

ATTACHMENT TECH.03 CEDAR CREEK WWTP DESIGN & LOADING CRITERIA 150,000 GPD	
Parameter	Value
INFLUENT CONDITIONS	
No. of Residential Connections	550
Flow Per Connection, gpd	250
BOD, mg/l	300
Total Calculated Daily Flow, gpd	137,500
Design Average Daily Flow, gpd	150,000
Ratio Average/Peak Flow	4.00
Peak 2-Hour Flow, gpd	600,000
Peak 2-Hour Flow, gpm	417
BOD, lb/day	375
AERATED TANK CONFIGURATION	
Total Wall Height, ft	12.0
Freeboard, ft	1.5
SELECTOR ZONE	
Detention Time, Hrs	2.00
Required Volume, cu ft	1,671
Side Water Depth (Normal Flow)	10.50
Required Area, sq ft	159.15
Actual Area Provided, sq ft	162.00
Actual Volume Provided, Cu Ft	1,701
Theoretical Detention @ Average Flow, Hrs.	2.04
Air Supply @ 20 scfm/1,000 cu ft, scfm	34
ACTIVATED SLUDGE AERATION BASINS	
Allow Aeration Basin Load, Lb BOD/1000 cu ft	35.00
Total Aeration Basin Volume Req'd, cu ft	10,723
Side Water Depth (Normal Flow)	10.25
Total Basin Area Req'd, sq ft	1,046
Total Basin Area Provided, sq ft	1,195
Total Aeration Basin Volume, cu ft	12,249
Aeration Basin Loading, #BOD/1000 cu ft	30.6
Detention (@Qave), hours	14.7
O2 Req'd @ 2.2 # O2/lb BOD	826
Design Diffuser Air Flow/Unit Area, scfm/sf	2.00
Diffuser CW Eff @ Field Conditions, %/Ft Sub	2.00%
Diffuser Field Submergence, ft	9.75
Diffuser CW Transfer Efficiency, %	19.5%
Correction Factor (Fine Bubble Diffusers)	0.45
Diffuser Field Transfer Efficiency, %	8.78%
Required Air Flow Rate, scfm	379
Temp Adjustment Factor for 30 Def C	1.27
Temp Adjusted Air Flow Rate, scfm	480
Diffuser active surface area, sf/diffuser	2.54
Air Flow Rate Per Diffuser, scfm	4.5
No. Diffusers Installed	56
Diffuser Air Flow/SF Active Membrane, scfm/sf	2.66
Air Supply, scfm/1000 cf	31
CLARIFIER	
Side Water Depth, ft	12.00
Allowable Surface Overflow Rate @ Qp, gpd/sf	1200
Diameter Based on OFR Criteria, ft	25.23
Minimum Detention @ Qp, hours	1.80
Diameter Based on Min. Detention, ft	25.27
Minimum Clarifier Diameter, ft	25.27
Chosen Clarifier Diameter, ft	26.00
Settling Area, sq. ft.	531
Total Volume, cu. ft	6,371
Avg. SOR, gpd/sq ft	283
Peak SOR, gpd/sq ft	1,130
Avg. Detention, hr	7.62
Peak Detention, hr	1.91
Return Sludge Flow, gpm (@400 gpd/sq ft)	147
CHLORINE CONTACT CHAMBER	
Min Peak Flow Detention, min	20
Required Volume, cu ft	1114
Maximum Depth @ Qp, ft	9.30
Required Surface Area, sq ft	120
Actual Surface Area Provided, sq ft	134
Actual Volume, cu ft (Net of Effluent Chamber)	1,246
Detention @ Peak Flow, min.	22.4
Air Supply Req'd, scfm (@ 10 scfm/1000 cu ft)	12
AEROBIC DIGESTION	
Allowable Load, cu ft/Lb BOD	20
Req'd Volume, cu ft	7,506
Req'd Surface Area, sq ft	715
Actual Surface Area Provided, sq ft	719
Actual Volume in Two Basins, cu ft	7,550
Actual Loading, cu ft/# BOD	20.1
Aeration Supply Rate, scfm/1000 cu ft	30
Total Digester Air Supply Req'd, scfm	226
No. Diffusers Installed	36
Air Flow Rate Per Diffuser, scfm	6.3
AIR SUPPLY BLOWERS	
Selector Zone Air Supply, scfm	34
Aeration Process Air Supply, scfm	480
Skimmer Airlift Air Supply, scfm	5
RAS Airlift Air Supply, scfm	22
Digester Process Air Supply, scfm	226
Chlorine Contact Air Supply, scfm	12
Total Air Supply Required, scfm	780
Number of Blowers	2
Capacity of Blowers, scfm	800
Blower Operating Pressure, psi	5.5

