MUNICIPAL WASTEWATER
TPDES PERMIT APPLICATION
OASIS OF TEXAS PHASE 1
14625 US Highway 59 N
POLK COUNTY, TEXAS

SUBMITTED TO:
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
WATER QUALITY DIVISION

October 2023

PREPARED BY:
WWD Engineering
Firm F-12009
9217 W. Hwy 290, Suite 110
Austin, Texas 78736
(512) 288-2111

Erin K Banks
10/26/23

APP000001

TPDES Municipal Wastewater Permit Application
Oasis of Texas, Phase 1

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LIST OF ATTACHMENTS

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: The Oasis of Texas, LP

PERMIT NUMBER: Click here to enter text

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 29)

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

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

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 4240

Check/Money Order Amount: 550.00

Name Printed on Check: WWD Engineering

EPAY Voucher Number: Click here to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 29)

☒ New TPDES

☐ Major Amendment *with* Renewal

☐ Major Amendment *without* Renewal

☐ Renewal without changes

☐ New TLAP

☐ Minor Amendment *with* Renewal

☐ Minor Amendment *without* Renewal

☐ Minor Modification of permit

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

For existing permits:

Permit Number: WQ00 Click here to enter text.

EPA I.D. (TPDES only): TX Click here to enter text.

Expiration Date: Click here to enter text.

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

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

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

The Oasis of Texas, LP

(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: Click here to enter text

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

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

First and Last Name: William Jack Dillon

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

Title: President

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

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

Click here to enter text

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

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

CN: Click here to enter text

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

Prefix (Mr., Ms., Miss): 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

Provide a brief description of the need for a co-permittee: Click here to enter text

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: 2

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: Erin Banks

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

Title: Principal

Organization Name: WWD Engineering

Mailing Address: 9217 Hwy 290W; Suite 110

City, State, Zip Code: Austin, TX 78736

Phone No.: 512-288-2111 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

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: William Jack Dillon

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

Title: President

Organization Name: The Oasis of Texas, LP

Mailing Address: PO Box 337

City, State, Zip Code: Moscow, TX 75960

Phone No.: 281-660-6862 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: wjackdillon@gmail.com

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

First and Last Name: Michelle Lea Dillon

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

Title: Click here to enter text

Organization Name: The Oasis of Texas, LP

Mailing Address: P.O. Box 337

City, State, Zip Code: Moscow, TX 75960

Phone No.: 281-216-1676 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: michelleldillon@yahoo.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: William Jack Dillon

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

Title: President

Organization Name: The Oasis of Texas, LP

Mailing Address: PO Box 337

City, State, Zip Code: Moscow, TX 75960

Phone No.: 281-660-6862 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: wjackdillon@gmail.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: William Jack Dillon

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

Title: President

Organization Name: The Oasis of Texas, LP

Mailing Address: PO Box 337

City, State, Zip Code: Moscow, TX 75960

Phone No.: 281-660-6862 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: wjackdillon@gmail.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: Erin Banks

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

Title: Principal

Organization Name: WWD Engineering

Mailing Address: 9217 Hwy 290W; Suite 110

City, State, Zip Code: Austin, TX 78736

Phone No.: 512-288-2111 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: erin.banks@wwdengineering.net

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact person to be listed in the Notices

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

First and Last Name: William Jack Dillon

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

Title: President

Organization Name: The Oasis of Texas, LP

Phone No.: 281-660-6862 Ext.: Click here to enter text

E-mail: wjackdillon@gmail.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: Livingston Municipal Library

Location within the building: Front Desk

Physical Address of Building: 707 North Tyler Ave; Livingston, TX 77351

City: Livingston County: Polk

Contact Name: Christina

Phone No.: 936-327-4352 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? Click here to enter text

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: 20

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

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

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):

The Oasis of Texas

C. Owner of treatment facility: The Oasis of Texas, LP

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

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

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

First and Last Name: The Oasis of Texas, LP

Mailing Address: PO Box 337

City, State, Zip Code: Moscow, TX 75960

Phone No.: 281-660-6862 E-mail Address: wjackdillon@gmail.com

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

Attachment: Click here to enter text

E. Owner of effluent disposal site:

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

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: N/A

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:

14625 US Hwy 59 North; Moscow, TX 75960

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 to an unnamed ditch, thence to Sand Creek, thence, for several miles to Long King Creek, Segment 0802B.

City nearest the outfall(s): Livingston

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

Outfall Latitude: 29.984266 Longitude: -94.205841

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.

Click here to enter text.

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: See Table of Contents

Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: The Oasis of Texas, LP

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): William Jack Dillon

Signatory title: Owner/President

Signature: _____ Date: 9-8-23

(Use blue ink)

Subscribed and Sworn to before me by the said WILLIAM DILLON

on this 8 day of SEPTEMBER, 20 23.

My commission expires on the 20 day of MAY, 20 27.

WD

Notary Public

WILLIAM CHARLES HIGHTOWER
Notary Public, State of Texas
Comm. Expires 05-20-2027
Notary ID 132019803

[SEAL]

POLK

County, Texas

Section 15. Plain Language Summary (Instructions Page 40)

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.
The Oasis of Texas, LP (CN TBD) proposes to operate The Oasis of Texas WWTP (RN TBD) a wastewater treatment plant. The facility will be located at 14625 US Highway 59 North, in Moscow, Polk County, Texas 75960.

The wastewater treatment plant will be for Phase I of the Oasis of Texas residential development for 50,000 gallons per day.

Discharges from the facility are expected to contain TSS and BOD. Domestic wastewater will be treated by *an activated sludge wastewater treatment plant*.

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: Polk 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: The Oasis of Texas, LP

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

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

   14625 US Hwy 59 North; Polk County, Moscow, TX 75960

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

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

First and Last Name: William Jack Dillon

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

Title: President

Mailing Address: PO Box 337

City, State, Zip Code: Moscow, TX 75960

Phone No.: 281-660-6862 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: wjackdillon@gmail.com

2. List the county in which the facility is located: Click here to enter text

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 ditch, thence to Sand Creek for several miles, thence to Long King Creek Segment 0802B.

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):

120

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

Grading for site development

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:

N/A

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

Vacant land, prior history unknown

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): 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.

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): 0.05

2-Hr Peak Flow (MGD): 0.2

Estimated construction start date: 07/24

Estimated waste disposal start date: 10/24

D. Current operating phase: N/A

Provide the startup date of the facility: N/A

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

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

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

See attachment 10

Port or pipe diameter at the discharge point, in inches: 6

B. Treatment Units

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

Table 1.0(1) – Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
See attachment 11		

C. Process flow diagrams

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

Attachment: 12

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: 13

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

The Oasis of Texas Subdivision, Phase 1

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*.

Click here to enter text.

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 BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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 BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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). W***ater treatment facilities*** discharging filter backwash water, complete Table 1.0(3).

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

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

Pollutant	**Average Conc.**	**Max Conc.**	**No. of Samples**	**Sample Type**	**Sample Date/Time**
$CBOD_5$, mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml)					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity ($CaCO_3$)*, mg/l					

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: TBD

Facility Operator's License Classification and Level: Click here to enter text.

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: City of Livingston WWTP

TCEQ permit or registration number: Click here to enter text.

County where disposal site is located: Polk

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 $1x10^{-7}$ cm/sec?

Yes ☐ No ☐

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

Click here to enter text.

D. Site development plan

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

lagoon(s):

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: Erin K. Banks

Title: WWD Engineering

Signature: Erin K Banks

Date: 10/26/23

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.

Proposed new residential subdivision, the Oasis of Texas, Phase 1, with no wastewater service available to the site.

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: 15

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

Attachment: 16

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 BOD_5 Concentration in mg/l: Click here to enter text

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34): Click here to enter text

Provide the source of the average organic strength or BOD_5 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	0.05	300
Trailer park – transient		
Mobile home park		
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	0.05	
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: 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.

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: 10

Total Suspended Solids, mg/l: Click here to enter text.

Ammonia Nitrogen, mg/l: 3.0

Total Phosphorus, mg/l: Click here to enter text.

Dissolved Oxygen, mg/l: 4.0

Other: Click here to enter text.

D. Disinfection Method

Identify the proposed method of disinfection.

☒ Chlorine: 1.0 mg/l after 2.0 minutes detention time at peak flow

Dechlorination process: N/A

☐ 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: 17

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.

Click here to enter text.

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

Click here to enter text.

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**: 18

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: 19

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: Click here to enter text

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: Click here to enter text.

C. Downstream perennial confluences

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

Click here to enter text.

D. Downstream characteristics

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

Yes ☒ No ☐

If yes, discuss how.

Intermittent stream/swale

E. Normal dry weather characteristics

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

Dry

Date and time of observation: 08/23

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 Click here to enter text.

B. Waterbody uses

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

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

☐ Domestic water supply ☐ Industrial water supply

☐ Park activities ☐ Other(s), specify Click here to enter text.

