# Kimley »Horn

March 28th, 2023

Texas Commission on Environmental Quality Water Quality Division Applications Review and Processing Team (MC148) Building F, Room 2101 12100 Park 35 Circle Austin, Texas 78753

#### RE: Discharge Permit for the Hudson Oaks Wastewater Treatment Plant

Dear Water Quality Team:

This letter serves to transmit the application for the Hudson Oaks Wastewater Treatment Plant.

The permit application follows this letter within the following attachments:

Attachment A: Administrative Report 1.0 Attachment B: Administrative Report 1.1 Attachment C: SPIF Attachment D: TCEQ Core Data Form Attachment E: Domestic Technical Report 1.0 Attachment F: Domestic Technical Report 1.1 Attachment G: Domestic Technical Worksheet 2.0 Attachment H: Domestic Technical Worksheet 2.1 Attachment I: Domestic Technical Worksheet 6.0 Attachment J: Original USGS Maps Attachment K: Affected Landowners Map Attachment L: Landowner List and Labels Attachment M: Buffer Zone Map Attachment N: Process Flow Diagram Attachment O: Site Drawing Attachment P: Original Photographs and Plot Plan Attachment Q: Design Calculations and Features Attachment R: Solids Management Plan Attachment S: Wind Rose Attachment T: Nearby Wastewater Treatment Facilities Attachment U: WWTP Regionalization Letter Attachment V: Copy of Permit Payment Voucher Attachment W: Public Involvement Plan Form Attachment Y: Stream Assessment Map

If you have any questions regarding this project, please contact me at 817-339-2288.

Sincerely, KIMLEY-HORN AND ASSOCIATES, INC. Texas Firm No. 928

yle abre

Kyle Kubista, P.E. (Texas License No. 121644)

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ATTACHMENT A. ADMINISTRATIVE REPORT 1.0

### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



### DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: City of Hudson Oaks

PERMIT NUMBER: N/A

TOFOLL

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

	Y	Ν
Administrative Report 1.0	$\boxtimes$	
Administrative Report 1.1	$\boxtimes$	
SPIF	$\boxtimes$	
Core Data Form	$\boxtimes$	
Public Involvement Plan Form	$\boxtimes$	
Technical Report 1.0	$\boxtimes$	
Technical Report 1.1	$\boxtimes$	
Worksheet 2.0	$\boxtimes$	
Worksheet 2.1	$\boxtimes$	
Worksheet 3.0		$\boxtimes$
Worksheet 3.1		$\boxtimes$
Worksheet 3.2		$\boxtimes$
Worksheet 3.3		$\boxtimes$
Worksheet 4.0		$\boxtimes$
Worksheet 5.0		$\boxtimes$
Worksheet 6.0	$\boxtimes$	
Worksheet 7.0		$\boxtimes$

Original USGS Map	$\boxtimes$	
Affected Landowners Map	$\boxtimes$	
Landowner Disk or Labels	$\boxtimes$	
Buffer Zone Map	$\boxtimes$	
Flow Diagram	$\boxtimes$	
Site Drawing	$\boxtimes$	
Original Photographs	$\boxtimes$	
Design Calculations	$\boxtimes$	
Solids Management Plan	$\boxtimes$	
Water Balance		$\boxtimes$

Y

Ν

For ICEQ 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 A	mend	ment Renewal
<0.05 MGD	\$350.00 🗆		\$315.00 🗖
≥0.05 but <0.10 M	GD \$550.00 🗆		\$515.00 🗆
≥0.10 but <0.25 M	GD \$850.00		\$815.00 🗆
≥0.25 but <0.50 M	GD \$1,250.00		\$1,215.00 🗆
≥0.50 but <1.0 MG	D \$1,650.00 □		\$1,615.00 🗆
≥1.0 MGD	\$2,050.00 🗵		\$2,015.00 🗖
Minor Amendment	(for any flow) \$150.00 🗖		
Payment Informati	on:		
Mailed	Check/Money Order Numb	er: <u>N//</u>	<u>A</u>
	Check/Money Order Amou	nt: <u>N//</u>	<u> </u>
	Name Printed on Check: <u>N/</u>	A	
EPAY	Voucher Number: 614983 8	<u>k 6149</u>	<u>84</u>
Copy of Payn	nent Voucher enclosed?		Yes 🛛
Section 2. Type	e of Application (Instr	uctio	ons Page 29)
New TPDES			New TLAP
Major Amendm	ient <u>with</u> Renewal		Minor Amendment <u>with</u> Renewal
Major Amendm	ient <u>without</u> Renewal		Minor Amendment <u>without</u> Renewal
Renewal without	ut changes		Minor Modification of permit
For amendments or	modifications, describe the	propo	osed changes: <u>N/A</u>
For existing permit	S:		
Permit Number: WC	00 <u>N/A</u>		
EPA I.D. (TPDES only	y): TX <u>N/A</u>		
Expiration Date: <u>N</u>	<u>/A</u>		

# 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?

### City of Hudson Oaks

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

### CN: <u>600645873</u>

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: Sterling Naron

Credential (P.E, P.G., Ph.D., etc.): <u>N/A</u>

Title: City Administrator

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?

<u>N/A</u>

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

### CN: <u>N/A</u>

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): <u>N/A</u> First and Last Name: <u>N/A</u> Credential (P.E, P.G., Ph.D., etc.): <u>N/A</u> Title: <u>N/A</u> 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: Attachment D: TCEQ Core Data Form

### 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.

Α.	Prefix (Mr., Ms., Miss): <u>Mr.</u>		
	First and Last Name: <u>Hayden Brodowsky</u>		
	Credential (P.E, P.G., Ph.D., etc.): <u>N/A</u>		
	Title: Director of Operations		
	Organization Name: City of Hudson Oaks		
	Mailing Address: 210 Hudson Oaks Drive		
	City, State, Zip Code: <u>Hudson Oaks, Texas 76087</u>		
	Phone No.: <u>(682) 229-2412</u> Ext.: <u>N/A</u> Fax No.: <u>N/A</u>		
	E-mail Address: <u>hayden.brodowsky@hudsonoaks.com</u>		
	Check one or both:		Technical Contact
B.	Prefix (Mr., Ms., Miss): <u>Mr.</u>		
	First and Last Name: <u>Kyle Kubista</u>		
	Credential (P.E, P.G., Ph.D., etc.): <u>P.E.</u>		
	Title: Professional Engineer		
	Organization Name: Kimley-Horn		
	Mailing Address: <u>801 Cherry Street, Suite 1300, Unit 11</u>		
	City, State, Zip Code: Fort Worth, TX 76102		
	Phone No.: <u>817-339-2288</u> Ext.: <u>N/A</u> Fax No.: <u>N/A</u>		
	E-mail Address: <u>kyle.kubista@kimley-horn.com</u>		
	Check one or both: 🛛 Administrative Contact	$\boxtimes$	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: <u>Hayden Brodowsky</u>
Credential (P.E, P.G., Ph.D., etc.): <u>N/A</u>
Title: <u>Director of Operations</u>
Organization Name: <u>City of Hudson Oaks</u>
Mailing Address: <u>210 Hudson Oaks Drive</u>
City, State, Zip Code: <u>Hudson Oaks, Texas 76087</u>
Phone No.: <u>(682) 229-2412</u> Ext.: <u>N/A</u> Fax No.: <u>N/A</u>
E-mail Address: <u>hayden.brodowsky@hudsonoaks.com</u>
B. Prefix (Mr., Ms., Miss): <u>Mr.</u>
First and Last Name: <u>Sterling Naron</u>

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

Title: City Administrator

Organization Name: City of Hudson Oaks

Mailing Address: 210 Hudson Oaks Drive

City, State, Zip Code: Hudson Oaks, Texas 76087

Phone No.: (682) 229-2408 Ext.: N/A Fax No.: N/A

E-mail Address: <a href="mailto:sterling.naron@hudsonoaks.com">sterling.naron@hudsonoaks.com</a>

## 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: <u>Hayden Brodowsky</u>

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

Title: Director of Operations

Organization Name: City of Hudson Oaks

Mailing Address: 210 Hudson Oaks Drive

City, State, Zip Code: <u>Hudson Oaks, Texas 76087</u>

Phone No.: (682) 229-2412 Ext.: N/A Fax No.: N/A

E-mail Address: hayden.brodowsky@hudsonoaks.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): <u>Mr.</u> First and Last Name: <u>Glenn Kincaid</u> Credential (P.E, P.G., Ph.D., etc.): <u>N/A</u> Title: <u>Wastewater Superintendent/Field Supervisor</u> Organization Name: <u>City of Hudson Oaks</u> Mailing Address: <u>210 Hudson Oaks Drive</u> City, State, Zip Code: <u>Hudson Oaks, Texas 76087</u> Phone No.: <u>(682) 229-2400 Ext.</u>: <u>N/A Fax No.</u>: <u>N/A</u> E-mail Address: <u>glenn.kincaid@hudsonoaks.com</u>

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): <u>Mr.</u> First and Last Name: <u>Kyle Kubista</u> Credential (P.E, P.G., Ph.D., etc.): <u>P.E.</u> Title: <u>Professional Engineer</u> Organization Name: <u>Kimley-Horn</u> Mailing Address: <u>801 Cherry Street, Suite 1300, Unit 11</u> City, State, Zip Code: <u>Fort Worth, TX 76102</u>
  - Phone No.: <u>817-339-2288</u> Ext.: <u>N/A</u> Fax No.: <u>N/A</u>
  - E-mail Address: kyle.kubista@kimley-horn.com
- B. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

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

- E-mail Address
- 🗆 Fax
- Regular Mail
- C. Contact person to be listed in the Notices

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

First and Last Name: Kyle Kubista

Credential (P.E, P.G., Ph.D., etc.): <u>P.E.</u> Title: <u>Professional Engineer</u> Organization Name: <u>Kimley-Horn</u> Phone No.: <u>817-339-2288</u> Ext.: <u>N/A</u> E-mail: <u>kyle.kubista@kimley-horn.com</u>