CCWTP 0083

DESIGN FEATURES FOR RELIABILITY

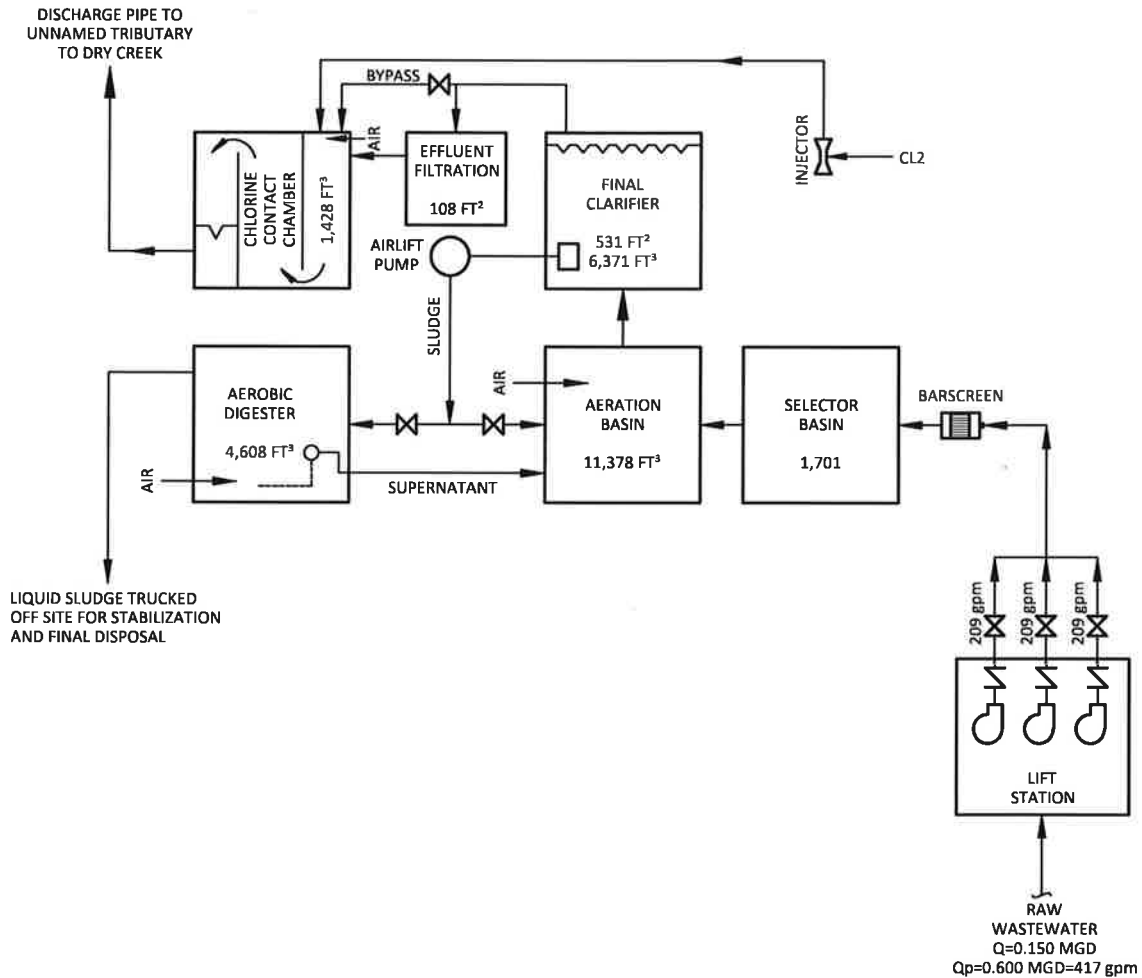
The 105 Utility Wastewater Treatment Plant facilities will be designed to provide a high degree of mechanical reliability consistent with TCEQ Design Criteria. The following describe design features that will be incorporated at the facilities to prevent bypassing or overflows of untreated wastewater:

- A. No infiltration/inflow is anticipated since the collection system will be new and not subject to the effects of age and deterioration at this time.
- B. The electrical service that will serve the 105 Utility WWTP is reliable with most outages lasting less than 2-4 hours. However, 105 Utility LLC plans to purchase a generator to operate necessary plant components during extended outages.
- C. All mechanical units, such as influent pumps, blowers and chemical feed pumps will be installed with spare units in the event a piece of equipment is out of service for repairs.
- D. Plant units will be maintained per TCEQ standards and repaired as quickly as possible should failure occur.
- E. The facilities will include an auto-dialer that will call the operator in case of power outages, blower malfunctions, lift station malfunctions or high-water alarm situations.

ATTACHMENT TECH.02

Process Flow Diagram

(Reference Technical Report Page 2, Question 2c)



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WATERENGINEERS, INC. <i>Water & Wastewater Treatment Consultants</i> <small>TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2066</small> 17230 HUFFMEISTER ROAD TEL: 281-373-0500 CYPRESS, TEXAS 77429 FAX: 281-373-1113	
APPLICANT: CEDAR CREEK MH, LLC CEDAR CREEK WWTP APPLICATION FOR A NEW TPDES PERMIT	
FLOW SCHEMATIC	
DRAWN BY: BIR APPROVED BY: SBY SCALE: AS NOTED DATE: 2/14/2023 JOB No.: 6237-22300	DWG. NO.: TECH.02

ATTACHMENT TECH.03

Site Drawing

(Reference Technical Report Page 3, Question 3)

(Including Wind Rose)

(Reference Technical Report Page 24, Question 5B)

ATTACHMENT TECH.04

Solids Management Plan

(Reference Technical Report Page 24, Question 7)

ATTACHMENT TECH.04 SLUDGE MANAGEMENT PLAN

1. Type of Wastewater Treatment Process Used

The Cedar Creek Wastewater Treatment Plant (WWTP) will use the activated sludge with nitrification process. Solids analyses have been made based upon a spreadsheet calculation set up using sludge kinetic calculations developed by Dr. Ross McKinney and published in Notes on Activated Sludge, 1971, by Brian L. Goodman. Tables TECH.04 shows the process design and sludge generation calculations for the design flows of 150,000 gpd.

2. Dimensions and Capacities

The treatment facility will have dual digesters with a total volume of 7,550 cu. ft., a surface area of 713 sq. ft. and a 10.5 ft. side water depth. The digester will provide a total design flow loading of 20.1 cu. ft./lb BOD.

3. Sludge Generation Calculations

Sludge generation calculations showing the amount of solids generated at 100%, 75%, 50% and 25% of design flow is included in Attachments TECH.04. These are the solids that must be wasted from the activated sludge process and that must be stabilized in the aerobic digester. The results are summarized in the following table:

Phase	Solids @ 100% Qavg, lb/day	Solids @ 75% Qavg, lb/day	Solids @ 50% Qavg, lb/day	Solids @ 25% Qavg, lb/day
Only Phase	256	192	128	64

4. Operating Range of Mixed Liquor Suspended Solids

The calculations that predict the mixed liquor suspended solids in the activated sludge process are located in the following table:

	Predicted Solids @100% Flow		Predicted Solids @75% Flow		Predicted Solids @50% Flow		Predicted Solids @25% Flow	
	sludge age, days	MLSS mg/l	sludge age, days	MLSS mg/l	sludge age, days	MLSS mg/l	sludge age, days	MLSS mg/l
Phase	11.5	3,501	15.5	3,541	23	3,505	46	3,507

5. Solids Removal Procedures

The removal of waste activated sludge from the activated sludge process is achieved by wasting sludge from the bottom of the clarifier into the aerobic digester using the waste sludge airlift pump. In order to thicken solids prior to putting them into the digester, the air lift is turned off for approximately one hour prior to wasting. Periodically (two to three times a week) the air supply to the aerobic digester is shut off, allowing solids to settle to the bottom of the digester. Then the supernatant liquor is decanted with an adjustable decant airlift pump and returned to the aeration basin. After a sufficient period of digestion and/or the digester is full, sludge is removed from the digester by a vacuum truck by hooking the truck hose to the piping connection and opening the shut off valve.