C. Waterbody aesthetics

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

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

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

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

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

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No:** Click here to enter text

1. Check or Money Order Number: 4240
2. Check or Money Order Amount: $550.00
3. Date of Check or Money Order: 10/25/23
4. Name on Check or Money Order: WWD Engineering
5. APPLICATION INFORMATION

   Name of Project or Site: The Oasis of Texas

   Physical Address of Project or Site: 14625 US Hwy 59 N, Moscow, TX 75960

   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

ATTACHMENT 1
PERMIT JUSTIFICATION

The owner is intending to develop this Phase 1 of the Oasis of Texas Residential Development with up to 250 homes over a period of 3 years. There is currently no wastewater service available to the site. The owner requested wastewater service from Moscow Water Supply, however, they declined to provide service to the site. The site is not located within any municipality or sewer provider's CCN. The owner has elected to construct a privately owned wastewater treatment plant (WWTP) to process 50,000 gallons per day and discharge into an unnamed intermittent stream (swale) on site.

ATTACHMENT 2
CORE DATA FORM

TCEQ Core Data Form

TCEQ Use Only

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

SECTION I: General Information

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

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

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

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

SECTION II: Customer Information

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

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

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

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

The oasis of Texas, LP

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (*if applicable*)
0803096186	32068136665	83-1638945	

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

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

13. Independently Owned and Operated?
☒ **Yes** ☐ **No**

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

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

15. Mailing Address: PO Box 337

City	State	ZIP	ZIP + 4
Moscow	TX	75960	

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

18. Telephone Number	19. Extension or Code	20. Fax Number (*if applicable*)
(281) 660-6862		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

The Oasis of Texas

APP000059

23. Street Address of the Regulated Entity: *(No PO Boxes)*	14625 US Hwy 59 North							
	City	Moscow	**State**	TX	**ZIP**	75960	**ZIP + 4**	
24. County	Polk							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:					
26. Nearest City			**State**		**Nearest ZIP Code**
Livingston			TX		
27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	53	34N	-94	50	15W

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)
6552		237210	

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

Real Estate Development

34. Mailing Address:	**The Oasis of Texas**							
	PO Box 337							
	City	**Moscow**	**State**	**TX**	**ZIP**	**75960**	**ZIP + 4**	
35. E-Mail Address:	**wjackdillon@gmail.com**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(281) 660-6862		**( ) -**

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

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

SECTION IV: Preparer Information

40. Name:	Jack Dillon	**41. Title:**	President

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(281) 660-6862		( ) -	wjackdillon@gmail.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:	WWD Engineering	**Job Title:**	President
Name *(In Print):*	Erin K Banks, PE	**Phone:**	(512) 288- **2111**
Signature:	Erin K Banks	**Date:**	8/23/23

APP000060

ATTACHMENT 3
USGS MAP

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

USGS science for a changing world

The National Map US Topo

CORRIGAN QUADRANGLE
TEXAS - POLK COUNTY
7.5-MINUTE SERIES

-94.8750° 321 000mE
31.0000° 3431 000mN

-94.7500°
31.0000°

Corrigan
Snow Hill
Moscow
Burch Cem
POTOSI

W SECOND ST
W 2ND ST
E 2ND ST
NEALS FWY
HOWELL RD
ASIA RD
MAXEY RD
EDEN ST
S HOME ST
S MATHEWS ST
MARTIN LUTHER KING DR
PINE CIR
OAK CIR
RAYBURN RD
BENFORD RD
KENNEDY RD
FM 352
FM 942
W LAURELIA RD
LAURELIA LOOP
WHITEHOUSE
DOSS
JACK PATE RD
HOLLAND
JACKSTATION RD
PINE HOLLOW LOOP
HARDIN HIDEOUT
TULLOS RD
MIKE JONES RD
ROCK ISLAND RD
INVENTOR
KINGSLAND
ARKANSAS RD
FARGO
FM 350
FM 350 N
HAYFIELD RANCH RD
OLD SOUTH RD
OLD HWY 35 N
HALL & MACK RD
FM 62
CARTER DR
LYONS CEMETERY RD
ESTERAK
LN SANDS
MCSPADDEN RD
LOGGING RD
BEARD XING
RED HOLLOW
PINE RIDGE CEMETERY RD
ADAMS CEMETERY RD
CLARK RD N
SPECKS RD
OLD BERRING RD
ANDICE
GOLIAD
MARSHALL
CHINA GROVE
WACO
MIDLAND RD
BILL CLARKE LN

Creeds Cr
McManus Cr
Phillips Cr
Bear Cr
Dry Cr
Jones Cr
Brushy Cr
Kennedy Cr
Johnson Cr
Sandy King Cr
Sand Cr
Wills Cr
Dabbs Br
Buntley Br

ONE MILE DOWNSTREAM
PROPOSED WASTEWATER TREATMENT PLANT
DISCHARGE POINT 30.89899,94.84311
PROPERTY BOUNDARY
PROPOSED WATER PLANT

-94.8750°
30.8750°

-94.7500°
30.8750°

3218 000mN

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 15R

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 - 2018
Hydrography	National Hydrography Dataset,	2003 - 2018
Contours	National Elevation Dataset,	2018
Boundaries	Multiple sources; see metadata file	2016 - 2017
Wetlands	FWS National Wetlands Inventory	1979 - 1982

MN
GN
0°56' 17 MILS
1°57' 35 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
UQ
Grid Zone Designation 15R

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

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18

TEXAS
QUADRANGLE LOCATION

1 2 3
4 5
6 7 8
ADJOINING QUADRANGLES
1 Trevat
2 Wakefield
3 Pluck
4 Carmona
5 Camden
6 New Willard
7 Leggett
8 Hortense

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

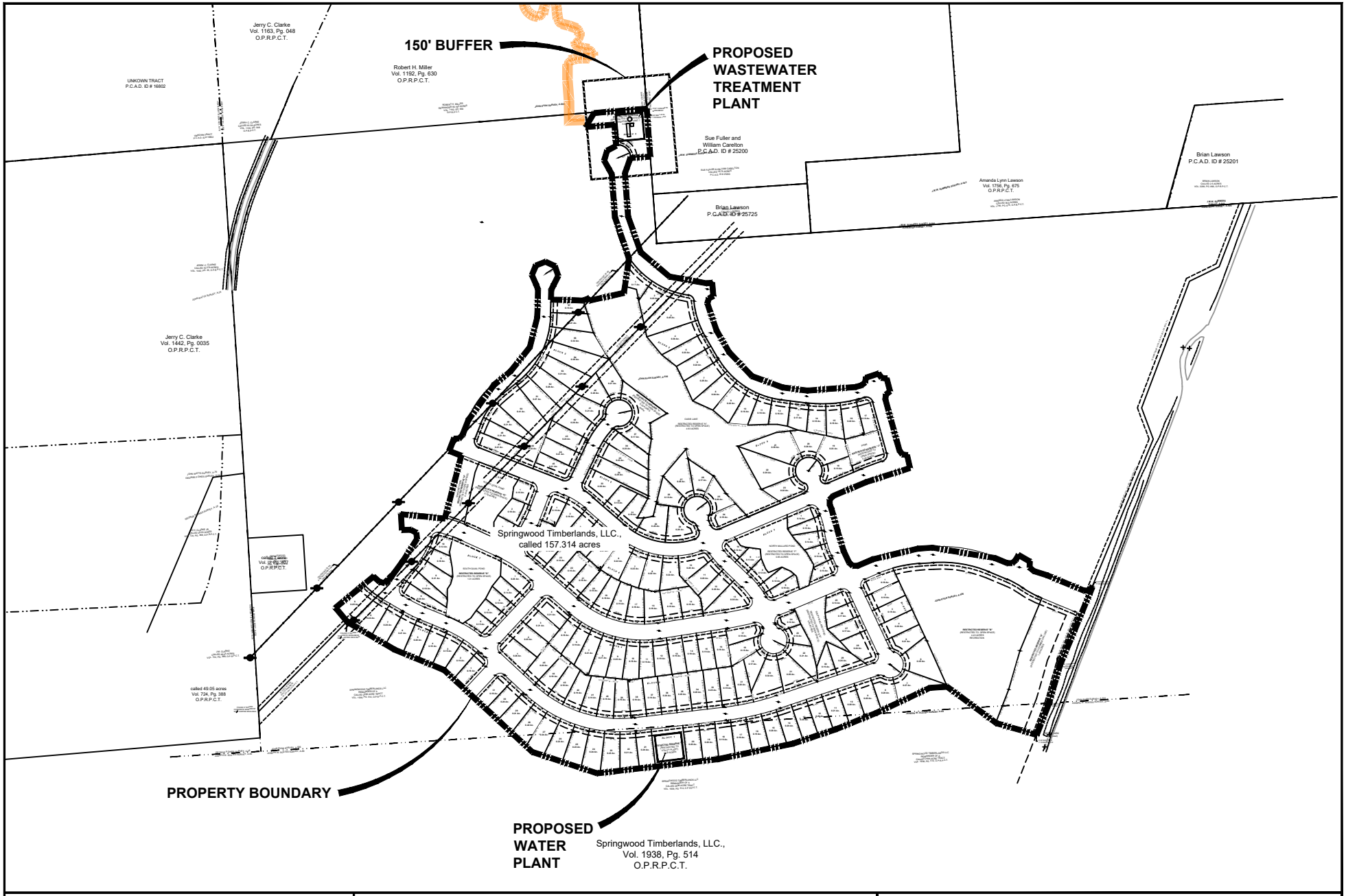
CORRIGAN, TX
2019

wwdengineering
engineered wastewater solutions
F-12009
9217 Hwy 290 W., Ste 110
Austin, Texas 78736
(512) 288-2111