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: Hudson Oaks City Hall

Location within the building: <u>Lobby Desk</u>

Physical Address of Building: 210 Hudson Oaks Dr, Hudson Oaks, TX 76087

City: <u>Hudson Oaks</u>

County: <u>Parker</u>

Contact Name: <u>Hayden Brodowsky</u>

Phone No.: (682) 229-2412 Ext.: N/A

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? <u>Spanish</u>
- 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: Attachment W: Public Involvement Plan Form

# 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. RNN/A Search the TCEQ's Central Registry at http://www15.tceg.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): Hudson Oaks Wastewater Treatment Plant C. Owner of treatment facility: <u>City of Hudson Oaks</u> Ownership of Facility:  $\square$ Federal Public Private Both D. Owner of land where treatment facility is or will be: Prefix (Mr., Ms., Miss): N/A First and Last Name: City of Hudson Oaks Mailing Address: 210 Hudson Oaks Drive City, State, Zip Code: Hudson Oaks, TX 76087 Phone No.: (682) 229-2412 E-mail Address: hayden.brodowsky@hudsonoaks.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: N/A E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss): <u>N/A</u> First and Last Name: <u>N/A</u> Mailing Address: <u>N/A</u> City, State, Zip Code: <u>N/A</u> Phone No.: <u>N/A</u>

### E-mail Address: N/A

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

### Attachment: <u>N/A</u>

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

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

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: <u>N/A</u>

Phone No.: <u>N/A</u>

E-mail Address: N/A

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

Attachment: <u>N/A</u>

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

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

🗆 Yes 🖾 No

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

The wastewater treatment facility will be new. The wastewater treatment facility is approximately located 1150 feet west of the intersection of Clearview Ct and Trinity River Dr in Weatherford, TX 76087.

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

🗆 Yes 🖾 No

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

The point of discharge is approximately 1,575 ft southwest of the intersection of East Bankhead Drive and Trinity River Drive. Discharge flows southwest from the plant site into South Fork Trinity River (Segment 0831A), thence to Clear Fork Trinity River Below Lake Weatherford (Segment 0831).

City nearest the outfall(s): <u>City of Hudson Oaks</u>

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

Outfall Latitude: 32.7404

Longitude: <u>-97.7221</u>

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?



If yes, indicate by a check mark if:

No

□ 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: <u>N/A</u>

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.

<u>N/A</u>

## 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:

<u>N/A</u>

- B. City nearest the disposal site: N/A
- C. County in which the disposal site is located: N/A
- D. Disposal Site Latitude: <u>N/A</u> Longitude: <u>N/A</u>
- E. For TLAPs, describe the routing of effluent from the treatment facility to the disposal site:

<u>N/A</u>

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

<u>N/A</u>

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

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

Yes	$\boxtimes$	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.

<u>N/A</u>			

- 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:

<u>N/A</u>		

D. Do you owe any fees to the TCEQ?

🗆 Yes 🖾 N		Yes	$\boxtimes$	N
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If yes, provide the following information:

Account number: N/A

Amount past due: N/A

- E. Do you owe any penalties to the TCEQ?
  - 🗆 Yes 🖾 No

If yes, please provide the following information:

Enforcement order number: <u>N/A</u>

Amount past due: <u>N/A</u>

### Section 13. Attachments (Instructions Page 38)

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

- Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- Original full-size USGS Topographic Map with the following information:
  - Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)

- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

- Attachment 1 for Individuals as co-applicants
- Other Attachments. Please specify:

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

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

Permit Number: <u>N/A</u>

Applicant: City of Hudson Oaks

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): Sterling Naron

Signatory title: City Administrator

Signature: Sterlin Nan	Date: 01/26/2023

(Use blue ink)

Subscribed and Sworn to before	me by the	said Sterling	Naron
on this 2.6th	day of	January J	, 20 23.
My commission expires on the	22nd	_day of June	, 20 <u>23</u> .



County, Texas

## Section 15. Plain Language Summary (Instructions Page 40)

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

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

### DOMESTIC WASTEWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application. City of Hudson Oaks (CN60045873) proposes to operate Hudson Oaks Wastewater Treatment Plant (RN N/A). an activated sludge process plant. The facility will be located approximately 1,150 feet west of the intersection of Clearview Ct and Trinity River Dr, in Weatherford, Parker County, Texas 76087.

New application to discharge 1.19 MGD design flow of treated domestic wastewater.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD5), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and dissolved oxygen (DO). Domestic wastewater will be treated by an activated sludge process plant. The treatment units will include bar screens, aeration basins, secondary clarifiers, aerobic digesters, cloth media disk filters, and chlorination basins.

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

### AGUAS RESIDUALES DOMÉSTICAS

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

 Introduzca el nombre del solicitante aquí. (2. Introduzca el número de cliente aquí (es decir, CN6 ##########).)
 Elija del menú desplegable.
 Introduzca el nombre de la instalación aquí.
 Introduzca el número de entidad regulada aquí (es decir, RN1 ########).
 Elija del menú desplegable.
 Introduzca la descripción de la instalación aquí.
 La instalación 8. Elija del menú desplegable.
 ubicado 9. Introduzca la ubicación aquí.
 en 10. Introduzca el nombre de la ciudad aquí.
 Condado de 11. Introduzca el nombre del condado aquí.
 Texas 12. Introduzca el código postal aquí.
 Introduzca el resumen de la solicitud de solicitud aquí.

 *Sete permiso no autorizará una descarga de contaminantes en el agua en el estado.*

Se espera que las descargas de la instalación contengan14. Liste todos los contaminantes esperados aquí. 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable. tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no son representaciones federales exigibles de la solicitud de permiso. La cuidad de Hudson Oaks (CN60045873) propone a operar La planta de tratamiento de aguas residuales de Hudson Oaks (RN N/A). La planta operara utilizando el proceso de lodos activados. La planta estará localizada aproximadamente a 1,150 pies al oeste de la intersección de la calle Clearview y la calle Trinity River, en Weatherford, en el Condado de Parker, Texas 76087.

Nueva aplicación para descargar 1.19 millones de galones de agua residual tratada por día basados en el flujo de diseño.

Se espera que las descargas de esta planta tendrán materia orgánica carbonosa basada en 5 días (BOD<sub>5</sub>), solidos suspendidos totales (TSS), amoniaco-nitrógeno (NH<sub>3</sub>-N), y oxígeno disuelto (DO). El agua residual domestica será tratada por una planta que utiliza el proceso de lodos activados, y las unidades de tratamiento incluirán pantallas de barra, tanques de aeración, tanques clarificadores, tanques de digestión aeróbica, filtro de discos de medio textil, y tanques de desinfección de cloro.

ATTACHMENT B.

**ADMINISTRATIVE REPORT 1.1** 

## 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:
  - $\Box$  USB Drive  $\boxtimes$  Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: <u>Parker County Appraisal</u> <u>District</u>
- 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):

<u>N/A</u>

### 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.



- 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)?



## ATTACHMENT C. SPIF

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY: Application type:RenewalMajor A	AmendmentMinor AmendmentNew
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: <u>City of Hudson Oaks</u>

Permit No. WQ00 <u>N/A</u>

EPA ID No. TX <u>N/A</u>

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

<u>The wastewater treatment facility will be new.</u> The wastewater treatment facility is located approximately 1,150 feet west of the intersection of Clearview Ct and Trinity River Dr in Weatherford, TX 76087.

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): <u>Mr.</u> First and Last Name: <u>Sterling Naron</u> Credential (P.E, P.G., Ph.D., etc.): <u>N/A</u> Title: <u>City Administrator</u> Mailing Address: <u>210 Hudson Oaks Drive</u> City, State, Zip Code: <u>Hudson Oaks, Texas 76087</u> Phone No.: <u>(682) 229-2408</u> Ext.: <u>N/A</u> Fax No.: <u>N/A</u> E-mail Address: <u>sterling.naron@hudsonoaks.com</u>

- 2. List the county in which the facility is located: <u>Parker County</u>
- If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.
   N/A

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

The point of discharge is approximately 1,575 ft southwest of the intersection of East Bankhead Drive and Trinity River Drive. Discharge flows southwest from the plant site via pipe to South Fork Trinity River (Segment 0831A), thence to Clear Fork Trinity River Below Lake Weatherford (Segment 0831).

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):

<u>The construction impact can ultimately affect 11.75 acres of mostly surface disturbance</u> with an approximate maximum depth of excavation of 30 feet.

7. Describe existing disturbances, vegetation, and land use: <u>The property is a natural area compromised of trees and native vegetation.</u>

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: No current buildings or structures are located on the property.
- 9. Provide a brief history of the property, and name of the architect/builder, if known. <u>The property has historically served as natural area compromised of trees and native</u> vegetation. The deed history from the Parker County Appraisal District website indicates the property was owned by Richard Micheletti until 8/30/2020. It was then subsequently owned by Rhett G Micheletti until 6/30/2022, It was then subsequently owned by the City of Hudson Oaks.