6. Quantity of Solids to Be Removed and Solids Removal Schedule

The quantity of solids to be removed at the various plant loadings are presented in the following table. These quantities shown in the tabulation are *monthly* quantities based upon an influent BOD of 300 mg/l and TSS of 200 mg/l. If the strength of the influent wastewater varies significantly, solids removal quantities will be different.

	@ 100 % Flow Capacity		@ 75 % Flow Capacity		@ 50 % Flow Capacity		@ 25 % Flow Capacity	
Phase	% Solids	Gal/ Month	% Solids	Gal/ Month	% Solids	Gal/ Month	% Solids	Gal/ Month
Phase	2.0	36,682	2.0	27,521	2.0	18,355	2.0	9,181

7. Identification of Disposal Site

The disposal of sludge from the WWTP is contracted to sludge management and disposal contractor, Magna-Flow Environmental., who transports liquid sludge from the digester to other wastewater treatment facilities for further processing. Solids documentation is assured by measuring the volume of each sludge withdrawal and measuring the sludge solids concentrations. All required data is included in the annual sludge report to the TCEQ.

ATTACHMENT TECH.04
PROCESS DESIGN AND SLUDGE GENERATION CALCULATIONS
DESIGN & LOADING CRITERIA

INFLUENT CONDITIONS

Design Flow Rate, gpd	150,000	Aeration Vol, cu ft	13,950
Infl. BOD, mg/l	300	Clarifier Diameter, ft	26
Infl. TSS, mg/l	200	Clarifier Side Wall Depth, ft	12.00
Infl. VSS, mg/l	160	Clarifier Surface Area, sq ft	531
BOD Loading, lb/day	375	Clarifier Volume, cu ft	6,371
BOD Load, #/1000 cu ft	26.9	Temperature, deg C	20

Actual Plant Loading, %	100%	75.0%	50%	25.0%
Actual Flow Rate, mgd	0.150	0.113	0.075	0.038
BOD Loading, #/Day	375	281	188	94
Ret. Sludge Rate, gpd/sq ft	400	400	400	400
Ret. Sludge Flow, mgd	0.21	0.21	0.21	0.21
t = Aeration Time, days	0.696	0.928	1.391	2.783
ts = Sludge Age, Days	11.5	15.5	23.0	46.0
Km = BOD Removal Metabolic Factor	360	360	360	360
Ks = Synthesis Factor	250	250	250	250
Ke = Endogenous Metabolism Factor	0.21	0.15	0.10	0.05
F = Effl Soluble BOD	1.19	0.90	0.60	0.30
Ma = Active Mass	1,009	1,021	1,011	1,012
Me = Endogenous Mass	581	588	582	583
Mi = Inert Organic Mass	926	936	926	926
Mii = Inert Inorganic Mass	986	996	986	986
Mt = Total Mass, mg/l	3,501	3,541	3,505	3,507
Total Mass in Aeration Basin, lb	3,047	3,082	3,050	3,052
Lb BOD/Lb MLSS/Day	0.123	0.091	0.062	0.031
Effl TSS, mg/l	7	7	7	7
Effl BOD, mg/l	2	2	2	2
Sludge Accumulation, lb/day	265	199	133	66
TSS Lost In Effluent, lb/day	9	7	4	2
Waste Sludge, lb/day	256	192	128	64
Return Sludge Conc, mg/l	5,975	5,417	4,743	4,126
Waste Sludge Conc, mg/l	5,975	5,417	4,743	4,126
Waste Sludge Flow, gpd	5,142	4,254	3,242	1,864