2000 0 1000 2000 4000
1" = 2000'

ATTACHMENT-3
CORRIGAN QUADRANGLE- USGS MAP
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS

ATTACHMENT 4
SITE PLAN



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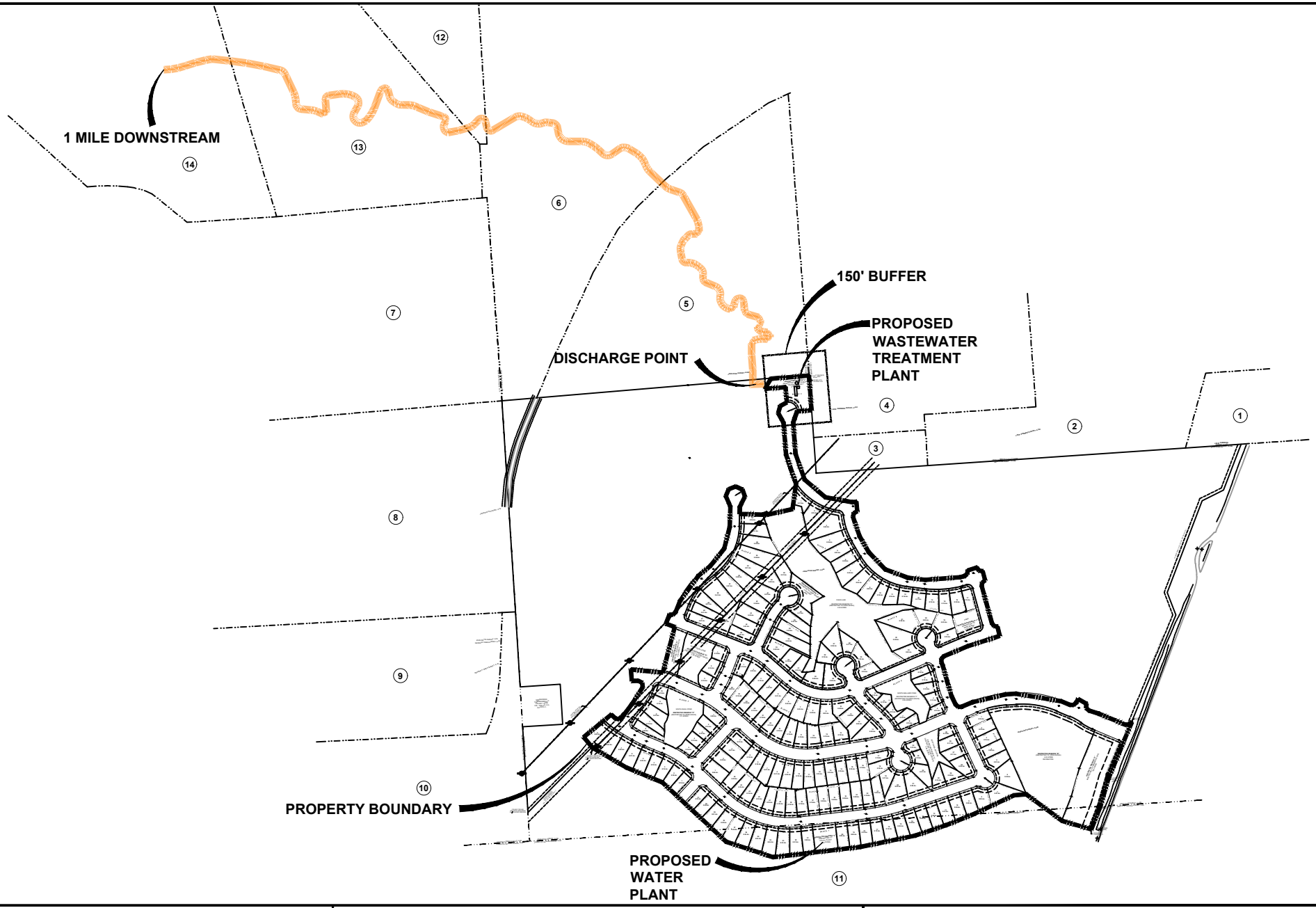
500 0 250 500 1000

1" = 500'

ATTACHMENT - 4
SITE PLAN
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS

APP000064

ATTACHMENT 5
ADJACENT LANDOWNER MAP



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700 0 350 700 1400

1" = 700'