## 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 R	REGULAR U.S. MAIL	BY OVERNIGHT/EXPRESS MAIL				
Texa Finai Cash P.O. Aust	is Commission on Environmental Quality ncial Administration Division nier's Office, MC-214 Box 13088 tin, Texas 78711-3088	Texas Commission on Environmental Qual Financial Administration Division Cashier's Office, MC-214 12100 Park 35 Circle Austin, Texas 78753				
Fee (	Code: WQP Waste Permit No:	to enter text.				
1. C	Check or Money Order Number:	enter text.				
2. C	Check or Money Order Amount:	enter text.				
3. C	Date of Check or Money Order:	nter text.				
4. N	Jame on Check or Money Order:	enter text.				
5. A	APPLICATION INFORMATION					
Ν	lame of Project or Site:					
Р	hysical Address of Project or Site:	to enter text.				
lf	f the check is for more than one application, a	attach a list which includes the name of each				

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

### THIS PAGE INTENTIONALLY LEFT BLANK

### ATTACHMENT 1

### INDIVIDUAL INFORMATION

## Section 1. Individual Information (Instructions Page 50)

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

	Prefix (Mr., Ms., Miss):
	Full legal name (first, middle, last):
	Driver's License or State Identification Number:
	Date of Birth:
	Mailing Address:
	City, State, and Zip Code:
	Phone Number: Fax Number:
	E-mail Address:
	CN: Dick here to enter text
F F	For Commission Use Only: Customer Number: Regulated Entity Number: Permit Number:

### CHECKLIST OF COMMON DEFICIENCIES

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

Core Data Form (TCEQ Form No. 10400) (Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)							
Correct and Current Industrial Wastewater Permit Application Forms (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)							
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)							
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)			$\boxtimes$	Yes			
Current/Non-Expired, Executed Lease Agreement or Easement Attached	$\boxtimes$	N/A		Yes			
Landowners Map (See instructions for landowner requirements)		N/A	$\boxtimes$	Yes			

Things to Know:

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

Landowners Cross Reference List (See instructions for landowner requirements)		N/A	$\boxtimes$	Yes
Landowners Labels or USB Drive attached (See instructions for landowner requirements)		N/A	$\boxtimes$	Yes
Original signature per 30 TAC § 305.44 – Blue Ink Preferred (If signature page is not signed by an elected official or principle executive of a copy of signature authority/delegation letter must be attached)	officer,	,	$\boxtimes$	Yes

ATTACHMENT D. TCEQ CORE DATA FORM



## **TCEQ Core Data Form**

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

### **SECTION I: General Information**

1. Reason for Submission (If other is checked please describe in space provided )									
New Permit, Registration or Authorization ( <i>Core Data</i>	Form should be submitted with	the program application.)							
Renewal (Core Data Form should be submitted with th	e renewal form)	🗌 🗋 Other							
2. Customer Reference Number (if issued)	Follow this link to search	3. Regulated Entity Reference Number (if issued)							
	for CN or RN numbers in								
au caacatata									
CN 600645873	<u>Central Registry</u>	KN							
	]								

## **SECTION II: Customer Information**

4. General Customer Information 5. Effective					Date for C	ustom	er Inf	formation	Updat	t <b>es</b> (mm/dd/	/уууу)		
New Custor	New Customer     Update to Customer Information     Change in Regulated Entity Ownership												
Change in L	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 Texa	(SUS) 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:													
City of Hudson Oaks													
7. TX SOS/CP	A Filing N	umber		8. TX State	<b>Tax ID</b> (11 d	ligits)			9. Fe	deral Tax I	D	10. DUNS	Number (if
17519021012				1751902101	2				(9 dig	gits)		applicable)	
									75-19	902101		966939746	
11. Type of C	ustomer:		Corporat	tion				Indivic	dual Partnership: 🗌 General 🗌 Limite			neral 🗌 Limited	
Government:	🛛 City 🗌 (	County [	Federal	Local 🗌 State	e 🗌 Other			Sole P	roprieto	orship	0t	her:	
12. Number o	of Employ	ees					1		13. I	ndepender	ntly Ow	ned and Op	erated?
0-20	21-100 [	] 101-2	50 🗌 251-	500 🗍 501	and higher			🗌 Yes 🛛 No					
14. Customer	r <b>Role</b> (Pro	posed or	<sup>r</sup> Actual) – <i>as i</i>	t relates to the	Regulated E	ntity lis	ted or	n this form.	Please	check one oj	f the foll	owing	
Owner Occupation	al Licensee	Dpe Dpe	erator esponsible Pa	rty 🗌	vner & Opera VCP/BSA App	ator olicant				Other:			
15. Mailing	210 Huds	son Oaks	Drive										
Addross													
City Hudson Oaks				State	ТХ		ZIP	7608	7		ZIP + 4	4710	
16. Country I	Mailing In	formatio	<b>on</b> (if outside	USA)			17.	. E-Mail Ad	ddress	(if applicabl	le)		
							hayden.brodowsky@hudsonoaks.com						
18. Telephon	e Numbe	r		:	L9. Extensio	on or C	ode 20. Fax Number (if applicable)						

## **SECTION III: Regulated Entity Information**

21. General Regulated Entity Information (If 'New Regulated Entity" is selected, a new permit application is also required.)									
🛛 New Regulated Entity 🔄 Update to Regulated Entity Name 🔄 Update to Regulated Entity Information									
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such									
as Inc, LP, or LLC).									
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)									
Hudson Oaks Wastewater Treatment Plant									
23. Street Address of									
the Regulated Entity:									
<u>(No PO Boxes)</u>	City		State	тх	ZIP		ZIP + 4		
24. County									

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

25. Description to       The wastewater treatment facility is approximately located 1,150 feet west of the intersection of Clearview Ct and Triniry River Dr in Weatherford, TX 76087.											
26. Nearest City						State	Ne	arest ZIP Code			
Hudson Oaks	Hudson Oaks TX 76087										
Latitude/Longitude are r used to supply coordinat	equired and es where no	may be added/u ne have been pro	updated to meet T ovided or to gain d	CEQ Core Da accuracy).	ta Standa	ards. (Geocoding o	of the Physica	l Address may be			
27. Latitude (N) In Decimal:         32.7410         28. Longitude (W) In Decimal:         -97.7220							)				
Degrees	Minutes	S	Seconds	Degrees	S	Minutes		Seconds			
32		44	27.6		-97		43	19.2			
29. Primary SIC Code	30.	Secondary SIC C	ode	31. Primary	NAICS Co	de 32. S	econdary NA	ICS Code			
(4 digits)	(4 d	ligits)		(5 or 6 digits)		(5 or	6 digits)				
4952				221320							
33. What is the Primary I	Business of	this entity? (Do	not repeat the SIC or	NAICS descrip	tion.)						
Treat and discharge wastes.											
	210 Hudso	on Oaks Drive									
34. Mailing											
Address:	City	Hudson Oaks	State	тх	ZIP	<b>7</b> 6087	ZIP + 4	<b>4</b> 710			
35 E-Mail Address	hav	den brodowsky@h	udsonoaks.com								
	lidy										
36. Telephone Number			37. Extension or (	Code	38. F	ax Number (if app	licable)				
<b>( 6</b> 82 <b>) 2</b> 29- <b>2</b> 412					(	) -					

**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	C OSSF	Petroleum Storage Tank	D PWS
Sludge	Storm Water	Title V Air	Tires	Used Oil
Voluntary Cleanup	Wastewater	Wastewater Agriculture	Water Rights	Other:

### **SECTION IV: Preparer Information**

40. Name:	Kyle Kubista			41. Title:	Professional Engineer	
42. Telephone Number		43. Ext./Code	44. Fax Number	45. E-Mail Address		
(817)339-2288			(817)335-6511	kyle.kubista	@kimley-horn.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:	City of Hudson Oaks	Job Title:	Job Title: City Administrator				
Name (In Print):	Sterling Naron		Phone:	(682)229-2408			
Signature:	Sterlin Nan		Date:	01/26/2023			

ATTACHMENT E.

DOMESTIC TECHNICAL REPORT 1.0


# 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): <u>0.2 MGD</u>
2-Hr Peak Flow (MGD): <u>0.8 MGD</u>
Estimated construction start date: <u>Winter 2024</u>
Estimated waste disposal start date: <u>Winter 2025</u>

B. Interim II Phase
Design Flow (MGD): <u>0.95 MGD</u>
2-Hr Peak Flow (MGD): <u>3.8 MGD</u>
Estimated construction start date: <u>TBD</u>
Estimated waste disposal start date: <u>TBD</u>

C. Final Phase
Design Flow (MGD): <u>1.19 MGD</u>
2-Hr Peak Flow (MGD): <u>4.76 MGD</u>
Estimated construction start date: <u>TBD</u>
Estimated waste disposal start date: <u>TBD</u>

**D. Current operating phase:** <u>N/A</u> Provide the startup date of the facility: <u>N/A</u>

# Section 2. Treatment Process (Instructions Page 51)

#### A. Treatment process description

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

Page 1 of 78

**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:

Interim Phase 1: Raw wastewater will enter the influent lift station, flow into the headworks screen, then split flow between aeration basins 1 & 2, then through clarifiers 1 & 2, followed by the cloth media filter, then into the chlorine contact basin, and then to the outfall. The solids will be pumped to the aerobic digester. The solids will be pumped out and then hauled to a landfill. Interim Phase 2: Raw wastewater will enter the influent lift station, flow into the headworks screen, then split flow between 4 aeration basins, then through 4 clarifiers, followed by the cloth media filter, then into the chlorine contact basin, and then to the outfall. The solids will be pumped to the 3 aerobic digesters. The solids will be pumped out and then hauled to a landfill. Final Phase: Raw wastewater will enter the influent lift station, flow into the headworks screen, split flow between 5 aeration basins, then through 5 clarifiers, followed by the cloth media filter, then into the chlorine contact basin, and then to the outfall. The solids will be pumped to the 3 aerobic digesters. The solids will be pumped out and then hauled to a landfill. Final Phase: Raw wastewater will enter the influent lift station, flow into the headworks screen, split flow between 5 aeration basins, then through 5 clarifiers, followed by the cloth media filter, then into the chlorine contact basin, and then to the outfall. The solids will be pumped to the 4 aerobic digesters. The solids will be pumped out and then hauled to a landfilter, then into the chlorine contact basin, and then to the outfall. The solids will be pumped to the 4 aerobic digesters. The solids will be pumped out and then hauled to a landfilter, then into the chlorine contact basin, and then to the outfall. The solids will be pumped to the 4 aerobic digesters. The solids will be pumped out and then hauled to a landfill.