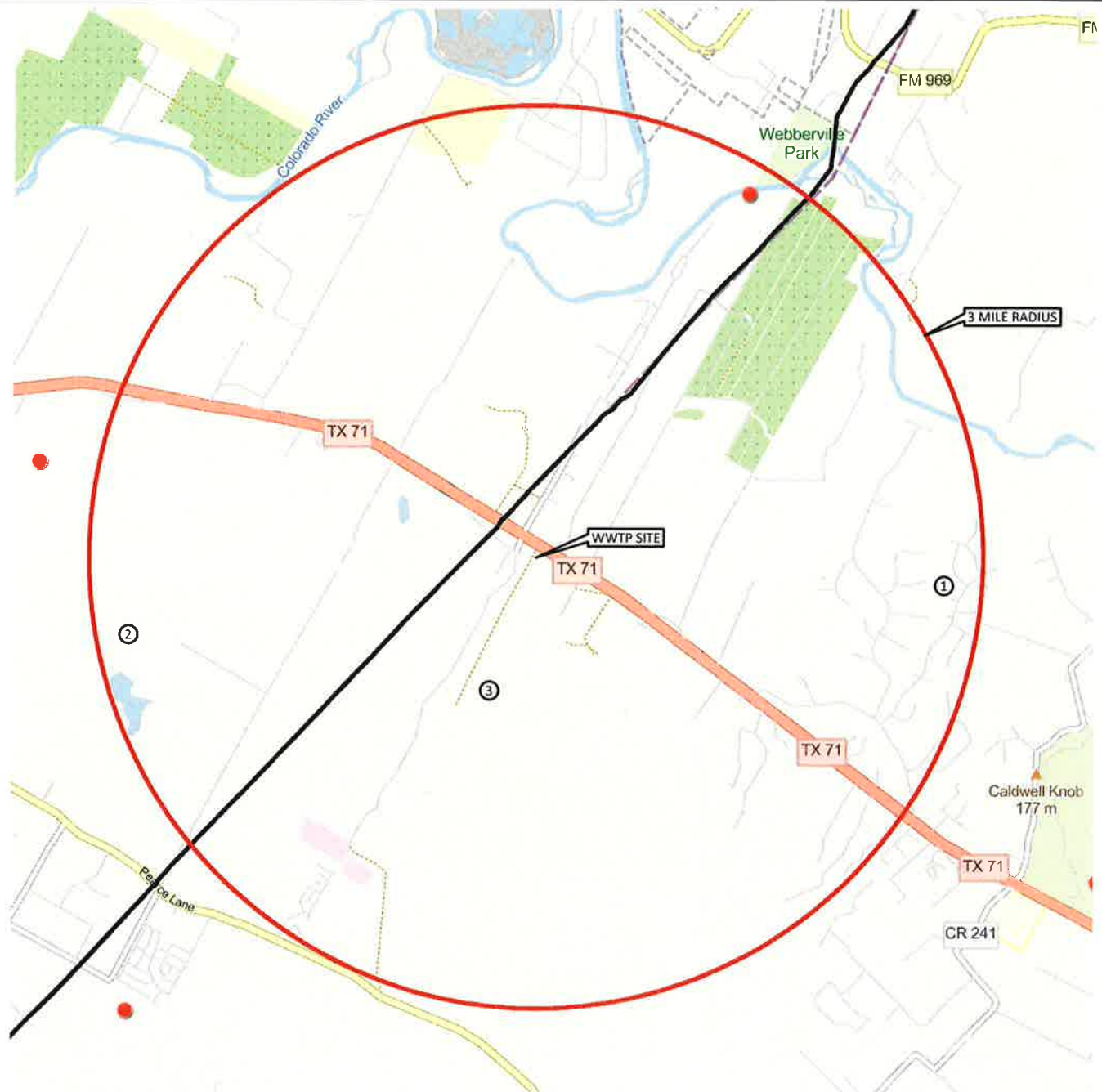
AEROBIC DIGESTER

Volume, cu ft	7,550			
Design Loading, cu ft/lb BOD	20.12	26.82	40.23	80.46
Incoming Sludge Conc, mg/l	5,975	5,417	4,743	4,126
Thick Sludge Conc, mg/l	20,000	20,000	20,000	20,000
Detention, Days	36.76	49.01	73.46	146.84
Infl Total Solids, lb/day	256	192	128	64
Infl Active Mass, lb/day	74	55	37	19
Effl Active Mass, lb/Day	9	6	4	2
Active Mass Red., lb/day	52	39	26	13
Digester Effl Solids, lb/day	204	153	102	51
Sludge Disposed, lb/mg	1,360	1,360	1,361	1,361
Sludge Disposed, tons/mg	0.68	0.68	0.68	0.68
Sludge Hauled, gal/day	1,223	917	612	306
Sludge Hauled, gal/month	36,682	27,521	18,355	9,181