ATTACHMENT - 5
AFFECTED LANDOWNERS MAP W/ NUMBERS
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS

APP000066

ATTACHMENT 6
ADJACENT LANDOWNER LIST AND LABELS

1 Brian Lawson
3084 Hwy 287 West
Corrigan TX 75939

2 Amanda Lynn Jones Lawson
3084 Hwy 287 West
Corrigan TX 75939

3 Brian Lawson
3084 Hwy 287 West
Corrigan TX 75939

4 Sue Fuller & William Carleton
1531 Ash
Georgetown TX 78626

5 Robert H Miller
3300 Cherry Ln
Austin TX 78703

6 Jerry C Clarke
PO Box 150706
Lufkin TX 75915

7 N/A
N/A
N/A N/A N/A

8 Jerry C Clarke
PO Box 150706
Lufkin TX 75915

9 N/A
N/A
N/A N/A N/A

10 N/A
N/A
N/A N/A N/A

11 Oak Mountian Timberco
31 Inverness Center Pkwy Ste 200
Bermingham AL 35242

12 Jerry C Clarke
PO Box 150706
Lufkin TX 75915

13 Jerry C Clarke
PO Box 150706
Lufkin TX 75915

14 Jerry C Clarke
PO Box 150706
Lufkin TX 75915

PHOTO 1 – Discharge Point Looking Upstream

PHOTO 2 – Discharge Point Looking Downstream

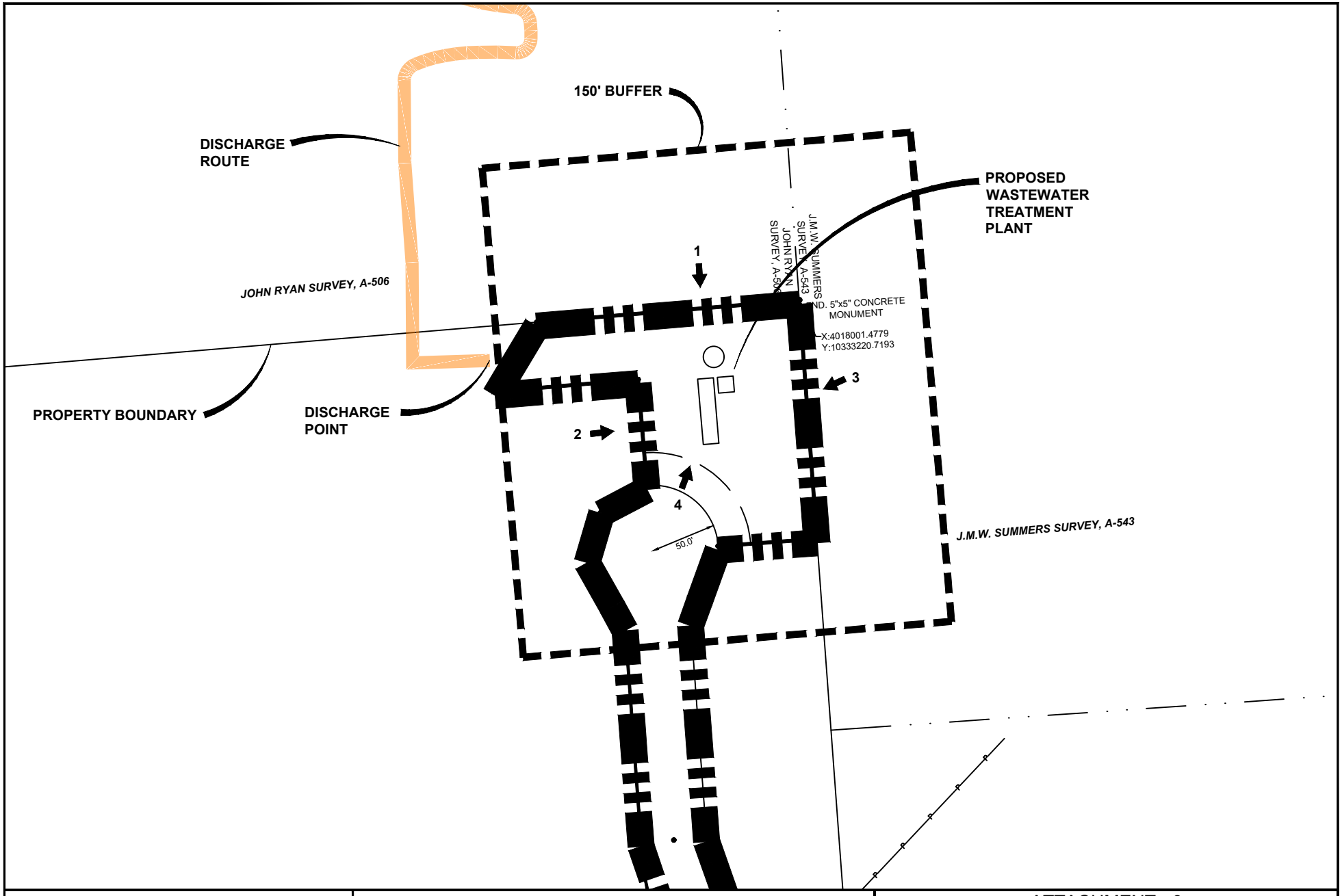
PHOTO 3 – WWTP Site from North

PHOTO 4 – WWTP Site from East

PHOTO 5 – WWTP Site from West

PHOTO 6 – WWTP Site from South

ATTACHMENT 8
PHOTOGRAPH LOCATION MAP



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(512) 288-2111

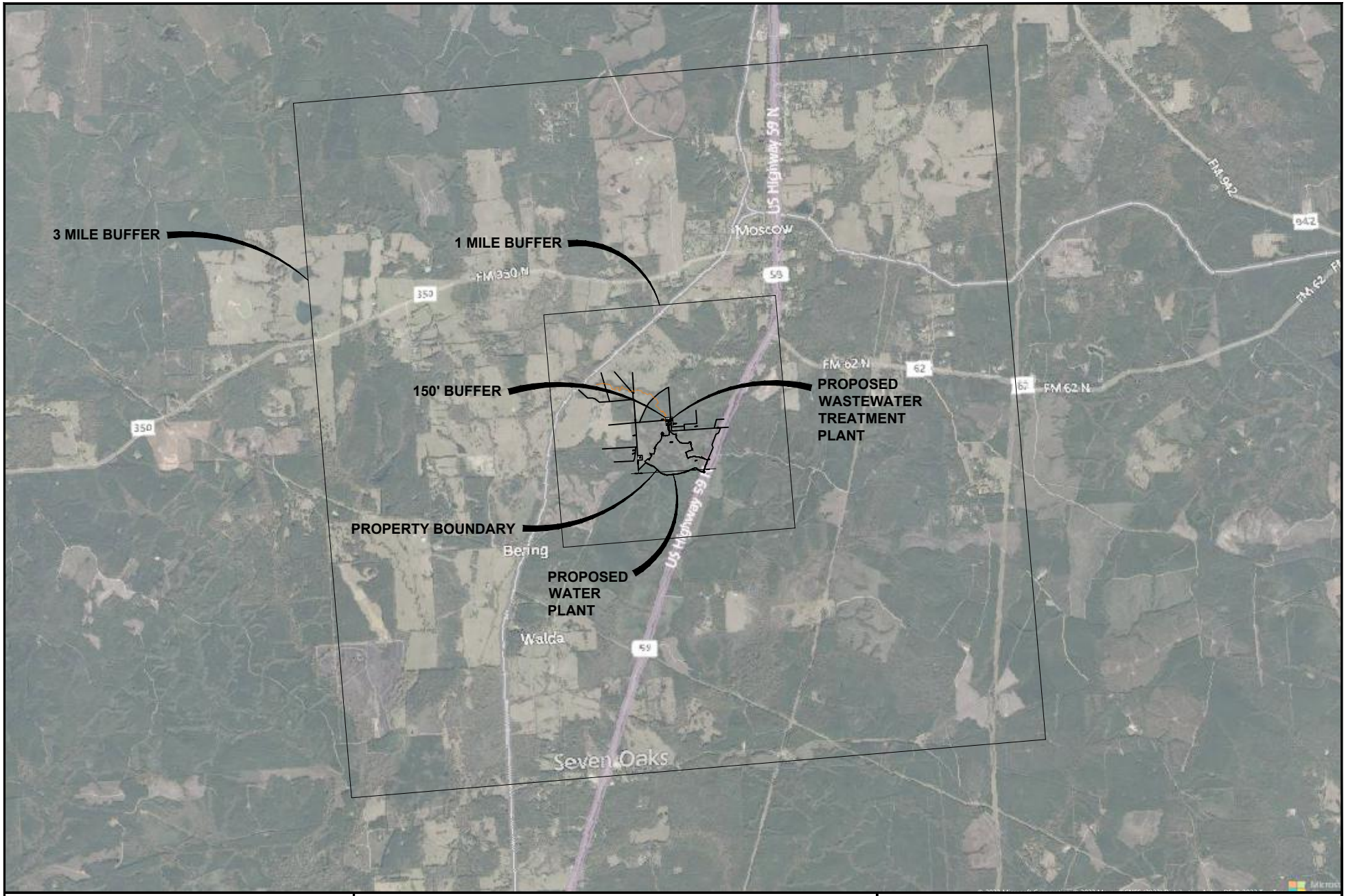
100 0 50 100 200

1" = 100'

ATTACHMENT - 8
ORIGINAL PHOTOGRAPH LOCATIONS MAP
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS

APP000074

ATTACHMENT 9
BUFFER ZONE MAP



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500 0 250 500 1000

1" = 500'

ATTACHMENT - 9
BUFFER ZONE MAP
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS

APP000076

PROCESS DESCRIPTION:
The proposed wastewater treatment facility shall be designed to employ the activated sludge process with disinfection. Raw sewage will be conveyed into the preliminary treatment system consisting of a manual screen to remove any large solids that may be detrimental to the biological process and/or the mechanical equipment employed therein. From the screening process, screened wastewater will then be conveyed to the aerobic reactor, which will be designed to operate in the conventional activated sludge mode. Mixed liquor from the aerobic reactor shall flow by gravity into a mechanical final clarifier, where solids separation will take place. From the clarifier, the clarified effluent shall enter a chlorine contact chamber for disinfection prior to storage and discharge.

The settled sludge from the clarifier is conveyed back to the aerobic reactor as return activated sludge, as well as conveyed to an aerobic digester as waste activated sludge. Digested sludge is wet hauled for disposal.

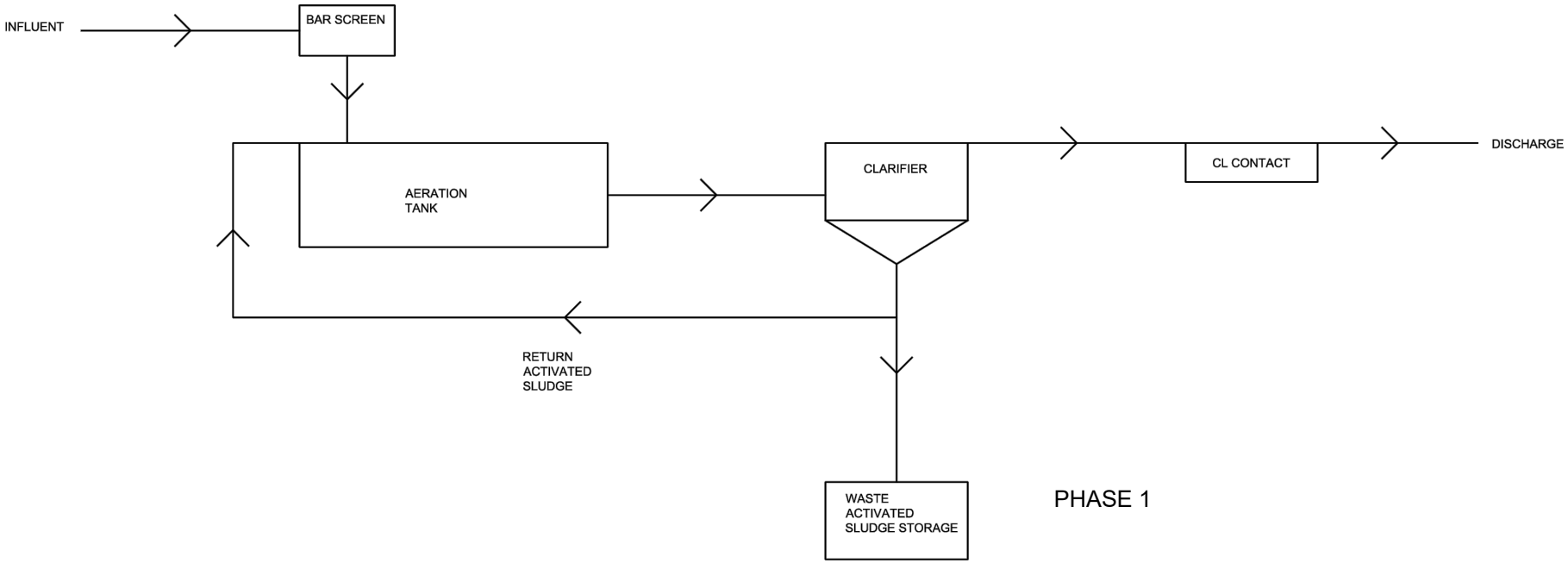
WWTP
Unit Descriptions and Dimensions

50,000 gpd

1 Digester	12 ft (W) x 12 ft (H) x 20 ft (L) = 2,520 ft^3
1 Aeration Basin	12 ft (W) x 12 ft (H) x 30 ft (L) = 3,780 ft^3
1 Chlorine Contact	12 ft (W) x 5 ft (H) x 12 ft (L) = 720 ft^3
1 Clarifier	16 ft (Dia) x 12.0 ft (H) = 2,010.6 ft^3