Port or pipe diameter at the discharge point, in inches: <u>18 in.</u>

#### **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**.

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Aeration Basin (Interim Phase 1)	2	80' x 16' x 18'
Aeration Basin (Interim Phase 2)	2	100' x 20' x 18'
Aeration Basin (Final Phase)	1	80' x 16' x 18'
Clarifier (Interim Phase 1)	2	35' Ø x 12' SWD
Clarifier (Interim Phase 2)	2	45' Ø x 12' SWD
Clarifier (Final Phase)	1	30' Ø x 12' SWD
Aerobic Digester (Interim Phase 1)	1	42' Ø x 16' SWD
Aerobic Digester (Interim Phase 2)	2	42' Ø x 16' SWD
Aerobic Digester (Final Phase)	1	42' Ø x 16' SWD
Cloth Media Disk Filter	1	12' x 14' x 11'
Chlorine Contact Basin	1	40' x 25' x 12'
(Interim Phase 1)	-	

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

#### C. Process flow diagrams

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

Attachment: Attachment N: Process Flow Diagram

# 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: Attachment O: Site Drawing

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

<u>The Hudson Oaks Wastewater Treatment Plant will service the City of Hudson</u> <u>Oaks Sewer CCN within Parker County, Texas.</u>

# 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	$\boxtimes$
	_	110	

**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.

<u>N/A</u>

# 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 🗆

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

No 🖂

Yes 🗆 No 🗆

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

<u>N/A</u>

Section 6. Permit Specific Requirements (Instructions Page 53)

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

A. Summary transmittal

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

Yes 🗆 🛛 No 🖂

If yes, provide the date(s) of approval for each phase: N/A

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

<u>N/A</u>

## **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.

Ownership.

#### 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*.

<u>N/A</u>

#### 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.

<u>N/A</u>

# 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.

<u>N/A</u>

# 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.

<u>N/A</u>

#### 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 <u>N/A</u> or TXRNE <u>N/A</u>

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:



# 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.

<u>N/A</u>

# 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.

<u>N/A</u>

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

# 6. Request for coverage in individual permit

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

Yes 🗆 🛛 No 🗆

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

N/A

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

# F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

# Yes □ No ⊠

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

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

# 1. Acceptance of sludge from other WWTPs

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

Yes 🗆 🛛 No 🖂

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

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

acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub>

concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

<u>N/A</u>

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

## 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes 🗆 🛛 No 🖂

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

Yes 🗆 🛛 No 🗆

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

Yes 🗆 🛛 No 🗆

**If yes to any of the above**, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design

BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

<u>N/A</u>

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.

<u>N/A</u>

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

Is the facility in operation? Yes □ No ☑

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

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

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

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

Pollutant	Average	Max	No. of	Sample	Sample
ronutant	Conc.	Conc.	Samples	Туре	Date/Time
CBOD <sub>5</sub> , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Entercocci (CFU/100ml)					
saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity,					
µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

\*TPDES permits only

†TLAP permits only

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

Pollutant	Average	Max	No. of	Sample	Sample
	Conc.	Conc.	Samples	Type	Date/Time
Total Suspended Solids, mg/l					

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

# Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Facility not in operation; TBD

Facility Operator's License Classification and Level: <u>Facility not in operation; TBD</u>

Facility Operator's License Number: <u>Facility not in operation; TBD</u>

# 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: <u>Registered TCEQ permit landfill to be selected at a future</u> <u>date.</u>

TCEQ permit or registration number: <u>TBD</u>

County where disposal site is located: <u>TBD</u>

#### C. Sludge transportation method

Method of transportation (truck, train, pipe, other): <u>Registered hauler to be</u>

selected at a future date.

Name of the hauler: <u>N/A</u>

Hauler registration number: N/A

Sludge is transported as a:

Liquid 🗆 semi-liquid 🖂

semi-solid 🗆

solid  $\square$ 

# 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: <u>N/A</u>

• USDA Natural Resources Conservation Service Soil Map:

Attachment:  $\underline{N/A}$ 

• Federal Emergency Management Map:

Attachment: <u>N/A</u>

• Site map:

# Attachment: <u>N/A</u>

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



□ Wetlands

□ Located less than 60 meters from a fault

 $\Box$  None of the above

#### Attachment: <u>N/A</u>

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:

<u>N/A</u>

#### **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: <u>N/A</u>

Total Kjeldahl Nitrogen, mg/kg: <u>N/A</u>

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: <u>N/A</u>

Phosphorus, mg/kg: <u>N/A</u>

Potassium, mg/kg: <u>N/A</u>

pH, standard units: <u>N/A</u>

Ammonia Nitrogen mg/kg: <u>N/A</u>

Arsenic:  $\underline{N/A}$ 

Cadmium: <u>N/A</u>

Chromium: <u>N/A</u>

Copper:  $\underline{N/A}$ 

Lead: <u>N/A</u>

Mercury: <u>N/A</u>

Molybdenum: <u>N/A</u>

Nickel: <u>N/A</u>

Selenium: <u>N/A</u>

Zinc:  $\underline{N/A}$ 

Total PCBs: <u>N/A</u>

Provide the following information:

Volume and frequency of sludge to the lagoon(s): <u>N/A</u>

Total dry tons stored in the lagoons(s) per 365-day period: <u>N/A</u>

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

# C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of 1x10<sup>-7</sup> cm/sec?

Yes 🗆 No 🗆

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

<u>N/A</u>

# D. Site development plan

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

<u>N/A</u>

Attach the following documents to the application.

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

# Attachment: <u>N/A</u>

• Copy of the closure plan

# Attachment: <u>N/A</u>

• Copy of deed recordation for the site

## Attachment: <u>N/A</u>

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

## Attachment: <u>N/A</u>

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

Attachment: <u>N/A</u>

• Procedures to prevent the occurrence of nuisance conditions

Attachment: <u>N/A</u>

## 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: <u>N/A</u>

# 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:

<u>N/A</u>

## B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes 🗆 No 🖂

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

Yes □ No ⊠

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

N/A

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

#### A. RCRA hazardous wastes

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

Yes □ No ⊠

#### B. Remediation activity wastewater

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

Yes □ No ⊠

#### C. Details about wastes received

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

Attachment: N/A

# Section 14. Laboratory Accreditation (Instructions Page 64)

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

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

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

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

CERTIFICATION:

l 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: <u>Sterling Naron</u>

Title: City Administrator

Signature: Date:

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ATTACHMENT F.

DOMESTIC TECHNICAL REPORT 1.1

# **DOMESTIC TECHNICAL REPORT 1.1**

# The following is required for new and amendment applications

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

# A. Justification of permit need

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

The City of Hudson Oaks currently discharges its existing wastewater flow to the City of Weatherford. Additionally, the City of Hudson Oaks is experiencing rapid population growth and is expecting future residential development. As such, a new wastewater treatment plant is needed to accommodate existing and future wastewater flows experienced by the City of Hudson Oaks. Therefore, a 1.19 MGD facility will be required to accommodate the city. An initial 0.20 MGD facility will accommodate the existing flows, while two expansion phases of 0.75 MGD and 0.24 MGD will accommodate the full buildout of 1.19 MGD.

# **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:  $\underline{N/A}$ 

If yes, attach correspondence from the city.

Attachment: <u>N/A</u>

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: <u>N/A</u>

# 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: <u>N/A</u>

# 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: <u>Attachment T: Nearby Wastewater Treatment Facilities</u>

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

Attachment: <u>Attachment U: WWTP Regionalization Letter</u>

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: <u>N/A</u>

# 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):  $\underline{N/A}$ 

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

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

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

<u>N/A</u>

## 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.

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
Municipality	1.19	300
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no		

## Table 1.1(1) - Design Organic Loading

Source	Total Average Flow	Influent BOD <sub>5</sub>
		Concentration (mg/I)
and showers		
School with cafeteria,		
no showers		
Recreational park,		
overnight use		
Recreational park, day		
use		
Office building or		
factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all	1.19	
sources		
AVERAGE BOD₅ from all		300
sources		

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/I: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: <u>0.5</u> Dissolved Oxygen, mg/l: <u>5</u> Other: <u>N/A</u>

B. Interim II Phase Design Effluent Quality
Biochemical Oxygen Demand (5-day), mg/l: <u>7</u>
Total Suspended Solids, mg/l: <u>10</u>
Ammonia Nitrogen, mg/l: <u>2</u>
Total Phosphorus, mg/l: <u>0.5</u>
Dissolved Oxygen, mg/l: <u>6</u>
Other: <u>N/A</u>

C. Final Phase Design Effluent Quality Biochemical Oxygen Demand (5-day), mg/l: <u>5</u> Total Suspended Solids, mg/l: <u>10</u> Ammonia Nitrogen, mg/l: <u>2</u> Total Phosphorus, mg/l: <u>0.5</u> Dissolved Oxygen, mg/l: <u>6</u> Other: N/A

D. Disinfection Method

Identify the proposed method of disinfection.

- Chlorine: <u>1.0</u> mg/l after <u>20</u> minutes detention time at peak flow Dechlorination process: <u>Sulfur Dioxide</u>
- Ultraviolet Light: seconds contact time at peak flow

□ Other:

# 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: Attachment Q: Design Calculations and Features

# Section 5. Facility Site (Instructions Page 68)

#### A. 100-year floodplain

Will the proposed facilities be located <u>above</u> 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.

<u>N/A</u>

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

FEMA Flood Map Service Center.

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: <u>N/A</u>

If no, provide the approximate date you anticipate submitting your application to the Corps:  $\underline{N/A}$ 

#### B. Wind rose

Attach a wind rose. Attachment: Attachment S: Wind Rose

# 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

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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: <u>N/A</u>

#### 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: <u>N/A</u>

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

Attach a solids management plan to the application. Attachment: Attachment R: Solids Management Plan

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.