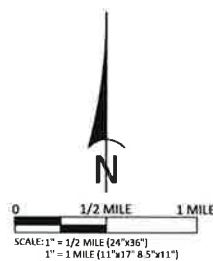
ATTACHMENT TECH.05

Map and List of Facilities within 3 Miles And Service Request Correspondence

(Reference Technical Report Page 20, Section 1.B)



PERMITTEE IDENTIFICATION TABLE	
REFERENCE No.	TPDES PERMIT No.
1	WQ0014833001
2	WQ0010543001
3	WQ0016210001



<small>THIS DRAWING CONTAINS CONFIDENTIAL PROPRIETARY INFORMATION AND MAY NOT BE TRANSFERRED, REPRODUCED, OR USED TO CONSTRUCT ANY PROJECT OTHER THAN THAT FOR WHICH IT WAS ISSUED WITHOUT PRIOR PERMISSION FROM WATERENGINEERS, INC.</small>	
WATERENGINEERS, INC. Water & Wastewater Treatment Consultants <small>TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2066 17230 HUFFMEISTER ROAD TEL: 281-373-0500 CYPRESS, TEXAS 77429 FAX: 281-373-1113</small>	
APPLICANT: CEDAR CREEK MH, LLC CEDAR CREEK WWTP APPLICATION FOR A NEW TPDES PERMIT	
REGIONAL WASTEWATER SYSTEMS MAP	
DRAWN BY: BIR APPROVED BY: SBY SCALE: AS NOTED DATE: 2/14/2023 JOB No.: 6237-22300	DWG. NO.: TECH.05

CCWTP 0094

WATERENGINEERS, INC.

WATER & WASTEWATER TREATMENT CONSULTANTS

17230 HUFFMEISTER ROAD, SUITE A~CYPRESS, TEXAS 77429-1643

TEL: 281-373-0500 FAX: 281-373-1113

January 18, 2023

City of Austin
c/o Director, Austin Water
625 East 10th Street, Suite 800
Austin, Texas 78701

sent certified mail 7020 31460 0000 9959 3617

Re: TCEQ Waste Discharge Permit No. WQ0010543015-Pearce Lane WWTF

Dear Permittee:

We are writing to you on behalf of Cedar Creek MH, LLC regarding a proposed wastewater treatment plant project to serve a new residential development located at 3882 State Highway 71, Cedar Creek, in Bastrop County as shown on the attached map. The proposed wastewater system will serve approximately 550 equivalent single-family connections. Cedar Creek MH, LLC is in the process of applying for a new TCEQ Wastewater Discharge Permit for 150,000 gpd.

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 plant located within three miles of the project and have a TCEQ Waste Discharge Permit. If we find a wastewater treatment plant permit holder within three miles that has the required capacity available or will expand their facility to make it available, we will conduct a feasibility study to determine if it is cost effective to obtain service from them.

We will appreciate receiving a response from you indicating if 150,000 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 syoung@waterengineers.com or fax to (281) 373-1113. Please feel free to call me at 281-373-0500 if you have any questions. Thank you for your assistance.

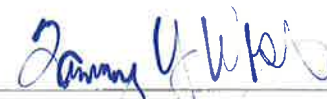
Sincerely,
WATERENGINEERS, INC.