Note: D – depth, W – width, L – length, Dia - Diameter

ATTACHMENT 12
TREATMENT PROCESS FLOW DIAGRAM



PHASE 1

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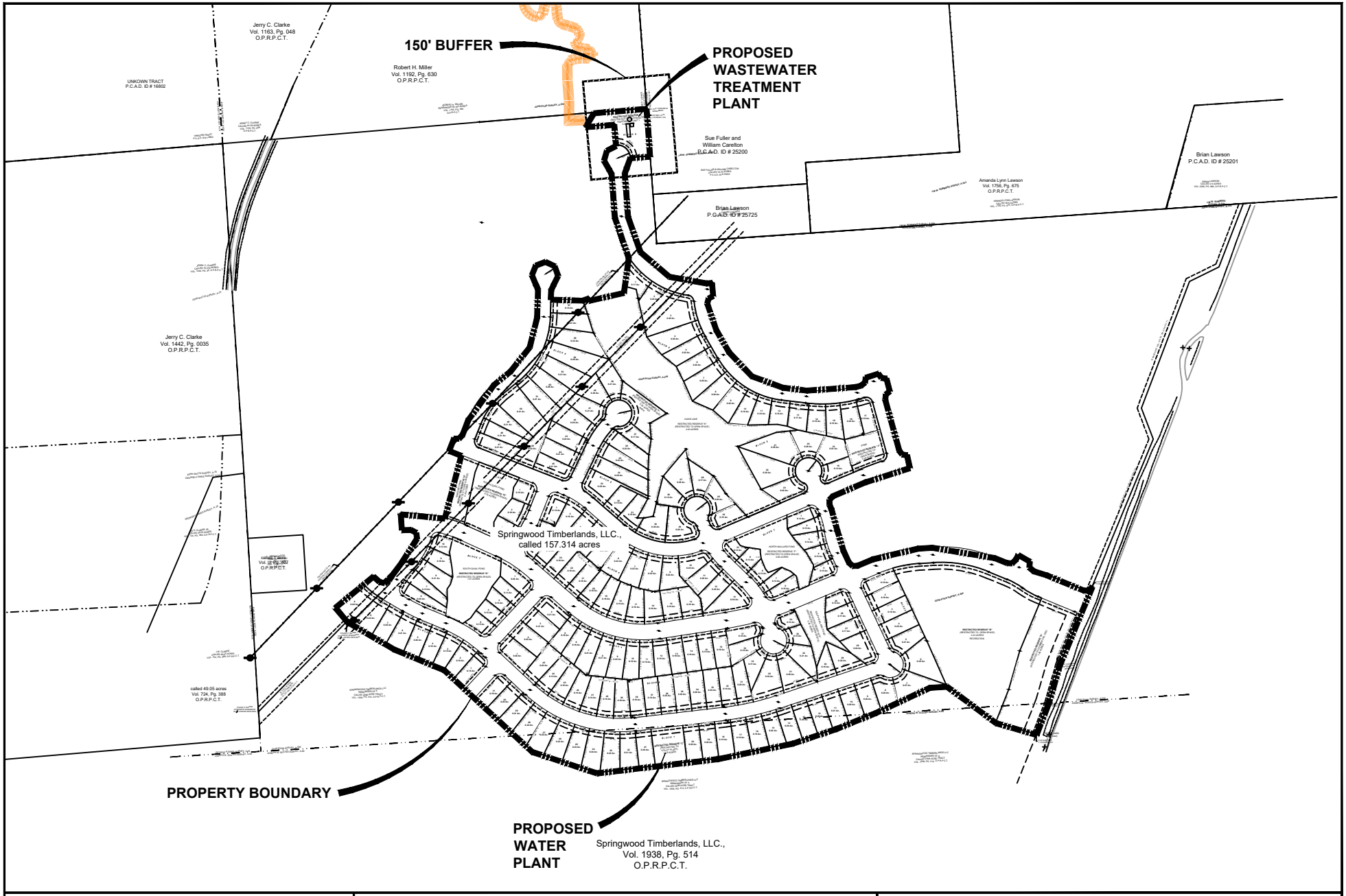
Austin, Texas 78736
(512) 288-2111

ATTACHMENT - 12
TREATMENT PROCESS FLOW DIAGRAM
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS



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Austin, Texas 78736
(512) 288-2111

500 0 250 500 1000

1" = 500'

ATTACHMENT - 13
SITE DRAWING
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS

APP000084

The owner is intending to develop this Phase 1 of the Oasis of Texas Residential Development with up to 250 homes over a period of 3 years. There is currently no wastewater service available to the site. The owner requested wastewater service from Moscow Water Supply, however, they declined to provide service to the site. The site is not located within any municipality or sewer provider's CCN. The owner has elected to construct a privately owned wastewater treatment plant (WWTP) to process 50,000 gallons per day and discharge into an unnamed intermittent stream/swale on site.

ATTACHEMNT 15
WWTP WITHIN 3 MILES

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engineered wastewater solutions
F-12009
9217 Hwy 290 W., Ste 110
Austin, Texas 78736
(512) 288-2111

6000 0 3000 6000 12000

1" = 6000'

ATTACHMENT - 15
LOCAL WASTEWATER FACILITIES MAP
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS

APP000088

Moscow Water Supply Corporation

22653 FM 350 North

P.O. Box 250

Moscow, Texas 75960

936-398-4966 - office

936-873-8966 – fax

moscowwater@yahoo.com

September 20, 2023

To Whom it May Concern:

The Moscow Water Supply Board of Directors voted in a past meeting (approximately 2019) that MWS would not supply the water in the future to "The Oasis" subdivision that would be built south of Moscow. The current board members agree with the decision made by the past board members.

Sincerely,

James Toler, President

J.J. Sedtal

Mike Parrish, Sec/Tres

Annie Ash

William Glass

Permit Package for Phases I

Project Name: The Oasis of Texas

Project Location: Mosco, TX

WWTP: 50,000 GPD

Company Name: WWD Engineering

Date: Sep 25, 2023

Submitted By:
John Barry
Director, Utilities BD
(520) 591-0232
john.barry@waterfleet.com

Waterfleet.com

Overview

WaterFleet shall provide one complete mixed activated sludge Wastewater Treatment Plant (WWTP) ready for operation in accordance with the requirements as outlined in the Basis of Design below. The complete system shall include all necessary equipment required for a fully operational WWTP in accordance with current 217 design criteria.

Basis Of Design

Parameters	Unit	Influent	Projected Effluent
Average Daily Flow Rate	GPD	50,000	
Peak Hourly (2-hr) Flow Rate	GPD	200,000	
Influent Temp	°C	25-35	
Biochemical Oxygen Demand - BOD_5	mg/L	300	10
Total Suspended Solids - TSS	mg/L	300	15
Total Nitrogen - TN	mg/L	65	3
Ammonia – NH_3	mg/L	45	
Total Phosphorous - TP	mg/L	9	
Alkalinity	mg/L	400	
pH		6.5-8.5	

Permit Package

1. Plant Description
2. Process Narrative
3. Layout Drawing
4. Design Calculations

1. Plant Description:
The Proposed CMAS System will consist of the following tankage and equipment sized for each phase of this project.