ATTACHMENT G. DOMESTIC TECHNICAL WORKSHEET 2.0

# **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:  $\underline{N/A}$ 

Distance and direction to the intake: N/A

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

#### Attachment: <u>N/A</u>

# 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:  $\underline{N/A}$ 

#### **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).

<u>N/A</u>

#### 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).

<u>N/A</u>

## 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: <u>Discharge enters South Fork Trinity</u> <u>River (Segment 0831A).</u>

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

⊠ Stream



□ 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:  $\underline{N/A}$ 

□ Man-made Channel or Ditch

Open Bay
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.

No perennial streams within three miles downstream.

#### 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.)?

 $Yes \Box \qquad No \boxtimes$ 

If yes, discuss how.

N/A

# E. Normal dry weather characteristics

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

The stream is perennial and is flowing during normal dry weather conditions.

Date and time of observation: 9:00 am 1/26/2023

Was the water body influenced by stormwater runoff during observations?

Yes 🗆 No 🖾

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

## A. Upstream influences

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

- Oil field activities
- Upstream discharges
- Urban runoff

Agricultural runoff

- $\boxtimes$
- Septic tanks

Other(s), specify Click here to enter

## **B.** Waterbody uses

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



Page 30 of 78

	Domestic water supply	Industrial water supply
	Park activities	Other(s), specify Click here to enter
tex	1	

#### C. Waterbody aesthetics

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

- □ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional
- Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored
- Common Setting: not offensive; developed but uncluttered; water may be colored or turbid
- Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

ATTACHMENT H.

DOMESTIC TECHNICAL WORKSHEET 2.1

# **DOMESTIC WORKSHEET 2.1**

## STREAM PHYSICAL CHARACTERISTICS

# Required for new applications, major facilities, and applications adding an outfall

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

# Section 1. General Information (Instructions Page 75)

Date of study: <u>1/26/2023</u> Time of study: <u>9:00 AM</u>

Stream name: <u>South Fork Trinity River (Segment 0831A)</u>

Location: <u>Point of discharge location: 32.7404, -97.7221</u>. The point of discharge is

approximately 1,575 ft southwest of the intersection of East Bankhead Drive and

Trinity River Drive. Discharge flows southwest from the plant site into South

Fork Trinity River (Segment 0831A), thence to Clear Fork Trinity River Below Lake

Weatherford (Segment 0831).

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

⊠ Perennial

□ Intermittent with perennial pools

# Section 2. Data Collection (Instructions Page 75)

Number of stream bends that are well defined:  $\underline{6}$ 

Number of stream bends that are moderately defined: <u>3</u>

Number of stream bends that are poorly defined:  $\underline{0}$ 

Number of riffles: <u>2</u>

Evidence of flow fluctuations (check one):

⊠ Minor □

moderate

severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

<u>The stream has no observed uses. Stream shows minor evidence of flow</u> <u>fluctuations during wet weather flow. Channel does not appear to have been</u> <u>unnaturally obstructed or modified.</u>

#### Stream transects

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

Stream type			Stream depths (ft)
at transect Select riffle, run, glide, or pool. See Instructions, Definitions section.	Transect location	Water surface width (ft)	at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
run	Transect 1	21	0.88, 1.58, 1.83, 1.00
	Stream Discharge Point		
run	Transect 2	18	0.67, 0.75, 0.92, 0.75
riffle	Transect 3	39	0.33, 0.71, 0.58, 0.50
run	Transect 4	24	0.38, 0.54, 0.67, 1.17
glide	Transect 5	24	0.88, 2.58, 2.00, 1.92
Choose an			
item.			
Choose an item.			
Choose an			
item.			
Choose an			
item.			
Choose an			
item.			

Table 2.1(1) - Stream Transect Records
# Section 3. Summarize Measurements (Instructions Page 76)

Streambed slope of entire reach, from USGS map in feet/feet:  $3.79 \times 10^{-4}$ 

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): 2.18

Length of stream evaluated, in feet: <u>2640</u>

Number of lateral transects made: <u>5</u>

Average stream width, in feet: <u>25.2</u>

Average stream depth, in feet: <u>1.03</u>

Average stream velocity, in feet/second: 0.79

Instantaneous stream flow, in cubic feet/second: 20.51

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): <u>chip timed over a fixed distance</u>

Size of pools (large, small, moderate, none): None

Maximum pool depth, in feet: N/A

ATTACHMENT I.

DOMESTIC TECHNICAL WORKSHEET 6.0

# **DOMESTIC WORKSHEET 6.0**

## INDUSTRIAL WASTE CONTRIBUTION

## The following is required for all publicly owned treatment works (POTWs)

# Section 1. All POTWs (Instructions Page 99)

#### A. Industrial users

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each user. See the Instructions for definitions of Categorical IUs, Significant IUs – non-categorical, and Other IUs.

#### If there are no users, enter 0 (zero).

Categorical IUs:

Number of IUs: <u>N/A</u>

Average Daily Flows, in MGD:  $\underline{N/A}$ 

Significant IUs - non-categorical:

Number of IUs: <u>N/A</u>

Average Daily Flows, in MGD: <u>N/A</u>

Other IUs:

Number of IUs: <u>N/A</u>

Average Daily Flows, in MGD: <u>N/A</u>

#### **B.** Treatment plant interference

In the past three years, has your POTW experienced treatment plant interference (see instructions)?

Yes 🗆 🛛 No 🗆

**If yes**, identify the dates, duration, description of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IUs that may have caused the interference.

<u>N/A</u>

#### C. Treatment plant pass through

In the past three years, has your POTW experienced pass through (see instructions)?

Yes 🗆 🛛 No 🗆

**If yes**, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

<u>N/A</u>

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes 🗆 🛛 No 🖂

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program? Yes  $\Box$  No  $\boxtimes$ 

If yes, complete Section 2.c. and 2.d. only, and skip Section 3.

**If no to either question above**, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.

# Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)

#### A. Substantial modifications

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to *40 CFR* §403.18?

Yes 🗆 🛛 No 🗆

**If yes**, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

<u>N/A</u>

#### **B.** Non-substantial modifications

Have there been any **non-substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

Yes 🗆 🛛 No 🗆

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

<u>N/A</u>

#### C. Effluent parameters above the MAL

In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.

Pollutant	Concentration	MAL	Units	Date

Table 6.0(1) - Parameters Above the MAL

#### D. Industrial user interruptions

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

Yes 🗆 🛛 No 🗆

**If yes**, identify the industry, describe each episode, including dates, duration, description of the problems, and probable pollutants.

<u>N/A</u>

# Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 100)

### A. General information

Company Name: <u>N/A</u>

SIC Code:  $\underline{N/A}$ 

Telephone number: <u>N/A</u> Fax number: Click here to enter text.

Contact name: <u>N/A</u>

Address: <u>N/A</u>

City, State, and Zip Code: <u>N/A</u>

### **B.** Process information

Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

<u>N/A</u>

### C. Product and service information

Provide a description of the principal product(s) or services performed.

<u>N/A</u>

#### D. Flow rate information

See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater:

Discharge, in gallon	s/day: <u>N/A</u>		
Discharge Type: 🗆	Continuous	Batch	Intermittent
Non-Process Wastewater:			
Discharge, in gallon	s/day: <u>N/A</u>		
Discharge Type: 🗆	Continuous	Batch	Intermittent

#### E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the instructions?

Yes 🗆 🛛 No 🗆

Is the SIU or CIU subject to categorical pretreatment standards found in *40 CFR Parts 405-471*?

Yes 🗆 🛛 No 🗆

**If subject to categorical pretreatment standards**, indicate the applicable category and subcategory for each categorical process.

Category: <u>N/A</u> Subcategories: <u>N/A</u>

#### F. Industrial user interruptions

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

Yes 🗆 🛛 No 🗆

**If yes**, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

<u>N/A</u>

ATTACHMENT J. ORIGINAL USGS MAPS





ATTACHMENT K. AFFECTED LANDOWNERS MAP



<pre>/HJHQG</pre>		
being the end of the	&,7< 2) +8'621 2\$.6 :\$67(:\$7(5 75(\$70(17 3/\$ '20(67,& :\$67(:\$7(5 3(50 \$))(&7('/\$1'2:1(5 0\$3	'\$7(_ 0\$5&+ '(6,*1_ 5(' 17 '5\$:1_ \$3 7 &+(&.('_ 3. .+\$ 12_ ~~~~

ATTACHMENT L. LANDOWNER LIST AND LABELS

#### Parcel-Landowner

Table

Parcel #	Landowner	Mailing Address
1	RAMOS, BERNARDO & TORRES, VERNALDINA	3952 RIVER VIEW CT HUDSON OAKS, TX 76087-3403
2	MICHELETTI, RHETT G	3505 WILLIAMS RD FORT WORTH TX, 76116-7029
3	HAWKINS, GINA	4004 KELLY CT WEATHERFORD, TX 76087-8354
4	GARCIA, DAVID ORTEGA & YESENIA	4005 KELLY CT WEATHERFORD, TX 76087-8354
5	WARD, DUSTY & SOIBHAN	4010 E BANKHEAD HWY WEATHERFORD, TX 76087-9586
6	TYRE, RICHARD DEWEY & LORI, KAYE	4006 E BANKHEAD HWY WEATHERFORD, TX 76087-9586
7	ALANIS, ANGELA & J REYES	1747 BREEDER CUP WAY EL PASO, TX 79928-2275
8	HARRISON, NAOMI MARIE	PO BOX 75 DENNIS, TX 76439-0075
9	LAVITE, ANTHONY JR	3716 E BANKHEAD HWY HUDSON OAKS, TX 76087-9580
10	CUNDIFF, RICKY C	1403 CENTER POINT RD WEATHERFORD, TX 76087-9299
11	DAVESTATES	PO BOX 122269 FORT WORTH, TX 76121-2269
12	JOHNSON, CORD & CASSIE	1677 CENTER POINT ROAD WEATHERFORD, TX 76087-9103
13	DAVOIL INC DBA DAVESTATES	6300 RIDGLEA PL SUITE 1208 FORT WORTH, TX 76116-5738
14	WARVELL, SONNA	PO BOX 1660 WEATHERFORD, TX 76087-7660
15	2016 FLOYD REVOCABLE TRUST	1905 CENTER POINT RD WEATHERFORD, TX 76087-9109