Shelley Young, P.E.

cc: Cedar Creek MH, LLC

REPLY

Date of Reply: January 13, 2023
Name of Permittee: City of Austin-Austin Water
Capacity Available (Yes / No)? No
Terms (if available) _____

Signature: 
Printed Name: Tammy Y West
Title: Wastewater Regulatory Manager
Address: 625 E. 10th Street, Suite 315
Austin, Texas 78701
Telephone: 512-636-1670/512-972-0143
Email: tammy.yates.west@austintexas.gov

CCWTP 0095



WATERENGINEERS, INC.
WATER & WASTEWATER TREATMENT CONSULTANTS
17230 HUFFMEISTER ROAD, SUITE A~CYPRESS, TEXAS 77429-1643
TEL: 281-373-0500 FAX: 281-373-1113

January 18, 2023

Atlantis WKA Bastrop LLC
2121 Midway Road, Suite 320
Carrollton, Texas 75006

sent certified mail 7020 31460 0000 9959 3624

Re: TCEQ Waste Discharge Permit No. WQ0016210001

Dear Permittee:

We are writing to you on behalf of Cedar Creek MH, LLC regarding a proposed wastewater treatment plant project to serve a new residential development located at 3882 State Highway 71, Cedar Creek, in Bastrop County as shown on the attached map. The proposed wastewater system will serve approximately 550 equivalent single-family connections. Cedar Creek MH, LLC is in the process of applying for a new TCEQ Wastewater Discharge Permit for 150,000 gpd.

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 plant located within three miles of the project and have a TCEQ Waste Discharge Permit. If we find a wastewater treatment plant permit holder within three miles that has the required capacity available or will expand their facility to make it available, we will conduct a feasibility study to determine if it is cost effective to obtain service from them.

We will appreciate receiving a response from you indicating if 150,000 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 syoung@waterengineers.com or fax to (281) 373-1113. Please feel free to call me at 281-373-0500 if you have any questions. Thank you for your assistance.

Sincerely,
WATERENGINEERS, INC.


Shelley Young, P.E.

cc: Cedar Creek MH, LLC

REPLY

Date of Reply: _____

Signature: _____

Name of Permittee: _____

Printed Name: _____

Capacity Available (Yes / No)? _____

Title: _____

Terms (if available) _____

Address: _____

Telephone: _____

Email: _____

CCWTP 0096



WATERENGINEERS, INC.

WATER & WASTEWATER TREATMENT CONSULTANTS

17230 HUFFMEISTER ROAD, SUITE A~CYPRESS, TEXAS 77429-1643

TEL: 281-373-0500 FAX: 281-373-1113

January 18, 2023

Aqua WSC
P.O. Box P
Bastrop, Texas 78602

sent certified mail 7020 31460 0000 9959 3631

Re: TCEQ Waste Discharge Permit No. WQ0014833001

Dear Permittee:

We are writing to you on behalf of Cedar Creek MH, LLC regarding a proposed wastewater treatment plant project to serve a new residential development located at 3882 State Highway 71, Cedar Creek, in Bastrop County as shown on the attached map. The proposed wastewater system will serve approximately 550 equivalent single-family connections. Cedar Creek MH, LLC is in the process of applying for a new TCEQ Wastewater Discharge Permit for 150,000 gpd.

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 plant located within three miles of the project and have a TCEQ Waste Discharge Permit. If we find a wastewater treatment plant permit holder within three miles that has the required capacity available or will expand their facility to make it available, we will conduct a feasibility study to determine if it is cost effective to obtain service from them.

We will appreciate receiving a response from you indicating if 150,000 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 syoung@waterengineers.com or fax to (281) 373-1113. Please feel free to call me at 281-373-0500 if you have any questions. Thank you for your assistance.

Sincerely,
WATERENGINEERS, INC.

Shelley Young, P.E.

cc: Cedar Creek MH, LLC

REPLY

Date of Reply: _____ Signature: _____

Name of Permittee: _____ Printed Name: _____

Capacity Available (Yes / No)? _____ Title: _____

Terms (if available) _____ Address: _____

_____ Telephone: _____

_____ Email: _____

no reply received

CCWTP 0097

ATTACHMENT TECH.06

Development Schedule

(Reference Technical Report Page 19, Section 1A)

CEDAR CREEK MH, LLC
CEDAR CREEK WASTEWATER TREATMENT PLANT
WQ00 NEW

DEVELOPMENT SCHEDULE

YEAR	NUMBER OF ESFC CONNECTIONS		GALLONS TO WWTP	
	ANNUAL	TOTAL		
End 2024	185	185	46250	0.150 MGD WWTP Built in 2024
End 2025	186	371	92750	
End 2026	179	550	137500	