Sludge Holding Chamber

1	Sludge holding chamber (Air supplied from main blower motor)
1	Supernatant decant assembly w/ swivel pipe
SET	2" Coarse bubble diffusers
	Combination Chamber Design: 12'x12'x50'

Aeration Tank

1	Manual bar screen
1	Aeration chamber
3	3 Regenative Blower
1	Air manifold system w/ diffuser drop assemblies
SET	2" Coarse bubble air diffusers
1	CP-1 Electrical control console enclosed in NEMA 4X Housing
	Combination Chamber Design: 12'x12'x50'

Clarifier Chamber

1	Circular, mechanical clarifier chamber
1	Sludge return assembly, w/ mechanical scraping arm
1	Scum return assembly, w/ mechanical raking arm
1	Clarifier mechanical drive unit
	Chamber size: 12'H x 16'D

Disinfection

1	Chlorine contact chamber
1	Chlorinator
1	Chart Recorder
1	Flow Meter
	Chamber size: 12'L x 12'W x 5"H

Service Walkway and Handrails

1	Non-skid galvanized walkway grating and access stairway
1	1 1/4in Walkway / stairway handrail assembly w/ Kee Safety Klamps

Corrosion Prevention

1	Interior surface sandblast – See spec
1	Interior surface coating – See spec
1	Exterior surface sandblast – See spec
1	Exterior surface coating – See spec
1	Schedule 40 piping coating – See spec

2. Process Narrative

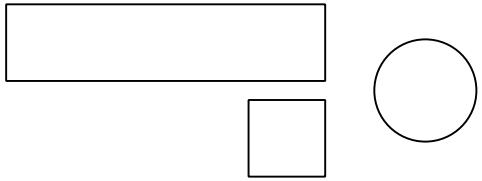
The proposed wastewater treatment facility shall be designed to employ the activated sludge process with disinfection. Raw sewage will be conveyed into the preliminary treatment system consisting of a manual screen to remove any large solids that may be detrimental to the biological process and/or the mechanical equipment employed therein. From the screening process, screened wastewater will then be conveyed to the aerobic reactor, which will be designed to operate in the conventional activated sludge mode. Mixed liquor from the aerobic reactor shall flow by gravity into a mechanical final clarifier, where solids separation will take place. From the clarifier, the clarified effluent shall enter a chlorine contact chamber for disinfection prior to storage and discharge.

The settled sludge from the clarifier is conveyed back to the aerobic reactor as return activated sludge, as well as conveyed to an aerobic digester as waste activated sludge. Digested sludge is wet hauled for disposal.

3. Layout Drawing

APP000097

Combintation
Tank 12'x12' x 50'



Clarifier Chamber
12'x16' Dia

Chlorine Contact
Tank
12'x12'x5'

CLIENT Water Fleet

REVISION NO.	DATE	REVISIONS	DRAWN	CHECKED	APPROVED
1					
2					
3					
4					

MANUFACTURER

PROJECT
The Oasis Of Texas
Phase i

TITLE
Footprint

DRAWN BY	
DESIGNED BY	
CHECKED BY	
APPROVED BY	

SCALE	
DATE	
SHEET NO	
DRAWING NO.	

4. Design Calculations

DESIGN BASIS

CUSTOMER:	Waterfleet
PROJECT NAME:	The Oasis of Texas
PROJECT TYPE:	WWTP
PLANT TYPE:	MODULAR - Standard
QUOTE #:	0
DATE:	9/26/2023

PROVIDED SPECS:

FLOW	50,000	GPD
BOD	300	MG/L
BOD	300	MG/L
NH3	45	MG/L
PEAK Q	4	
REQ'D EFFLUENT	10	BOD
SECONDARY	15	TSS
SECONDARY	3	NH3

PROJECT PARAMETERS:

ALL PARAMETERS BASED ON TNRCC 217 RULE FOR C. MIX WITH NITRIFICATION

LBS BOD	125.1	
CFT AERATION	3.6	
1000/CFT AERATION	3,574.3	
TOTAL CFT AERATION	26,735.7	
DETENTION TIME AERATION (DAYS)	0.5	

AERATION VOLUME:

LOADING	35	LBS/1000 CU FT

VOLUME (LBS BOD / LOADING)	**3,574**	**CU FT**

DIGESTER VOLUME:

LOADING	20	

VOLUME (LBS BOD X LOADING)	**2,502**	**CU FT**

CLARIFIER MINIMUMS

GPD@ PEAK	1,200	Surface Loading	Per Sq/Ft	TCEQ rule 217.15(c)(1)
GPD@ ADF	300	Surface Loading	Per Sq/Ft	
HRS DETENTION @ PEAK	1.8			TCEQ rule 217.15(c)(1)
SWD	10			

SURFACE @ PEAK:	167	SQ FT
SURFACE @ ADF:	167	SQ FT
CHECK VOLUME (CU FT):	1,667	CU FT
CHECK VOLUME (GALLONS):	12,467	GALLONS

VOLUME REQUIRED	**15,000**	**GALLONS CONTROL**
SURFACE REQUIRED	**167**	**SQ FT BASE ON VOLUME**

CLARIFIER DIMENSIONS

AREA ^0.5	**14.57 FT**
USE MINIMUM	***16.00 FT***
VOLUME (CU FT):	**2,011 CU FT**
VOLUME (GALLONS):	**15,039 GALLONS**
DETENTION @ADF	**7.2 HOURS**

CHLORINE TANK

MINUTE @ PEAK: 20

VOLUME (CU FT):	**2,778 GALLONS**
VOLUME (GALLONS):	**371 CU FT**

AERATION AREA:	**SWD**	**WIDTH**	**LENGTH**	**LENGTH USED**
	10.5	12.0	28.4	**29**
DIGESTER AREA:	**SWD**	**WIDTH**	**LENGTH**	**LENGTH USED**
	10.5	12.0	19.9	**20**
CHLORINE TANK AREA:	**LENGTH**	**WIDTH**	**DEPTH**	**DEPTH USED**
	12.0	12.0	2.6	5.0
OUTSIDE RING IF BULLSEYE	49.0	588.0	754.7	**OD USED** **31.0**

DESCRIPTION:

BLOWER

AERATION AIR=3,200 X LBS BOD/1440:	278	CFM
DIGESTER AIR=30 X 1000 CU FT:	75	CFM
AIRLIFTS BASED ON 10 CFM EACH:	40	CFM
TOTAL AIR REQUIRED	**393**	**CFM**

Design:

Solids Production	0.25	Kg/M^3 Treated	(Source: ASCE/WEF MOP #8;
"Normal Domestic"			Volume #3; Page 17-20
Wastewater			"Estimating Solids Quantities")
Max allowed conc. of WAS flow:	2%		
Detention time	40	days	

Application:

Conv multiplier	1.5	(Design BOD/204 ("normal" BOD concentration))
Solids Production	0.37	Kg/M3 Treated

M^3 @ 0.075 MGD	189,250	l/day
	189.3	M3 per day
Dry Weight Solids	69.58	Kg/day
	153	lbs./day
	6,130	40 days of dry wt. solids
	3,065.08	Solids to dispose allowing for 50% reduction in digestion/decanting
	18,376	Gallons of volume required assuming 2% concentration
	2,457	(Ft^3 Required)

ATTACHMENT 18
WIND ROSE

NOT AVAILABLE

Sewage Sludge Solids Management Plan

Oasis	50,000	gpd				
Allowable sludge volume	18,715	gallons				
BOD5 removal influent concentration	300	mg/l				
Effluent concentration	10	mg/l				
Net removal	290	mg/l				
Solids generated			100%flow	75% flow	50% flow	25% flow
Pounds BOD5/day removed			120.93	90.6975	60.465	30.2325
Pounds of dry sludge produced*			42.3255	31.7441	21.1628	10.5814
Pounds of wet sludge produced**			2116.275	1587.21	1058.14	529.069
Gallons of wet sludge produced			253.75	190.313	126.875	63.4375
Days between sludge removal ***			73.75369 days	98.3383 days	147.507 days	295.015 days

* Assuming 0.35 pounds of dry sludge produced per pound of BOD5 removed
** Assuming 2% solids

*** Due to variabilities in the dynamics of sludge buildup in Treatment Systems, it is porposed that this system be monitored on a weekly basis to determine the actual sludge build-up within the system. This system will be pumped upon the determination of the need for pumping as delineated by tank monitoring.

ATTACHMENT 20
PUBLIC INVOLVEMENT PLAN FORM

Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

☒ New Permit or Registration Application

☐ New Activity – modification, registration, amendment, facility, etc. (see instructions)

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

Section 2. Secondary Screening

☒ Requires public notice,

☐ Considered to have significant public interest, **and**

☐ Located within any of the following geographical locations:

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

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

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

Section 3. Application Information

Type of Application (check all that apply):

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

Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire
☐ Radioactive Material Licensing ☐ Underground Injection Control

Water Quality

☒ Texas Pollutant Discharge Elimination System (TPDES)

- ☐ Texas Land Application Permit (TLAP)
- ☐ State Only Concentrated Animal Feeding Operation (CAFO)
- ☐ Water Treatment Plant Residuals Disposal Permit

☐ Class B Biosolids Land Application Permit

☐ Domestic Septage Land Application Registration

Water Rights New Permit

☐ New Appropriation of Water

☐ New or existing reservoir

Amendment to an Existing Water Right

☐ Add a New Appropriation of Water

☐ Add a New or Existing Reservoir

☐ Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Wastewater Treatment plant for phase 1 of the Oasis of Texas Residential Development for the treatment and disposal of domestic wastewater up to 50,000 gpd in Polk County, Texas.

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.

Moscow

(City)

Polk

(County)

(Census Tract)

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

☐ City ☐ County ☐ Census Tract

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

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

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

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

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

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

☒ Yes ☐ No

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

☐ Yes ☒ No

If Yes, please describe.