GARCIA, DAVID ORTEGA & YESENIA 4005 KELLY CT WEATHERFORD, TX 76087-8354

ALANIS, ANGELA & J REYES 1747 BREEDER CUP WAY EL PASO, TX 79928-2275 MICHELETTI, RHETT G 3505 WILLIAMS RD FORT WORTH TX, 76116-7029

WARD, DUSTY & SOIBHAN 4010 E BANKHEAD HWY WEATHERFORD, TX 76087-9586

HARRISON, NAOMI MARIE PO BOX 75 DENNIS, TX 76439-0075 HAWKINS, GINA 4004 KELLY CT WEATHERFORD, TX 76087-8354

TYRE, RICHARD DEWEY & LORI, KAYE 4006 E BANKHEAD HWY WEATHERFORD, TX 76087-9586

LAVITE, ANTHONY JR 3716 E BANKHEAD HWY HUDSON OAKS, TX 76087-9580

JOHNSON, CORD & CASSIE

CUNDIFF, RICKY C 1403 CENTER POINT RD WEATHERFORD, TX 76087-9299

DAVOIL INC DBA DAVESTATES 6300 RIDGLEA PL SUITE 1208 FORT WORTH, TX 76116-5738 DAVESTATES PO BOX 122269 FORT WORTH, TX 76121-2269

WARVELL, SONNA PO BOX 1660 WEATHERFORD, TX 76087-7660 1677 CENTER POINT ROAD WEATHERFORD, TX 76087-9103

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JOHNSON, CORD & CASSIE

GARCIA, DAVID ORTEGA & YESENIA 4005 KELLY CT WEATHERFORD, TX 76087-8354

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LAVITE, ANTHONY JR 3716 E BANKHEAD HWY HUDSON OAKS, TX 76087-9580

JOHNSON, CORD & CASSIE

1677 CENTER POINT ROAD

CUNDIFF, RICKY C 1403 CENTER POINT RD WEATHERFORD, TX 76087-9299

DAVOIL INC DBA DAVESTATES 6300 RIDGLEA PL SUITE 1208 FORT WORTH, TX 76116-5738 DAVESTATES PO BOX 122269 FORT WORTH, TX 76121-2269

WARVELL, SONNA PO BOX 1660 WEATHERFORD, TX 76087-7660 WEATHERFORD, TX 76087-9103

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JOHNSON, CORD & CASSIE

CUNDIFF, RICKY C 1403 CENTER POINT RD WEATHERFORD, TX 76087-9299

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WARVELL, SONNA PO BOX 1660 WEATHERFORD, TX 76087-7660 1677 CENTER POINT ROAD WEATHERFORD, TX 76087-9103

ATTACHMENT M. BUFFER ZONE MAP



HORIZONTAL SCALE: $1" = 50'$ FOR 11x17 PLOT, SCALE: $1" = 100'$ 0   50   100   150 PHASE 1: 0.2 MGD PHASE 2: 0.95 MGD	Kimley»Horn	801 Cherry St., Suite 1300, Unit 11 Ft. Worth, TX 76102 P: 817–335–6511 TBPE No. 928 No Revision Revision By Date		
PHASE 3: 1.19 MGD PROPOSED WWTP PROPERTY BOUNDARY PROPOSED WWTP 150' BUFFER ZONE	THIS DOCUMENT IS INCOMPLETE AND IS RELEASED TEMPORARILY FOR INTERIM REVIEW ONLY. IT IS	NOT INTENDED FOR CONSTRUCTION, BIDDING, OR PERMIT PURPOSES. KYLE. P KUBISTA	SERIAL NO. <u>121644</u> DATE: <u>MARCH 2023</u>	
	HUDSON OAKS	WASTEWATER	TREATMENT PLANT	
KELLY CT		BUFFER ZONE MAP		
	MARCH 2023 RED	AP KPK	064570603	
The second se	DATE: DESIGN:	DRAWN: CHECKED:	KHA NO.:	

ATTACHMENT N. PROCESS FLOW DIAGRAM



V\_Utilities\06457\003-HO-WWDP-0S-Concept\CADDEXHIBIT\DP\Process Flow Diagram. dwg 9/15/2022 4:50 PM





					٦
DATE:	MARCH 2023				
DESIGN:	RED	HIDSON OAKS	THIS DOCUMENT IS INCOMPLETE AND IS RELEASED TEMPORARILY		
DRAWN:	AP		FUX INTERIM REVIEW UNLY. 11 IS NOT INTENDED FOR CONSTRUCTION, BIDDING, OR PERMIT PURPOSES.	801 Cherry St., Suite 1300, Unit 11 Ft. Worth, TX 76102 P: 817-335-6511	
CHECKED:	КРК			TBPE No. 928 F: 817–335–5070 F: 817–335–5070	
			SEPIAL NO 121644	No. Revision By Date	n
KHA NO.:	064570603		DATE: MARCH 2023		

ATTACHMENT O. SITE DRAWING



V Utilities/06457/603-HO-WWDP-0S-Concept/CADDEXHIBIT/DP/Site Drawing.dwg 9/15/2022 4:50 PM

ATTACHMENT P.

**ORIGINAL PHOTOGRAPHS AND PLOT PLAN** 

![](_page_98_Picture_0.jpeg)

HORIZONTAL SCALE: $1" = 60'$ FOR 11x17 PLOT, SCALE: $1" = 120'$ 0   60   120   180 PROPOSED WWTP PROPERTY BOUNDARY	Kimlev»Horn	801 Cherry St., Suite 1300, Unit 11 Ft. Worth, TX 76102 P: 817–335–6511	TBPE No. 928 F: 817-335-5070 No Devision Date		
PROPOSED WWTP 150' BUFFER ZONE	THIS DOCUMENT IS INCOMPLETE	AND IS RELEASED TEMPOKARILY FOR INTERIM REVIEW ONLY. IT IS NOT INTENDED FOR CONSTRUCTION,	BIUUING, UR FERMIT FURFUSES. KYLE. P KUBISTA	SERIAL NO. 121644 DATE: MARCH 2023	
			WASIEWAIEK	TREATMENT PLANT	
			PHOLO MAP		
	MARCH 2023	AP	КРК	064570603	
	DATE: DESIGN:	DRAWN:	CHECKED:	KHA NO.:	

# Kimley »Horn

![](_page_99_Figure_1.jpeg)

Photo 1: Proposed Wastewater Treatment Plant Location

# Kimley »Horn

![](_page_100_Picture_1.jpeg)

Photo 2: Proposed Plant Discharge Point and Downstream Area (Camera Facing Southwest)

# Kimley »Horn

![](_page_101_Picture_1.jpeg)

Photo 3: Proposed Plant Discharge Point and Upstream Area (Camera Facing Northeast)

ATTACHMENT Q.

**DESIGN CALCULATIONS AND FEATURES** 

Phase 1		
RAS		
*Design to maintain MLSS concentration in aeration basin between 4,000 mg/L and 10,000 mg/L		
*Calculate RAS rate by usign a mass balance of the aeration tank		
Influent Design Flow Rate to Aeration Tank ( $Q_0$ )	0.2	MGD
Influent Peak Flow Rate to Aeration Tank (Q <sub>PEAK</sub> )	0.8	MGD
Mixed Liquor Suspended Solids (X)	4,000	mg/L
Return Activated Sludge Suspended Solids (X <sub>R</sub> )	12,000	mg/L
Return Sludge Flow at Design Flow (RAS)	0.1	MGD
Return Sludge Flow at Peak Flow (RAS)	0.4	MGD
A method Desire		
Aeration Basins	0.0	MOD
Design Flow for Aeration Basins	0.3	MGD
Design Sludge Retention Time ( $\Theta_A$ )	10.5	days
Organic Loading Rate	35	IbBOD5/d/1,000 ft3
Required Minimum Volume	14,297	ft <sup>°</sup>
Number of Agration Paging to Add	2	
Aeration Basin Length	2	ft
Acration Basin Vidth	16	ft
Side Water Depth of Agration Basin	10	ft
	10	11
Total Provided Aeration Basin Volume	/0.960	ft <sup>3</sup>
Aeration Basin in Service with Largest Length	80	ft
Largest Aeration Basin's Side Water Denth	16.0	ft
Total Aeration Basin Volume with Largest AB out of Service (V <sub>o</sub> )	20.480	ft <sup>3</sup>
	20,100	11
Calculated Oxygen Required	1.63	lbs O <sub>2</sub> / lb BOD <sub>5</sub>
Oxygen Requirement (O <sub>2</sub> R)	2.2	lbs O <sub>2</sub> / lb BOD <sub>5</sub>
Calculated Air Flowrate	345	scfm
Clean Water Transfer Efficiency	0.18	
Clean water transfer efficiency adjustment based on diffuser	0.65	
Diffuser Submergence Correction Factor	0.91	
WAS		
*Design based on wasting from RAS line		
Provided Aeration Basin Volume (V <sub>R</sub> )	0.306	Mgal
Waste Sludge Flowrate from Aeration Basin, Average Flow	0.009726375	MGD
Daily Sludge Production Rate	83,552	lb/d
Aeropic Digester	700/	
% OF VOIATILE SOLIDS (%VS)	/0%	
% Volatile Solids Destroyed in Digestion (%VSD)	40%	
Minimum Solide Detention Time (SDT)	20,000	rng/L
	40	days
Director Dercent Solids	0.2	ID VSS/TC-0
Mass of Influent Solids	2 /0 500	nnd
Mass of Dinested Solids	360	ppd
Average Solids in Digester	120	npd
Total Solids in Digester Rased on SRT	430 17 01/	lh
Minimum Required Diaester Volume	13 707	ft <sup>3</sup>
	10,777	