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

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

☐ Yes ☒ No

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

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

☐ Publish in alternative language newspaper

☐ Posted on Commissioner's Integrated Database Website

☐ Mailed by TCEQ's Office of the Chief Clerk

☐ Other (specify)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ TCEQ Regional Office ☐ TCEQ Central Office

☐ Public Place (specify)

Section 7. Voluntary Submittal

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

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

☐ Yes ☒ No

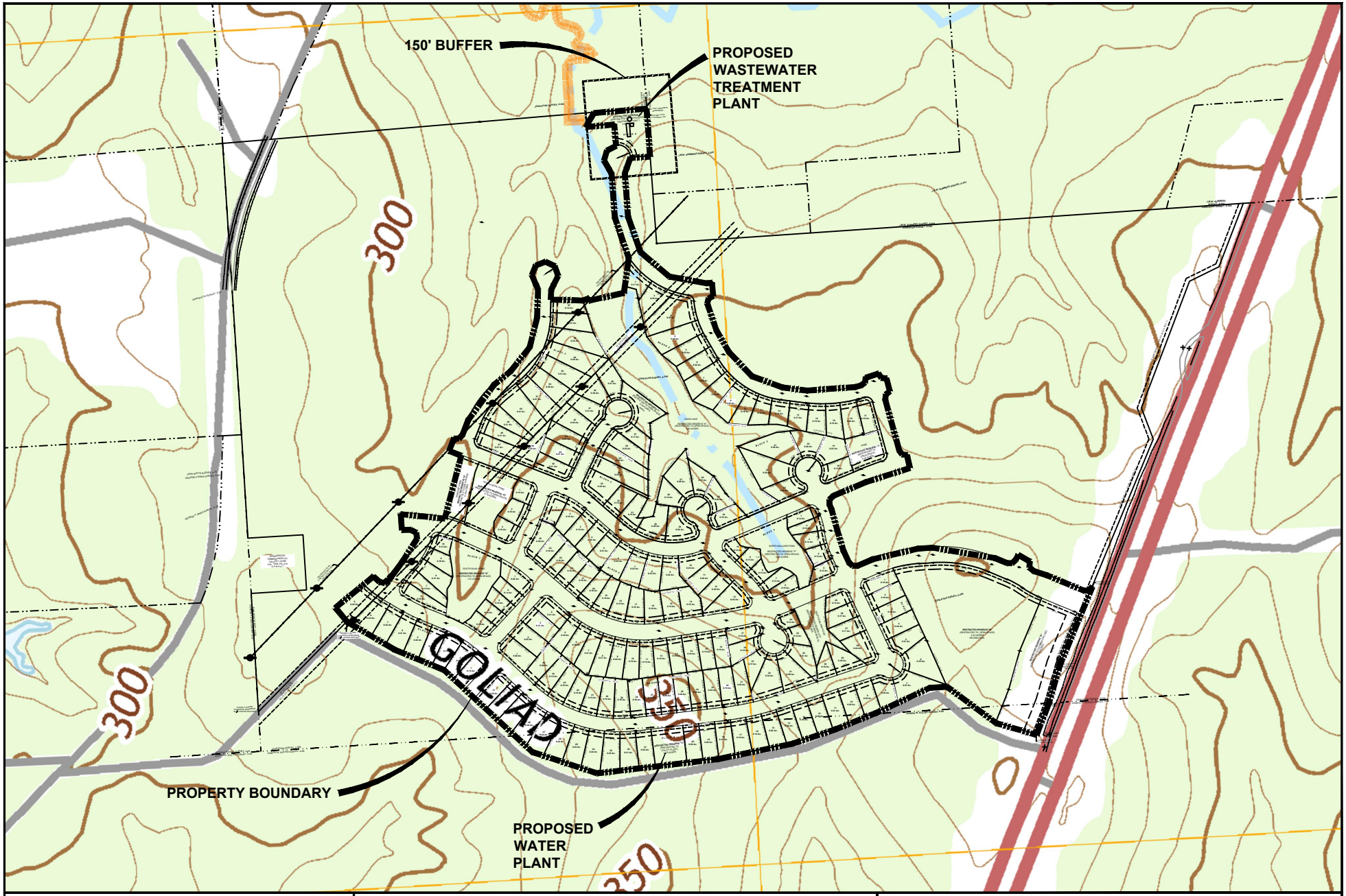
What types of notice will be provided?

☐ Publish in alternative language newspaper

☐ Posted on Commissioner's Integrated Database Website

☐ Mailed by TCEQ's Office of the Chief Clerk

☐ Other (specify)



wwdengineering
engineered wastewater solutions
F-12009
9217 Hwy 290 W., Ste 110
Austin, Texas 78736
(512) 288-2111

500 0 250 500 1000

1" = 500'

ATTACHMENT - SPIF1
CORRIGAN QUADRANGLE
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS

APP000111

cli-MATE
MRCC APPLICATION TOOLS ENVIRONMENT

Hi Erin!
Log out

MRCC
Midwestern Regional Climate Center

Privacy Policy

Data Selector

See Data Values

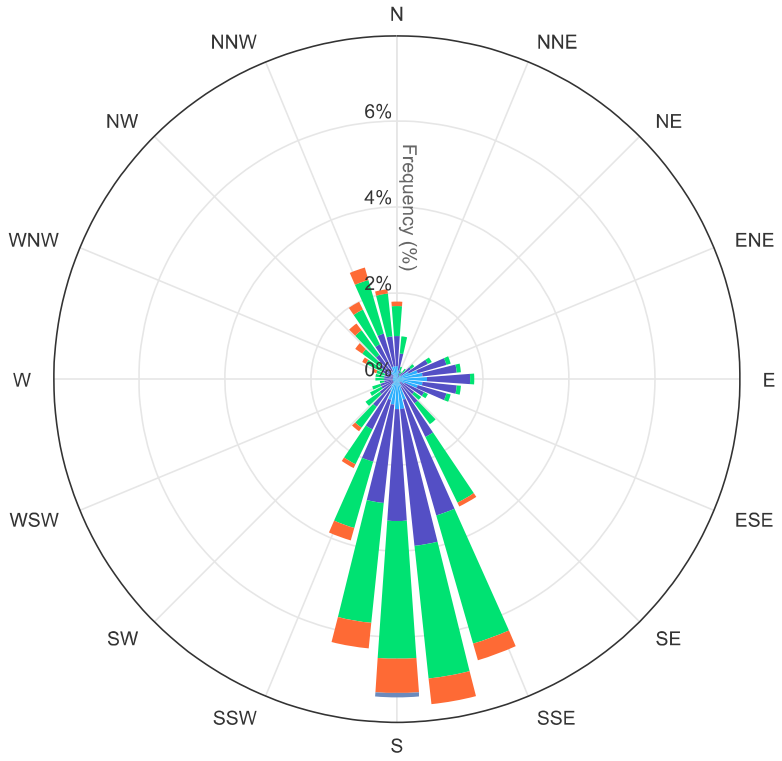
Data CSV Version

Product Description

Send Feedback

HUNTSVILLE MUNI AP (TX) Wind Rose

Feb. 1, 1997 - Apr. 1, 2024
Sub-Interval: Jan. 1 - Dec. 31, 0 - 23



Wind Speed (mph)
- 1.3 - 4
- 4 - 8
- 8 - 13
- 13 - 19
- 19 - 25
- 25 - 32
- 32 - 39
- 39 - 47
- 47 -

Click and drag to zoom

HUNTSVILLE MUNI AP (TX) - Wind Frequency Table (percentage)

Latitude : 30.7439
Longitude : -95.5861
Elevation : 366 ft.
Element : Mean Wind Speed

Start Date : Feb. 1, 1997
End Date : Apr. 1, 2024
# of Days : 9922 of 9922
obs : poss : 179860 of 238128

Sub Interval Windows

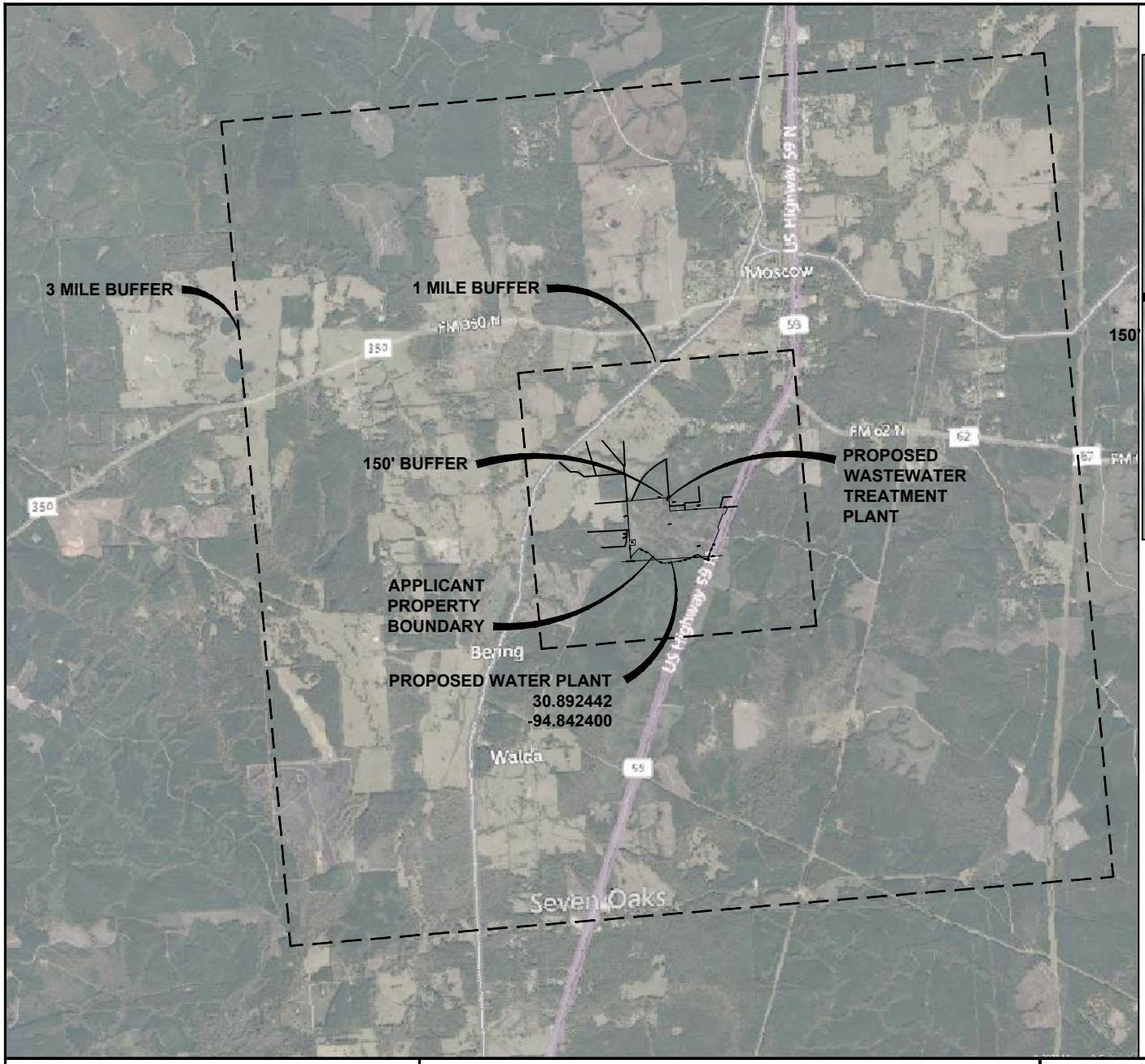
	Start	End
Date	Jan. 1	Dec. 31
Hour	0	23

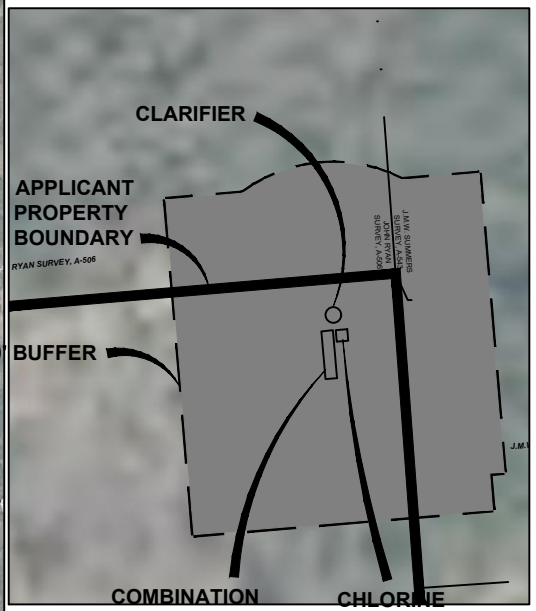
APP000112

(Greater than or equal to initial interval value and Less than ending interval value.)

Range (mph)	0	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350	Total
1.3 - 4	0.3	0.2	0.1	0.0	0.1	0.1	0.3	0.5	0.6	0.7	0.6	0.5	0.2	0.1	0.1	0.2	0.5	0.7	0.7	0.6	0.5	0.3	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.3	9.9
4 - 8	0.7	0.4	0.1	0.1	0.1	0.3	0.5	0.7	0.8	1.0	0.8	0.7	0.5	0.4	0.6	1.3	2.8	3.2	2.6	2.3	1.5	1.0	0.6	0.4	0.3	0.3	0.2	0.2	0.2	0.2	0.3	0.4	0.5	0.7	0.8	0.7	28.2
8 - 13	0.7	0.4	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.6	1.7	3.1	3.1	3.2	2.8	1.6	0.9	0.6	0.4	0.3	0.2	0.1	0.2	0.2	0.2	0.4	0.5	0.7	0.9	1.3	1.0	26.5
13 - 19	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.4	0.6	0.8	0.6	0.3	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.2	0.2	0.3	0.1	4.6
19 - 25	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4
25 - 32	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
32 - 39	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
39 - 47	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
47 -	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total(%)	1.8	1.1	0.3	0.1	0.2	0.5	0.9	1.3	1.5	1.9	1.4	1.2	0.8	0.7	1.4	3.4	6.9	7.8	7.4	6.3	3.9	2.3	1.5	0.9	0.7	0.5	0.4	0.4	0.5	0.6	0.9	1.3	1.7	2.1	2.6	2.1	69.5
Calm (<1.3)																																					30.4
Ave Speed	7.1	6.9	6.7	6.7	5.9	5.6	5.5	5.1	4.9	4.9	4.8	4.9	5.4	6.2	7.1	7.9	8.0	8.0	8.6	8.3	7.8	7.5	7.4	7.4	7.0	7.0	7.1	7.6	7.7	8.4	9.1	9.0	9.0	8.5	8.6	7.9	5.3

Midwestern Regional Climate Center cli-MATE: MRCC Application Tools Environment Generated at: 4/1/2024 3:27:56 PM EDT





wwdengineering
engineered wastewater solutions
F-12009
9217 Hwy 290 W., Ste 110
Austin, Texas 78736
(512) 288-2111

500 0 250 500 1000

1" = 500'

ATTACHMENT - 9
BUFFER ZONE MAP
OASIS OF TEXAS
TPDES APPLICATION
LIVINGSTON, TEXAS

APP000114

following list. Check all that apply.

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

B. Sludge disposal site

Disposal site name: City of Livingston WWTP

TCEQ permit or registration number: WQ0010208001

County where disposal site is located: Polk

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 ☐

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 3, 2023

VIA EMAIL

Ms. Erin Banks, P.E.
Principal
WWD Engineering
9217 Highway 290 West, Suite 100
Austin, Texas 78736

Re: Application for Proposed Permit No. WQ0016436001 (EPA I.D TX0145297)
To be Issued to The Oasis of Texas LP
CN605810373, RN111836177

Dear Ms. Banks:

We have received the application for the above-referenced permit, and it is currently under review. Your attention to the following items is requested before we can declare the application administratively complete. Please email the response to my attention.

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

   APPLICATION. The Oasis of Texas LP, P.O. Box 337, Moscow, Texas 75960, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016436001 (EPA I.D. No. TX0145297) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 50,000 gallons per day. The domestic wastewater treatment facility will be located at 14625 U.S. Highway 59 North, Moscow, in Polk County, Texas 75960. The discharge route will be from the plant site to an unnamed ditch; thence to Sand Creek; thence to Long King Creek (discharge route – pending RWA confirmation). TCEQ received this application on October 27, 2023. The permit application will be available for viewing and copying at Livingston Municipal Library, 707 North Tyler Avenue, Livingston, Texas prior to the date this notice is published in the newspaper. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.
   https://gisweb.tceq.texas.gov/LocationMapper/?marker=-93.1625,30.892777&level=18

   Further information may also be obtained from The Oasis of Texas LP at the address stated above or by calling Mr. William Jack Dillon, President, at 281-660-6862.

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

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

Please submit the complete response, addressed to my attention by November 17, 2023. If you should have any questions, please do not hesitate to call me at (512) 239-4912.

Sincerely,

Abesha Michael

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

Enclosure(s)
Attachment 1 – Municipal/Industrial TPDES and TLAP PLS Form

Plain Language Summary (English)

Texas Pollutant Discharge Elimination System (TPDES) Permit Application WQ0016436001

The Oasis of Texas, LP (CN605810373) proposes to operate The Oasis of Texas Wastewater Treatment Plant RN 111836177, a domestic wastewater treatment facility. The facility will be located at 14625 U.S. Highway 59 North, Moscow, Polk County, Texas 75960.

This application is a new application to discharge up to 50,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. All phases of the domestic wastewater treatment plant will consist of a complete mix activated sludge treatment plant. Treatment units consist of a bar screen, aeration tank, clarifier, sludge holding tank, and chlorine contact chamber.