Number of Digester Basins to Add				
Digester Basins Diam	neter		42	ft
Side Water Dept	16	ft		
Digester Basin Volume	22,167	ft <sup>3</sup>		
Digester Basin Volume	165,810	gal		
Total Digester Basin V	22,167	ft <sup>3</sup>		
% Volatile Solids Destroyed in D	40%			
Total Mass Reduce	ed		140	lb VSS red/day
Oxidation of VSS	5		2.3	lb O <sub>2</sub> /lb VSS
Oxygen Required	d		145	kg O <sub>2</sub> /day
Density of Air			1.204	kg/m <sup>3</sup> @ 20° C
Volume of Air Required	per Day		519	m³ air/day
Oxygen Transfer Effic	liency		10%	
Air Flow Rate			3.6	m³/min
Air Loading			42.9	ft <sup>°</sup> /min*1000ft <sup>°</sup>
Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds Influent BOD <sub>5</sub> (lb/d)	500	375	250	125
Pounds of Digested Dry Sludge Produced (lb/d)	360	270	180	90
Pounds of Wet Sludge Produced (lb/d)	18,014	13,511	9,007	4,504
Gallons of Wet Sludge Produced (gpd)	2,160	1,620	1,080	540
Clarifier				
Maximum Overflow Rate @	Peak Flow		1,200	gal/dav/ft <sup>2</sup>
Minimum Detention Time @	Peak Flow		1.8	hours
Maximum Weir Loa	ding		20,000	gal/dav/ft
Minimum Required Surface A	rea (Overflow)		667	$ft^2$
Minimum required Surface Area	(Detention Time)		668	ft <sup>2</sup>
, Minimum Required Wei	r Length		40	ft
	0			
Number of Clarifiers t	o Add		2	
Clarifier Diamete	er		35	ft
Side Water Depth of C	larifier		12	ft
Total Weir Lengtl	า		220	ft
Total Clarifier Surface	e Area		1,924	ft <sup>2</sup>
Total Clarifier Volu	me		23,091	ft <sup>3</sup>
Clarifier in Service with Large	est Diameter		35	ft
Side Water Depth of Large	est Clarifier		12	ft
Total Surface Area with Largest Cla	rifier out of Service	e	962	ft <sup>2</sup>
Total Weir Length with Largest Clarifier out of Service			110	ft
Total Volume with Largest Clarifier out of Service			11,545	ft <sup>3</sup>
Detention Time @ Peak Flow w/ largest clarifier out of service			2.5908	hours
Chiorine Contact Basin		· · · ·		
Minimum Detention Time at Peak Flow			20	min
Number of Parallel Ch	anneis		5	
Width of Channe	91		5	ft
Depth			12	ft a
Length			40	ft
Volume			12000	ft'
Detention Time			161.568	min

Phase 2		
RAS		
*Design to maintain MLSS concentration in aeration basin between 4,000 mg/L and 10,000 mg/L	<u> </u>	<u> </u>
*Calculate RAS rate by usign a mass balance of the aeration tank		
Influent Design Flow Rate to Aeration Lank ( $Q_0$ )	0.95	MGD
Influent Peak Flow Rate to Aeration Lank (Q <sub>PEAK</sub> )	3.8	MGD
Mixed Liquor Suspended Solids (X)	4,000	mg/L
Return Activated Sludge Suspended Solids (X <sub>R</sub> )	12,000	mg/L
Return Sludge Flow at Design Flow (RAS)	0.475	MGD
Return Sludge Flow at Peak Flow (RAS)	1.9	MGD
Agratian Daoine	<u> </u>	<u> </u>
Acration Basins	1 405	
Design Flow for Aeration Basins	1.425	MGD
Design Sludge Retention Time (0 <sub>A</sub> )	10.5	days
Urganic Loading Kate	35	
kequirea Minimum volume	6/,911	ft
Number of Aeration Rasins to Add	2	
Aeration Rasin Length	100	ft
Aeration Basin Width	20	ft
Side Water Denth of Aeration Basin	16	ft
	10	11
Total Provided Aeration Basin Volume (V <sub>P</sub> )	104.960	ft <sup>3</sup>
Aeration Basin in Service with Largest Length	100	ft
Largest Aeration Basin's Side Water Depth	16.0	ft
Total Aeration Basin Volume with Largest AB out of Service (V <sub>o</sub> )	72,960	ft <sup>3</sup>
Calculated Oxygen Required	1.63	Ibs O <sub>2</sub> / Ib BOD <sub>5</sub>
Oxygen Requirement (O <sub>2</sub> R)	2.2	Ibs O <sub>2</sub> / Ib BOD <sub>5</sub>
Calculated Air Flowrate	1.637	scfm
Clean Water Transfer Efficiency	0.18	
Clean water transfer efficiency adjustment based on diffuser	0.65	1
Diffuser Submergence Correction Factor	0.91	1
		1
WAS	1	1
*Design based on wasting from RAS line	1	1
Provided Aeration Basin Volume (V <sub>R</sub> )	0.785	Mgal
Waste Sludge Flowrate from Aeration Basin, Average Flow	0.024923835	MGD
Daily Sludge Production Rate	214,101	lb/d
	T	
Aerobic Digester		
% of Volatile Solids (%VS)	70%	
% Volatile Solids Destroyed in Digestion (%VSD)	40%	
MLSS Concentration	20,000	mg/L
Minimum Solids Retention Time (SRT)	40	days
Solids Loading	0.2	lb VSS/ft <sup>3</sup> -d
Digester Percent Solids	2%	
Mass of Influent Solids	2,377	ppd
Mass of Digested Solids	1,711	ppd
Average Solids in Digester	2,044	ppd
Total Solids in Digester Based on SRT	81,765	lb
Minimum Required Digester Volume	65,535	$ft^3$

Number of Digester Basi	2			
Digester Basins Dian	neter		42	ft
Side Water Dept	16	ft		
Digester Basin Volume	44,334	ft <sup>3</sup>		
Digester Basin Volume	331,619	gal		
Total Digester Basin V	66,501	ft <sup>3</sup>		
% Volatile Solids Destroyed in D	40%			
Total Mass Reduc	ed		666	lb VSS red/day
Oxidation of VSS	5		2.3	kg O <sub>2</sub> /kg VSS
Oxygen Required	d		689	kg O <sub>2</sub> /day
Density of Air			1.204	kg/m <sup>3</sup> @ 20° C
Volume of Air Required	per Day		2466	$m^3$ air/day
Oxygen Transfer Effic	iency		10%	
Air Flow Rate	-		17.1	m <sup>3</sup> /min
Air Loading			102.0	ft <sup>3</sup> /min*1000ft <sup>3</sup>
			1	
Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds Influent BOD <sub>5</sub> (lb/d)	2,377	1,783	1,188	594
Pounds of Digested Dry Sludge Produced (lb/d)	1,711	1,284	856	428
Pounds of Wet Sludge Produced (lb/d)	85,568	64,176	42,784	21,392
Gallons of Wet Sludge Produced (gpd)	10,260	7,695	5,130	2,565
Clarifier				
Maximum Overflow Rate @	Peak Flow		1,200	gal/dav/ft <sup>2</sup>
Minimum Detention Time @	Peak Flow		1.8	hours
Maximum Weir Loa	dina		20.000	gal/dav/ft
Minimum Required Surface A	rea (Overflow)		3.167	$ft^2$
Minimum required Surface Area	(Detention Time)		3,175	$ft^2$
Minimum Required Wei	r Length		190	ft
,				
Number of Clarifiers t	o Add		2	
Clarifier Diamete	er		45	ft
Side Water Depth of C	larifier		12	ft
Total Weir Lengtl	h		503	ft
Total Clarifier Surface	e Area		5,105	ft <sup>2</sup>
Total Clarifier Volu	me		61,261	ft <sup>3</sup>
Clarifier in Service with Large	est Diameter		45	ft
Side Water Depth of Large	est Clarifier		12	ft
Total Surface Area with Largest Clarifier out of Service			3,515	ft <sup>2</sup>
Total Weir Length with Largest Cla	rifier out of Service	;	361	ft
Total Volume with Largest Clarifier out of Service			42,176	ft <sup>3</sup>
Detention Time @ Peak Flow w/ largest clarifier out of service			1.9925	hours
Chlorine Contact Basin				
Minimum Detention Time at Peak Flow			20	min
Number of Parallel Ch	annels		0	
Width of Channe	9		0	ft
Depth			0	ft
Length			0	tt
Volume			12000	ft°
Detention Time			34.01431579	min

Phase 3				
RAS				
*Design to maintain MLSS concentration in aeration basin between 4,000 mg/L and 10,000 mg/L				
*Calculate RAS rate by usign a mass balance of the aeration tank	1.10			
Influent Design Flow Rate to Aeration Tank (Q <sub>0</sub> )	1.19	MGD		
Influent Peak Flow Rate to Aeration Tank (Q <sub>PEAK</sub> )	4./6	MGD "		
Mixed Liquor Suspended Solids (X)	4,000	mg/L 		
Return Activated Sludge Suspended Solids (X <sub>R</sub> )	12,000	mg/L		
Return Sludge Flow at Design Flow (RAS)	0.595	MGD		
Return Sludge Flow at Peak Flow (RAS)	2.38	MGD		
Aeration Basins				
Design Flow for Aeration Basins	1.785	MGD		
Design Sludge Retention Time ( $\Theta_{A}$ )	10.5	davs		
Organic Loading Rate	35	IbBOD5/d/1.000 ft3		
Required Minimum Volume	85,068	ft <sup>3</sup>		
Number of Aeration Basins to Add	1			
Aeration Basin Length	80	ft		
Aeration Basin Width	16	ft		
Side Water Depth of Aeration Basin	16	ft		
Total Provided Aeration Basin Volume (V <sub>R</sub> )	125,440	ft <sup>3</sup>		
Aeration Basin in Service with Largest Length	100	ft		
Largest Aeration Basin's Side Water Depth	16.0	ft		
Total Aeration Basin Volume with Largest AB out of Service ( $V_R$ )	93,440	ft <sup>3</sup>		
Calculated Oxygen Required	1.63	lbs O <sub>2</sub> / lb BOD <sub>5</sub>		
Oxygen Requirement (O <sub>2</sub> R)	2.2	lbs O <sub>2</sub> / lb BOD <sub>5</sub>		
Calculated Air Flowrate	2,051	scfm		
Clean Water Transfer Efficiency	0.18			
Clean water transfer efficiency adjustment based on diffuser	0.65			
Diffuser Submergence Correction Factor	0.91			
WAS				
*Design based on wasting from RAS line				
Provided Aeration Basin Volume (V <sub>R</sub> )	0.938	Mgal		
Waste Sludge Flowrate from Aeration Basin, Average Flow	0.029787022	MGD		
Daily Sludge Production Rate	255,876	lb/d		
Aerobic Digester				
% of Volatile Solids (%VS)	70%			
% Volatile Solids Destroyed in Digestion (%VSD)	40%			
MLSS Concentration	20,000	mg/L		
Minimum Solids Retention Time (SRT)	40	days		
Solids Loading	0.2	lb VSS/ft <sup>3</sup> -d		
Digester Percent Solids	2%			
Mass of Influent Solids	2,977	ppd		
Mass of Digested Solids	2,144	ppd		
Average Solids in Digester	2,561	ppd		
I otal Solids in Digester Based on SR I	102,422	lb		
Minimum Required Digester Volume	82,091	ft <sup>3</sup>		
Number of Digester Basins to Add	1			
Digester Basins Diameter	42	ft		
Side Water Depth	16	ft		
Digester Basin Volume to Add	22,167	ft <sup>3</sup>		
Digester Basin Volume to Add		165,810	gal	
--	--------------------	------------------	-----------------	--
Total Digester Basin Volume		88,668	ft <sup>3</sup>	
% Volatile Solids Destroyed in Digestion (%VSD)		40%		
Total Mass Re	duced		834	lb VSS red/day
Oxidation of	VSS		2.3	kg O <sub>2</sub> /kg VSS
Oxygen Requ	uired		863	kg O <sub>2</sub> /day
Density of .	Air		1.204	kg/m <sup>3</sup> @ 20° C
Volume of Air Requi	red per Day		3089	m <sup>3</sup> air/day
Oxygen Transfer	Efficiency		10%	-
Air Flow Ra	ate		21.5	m³/min
Air Loadir	ng		255.5	ft <sup>3</sup> /min*1000ft <sup>3</sup>
Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds Influent BOD <sub>5</sub> (lb/d)	2,977	2,233	1,489	744
Pounds of Digested Dry Sludge Produced (lb/d)	2,144	1,608	1,072	536
Pounds of Wet Sludge Produced (lb/d)	107,186	80,389	53,593	26,796
Gallons of Wet Sludge Produced (gpd)	12,852	9,639	6,426	3,213
Clarifier				
Maximum Overflow Ra	te @ Peak Flow		1,200	gal/day/ft <sup>2</sup>
Minimum Detention Tin	ne @ Peak Flow		1.8	hours
Maximum Weir	Loading		20,000	gal/day/ft
Minimum Required Surfac	e Area (Overflow)		3,967	$ft^2$
Minimum required Surface A	rea (Detention Tim	e)	3,977	ft <sup>2</sup>
Minimum Required Weir Length		238	ft	
Number of Clarifiers to Add		1		
Clarifier Dian	neter		30	ft
Side Water Depth	of Clarifier		12	ft
Total Weir Le	ngth		597	ft
Total Clarifier Sur	face Area		5,812	ft <sup>2</sup>
Total Clarifier V	/olume		69,743	ft <sup>3</sup>
Clarifier in Service with Largest Diameter		45	ft	
Side Water Depth of Largest Clarifier		12	ft	
I otal Surface Area with Largest Clarifier out of Service		4,222	ft <sup>2</sup>	
Total Weir Length with Largest Clarifier out of Service		456	IT CI 3	
I Otal Volume With Largest Clarifier out of Service		50,058 1,010E	ft°	
Detention Time @ Peak Flow w/ largest clarifier out of service		1.9105	110ul S	
Chlorine Contact Basin				
Minimum Detention Time at Peak Flow		20	min	
Number of Parallel Channels		0	ft	
Width of Channel		0		
Depth		0	ft	
Length			0	ft
Volume			12000	ft <sup>3</sup>
Detention Time		27.15428571	min	

# Hudson Oaks Wastewater Treatment Plant Design Features

## 1. Emergency Power Requirements

In accordance with 30 TAC § 217.36 and due to the number and duration of power outages that have occurred in the past, the treatment facility must incorporate an on-site automatically starting generator capable of continuously operating all critical wastewater treatment system units. The fuel tank must be sized for a run time greater than the longest power outage in the power records. This generator will provide enough power for the following units:

- A. Influent Lift Station Pumps
- B. Mechanical Bar Screens
- C. Activated Sludge Mechanical Surface Aerators (one in each basin)
- D. Clarifier Sludge Scrapers
- E. Return Activated Sludge Pumps
- F. Cloth Media Filter
- G. Chlorination System
- H. Lighting Panels and Control Equipment
- I. Effluent Metering Station

An automatic transfer switch will be included to transfer electrical loads to the generator during an outage. In accordance with *30 TAC § 217.37*, the disinfection system will automatically restart during a power outage and upon transfer back to the main power source.

## 2. Alarm Features

The facility will be equipped with a Supervisory Control and Data Acquisition (SCADA) system to monitor the operation of all critical treatment units. The control room will include a computer with graphic display of the treatment units that will indicate status and alarm conditions. The computer system will include an autodialer to alert facility personnel of the following conditions:

- A. Power Outage
- B. Influent Lift Station Wet Well High Level
- C. Bar Screen Channel High Level
- D. Clarifier Torque Overload
- E. Equipment Failure
- F. Chlorine Leak Detection

The autodialer will store prerecorded messages concerning each alarm condition and the procedure to be followed and will call up to 8 different phone numbers until the alarm condition is acknowledged. The influent lift station and clarifiers will also be equipped with local alarm lights for high level and high torque, respectively.

# 3. Design Features for Reliability and Operating Flexibility

- A. Influent Lift Station: The influent lift station will include three submersible pumps sized to meet peak flow pumping capacity with the largest unit out of service. Level switches will automatically start and stop the pumps based on influent flows and rising and falling wet well levels. High wet well level will result in an alarm condition.
- B. Bar Screen: The mechanical bar screen structure will include a bypass channel with a manual screen for use when needed. Slide gates will be used to isolate each channel as required.
- C. Aeration Basins: Two aeration basins will be included, each capable of continuous operation. Piping and valves will be included to allow each unit to be individually isolated for draining, cleaning, or repairs.
- D. Cloth Media Filter: The cloth media disk filter will include additional disks to provide redundancy in the case one disk is out of service during a peak flow event.

# 4. Overflow Prevention

The following design features will be used to prevent the overflow of wastewater from treatment units.

- A. Based on 5 years of historical flow data, the facility design includes a peaking factor of 4 to insure adequate hydraulic capacity.
- B. The influent lift station will be designed with the capacity to pump peak flow with the largest single pump out of service.
- C. The facility hydraulic design, including piping, channels, weirs, troughs, and other features will be sized to allow the 2-hour peak flow to pass through the facility without exceeding minimum freeboard requirements with any single treatment unit out of service.

ATTACHMENT R. SOLIDS MANAGEMENT PLAN

### Hudson Oaks Wastewater Treatment Plant

#### Solids Management Plan Interim Phase I

Design Calculations of the Domestic Technical Report identifies an influent BOD strength of 300 mg/L. The first phase design flow capacity of this treatment facility is 0.2 MGD. This corresponds to a removal of 500 lbs. BOD/day (300 mg/L x 8.34 lbs./gallon x 0.2 MGD). The volatile solids in the sludge are estimated to have a 40% reduction in the aerobic digesters, therefore 60% solids would be remaining.

Biosolids Production			
Percent Permitted Flow	lbs. BOD/ Day	Lbs. Wet Sludge/ Day	Gal. of Wet
	Removed	(@ 2.0%)	Sludge/Day
100%	500	18,014	2,158
75%	375	13,511	1,620
50%	250	9,007	1,080
25%	125	4,504	540

Assuming influent BOD at average temperatures and a 40% volatile solids reduction in the Aerobic Digester at 100% of design flow, sludge would be wasted at 2,158 gallons per day. The capacity of the proposed aerobic digester basins for the interim phase I is 165,821 gallons. The interim phase I aerobic digester is designed to be (1) 42'ø x 16'. The digested sludge will be transported by a TCEQ registered hauler and disposed of at a registered landfill.

#### **Solids Management Plan Interim Phase II**

Design Calculations of the Domestic Technical Report identifies an influent BOD strength of 300 mg/L. The second phase flow capacity of this treatment facility is 0.95 MGD. This corresponds to a removal of 2,377 lbs. BOD/day (300 mg/L x 8.34 lbs./gallon x 0.95 MGD). The volatile solids in the sludge are estimated to have a 40% reduction in the aerobic digesters, therefore 60% solids would be remaining.

Biosolids Production			
Percent Permitted Flow	lbs. BOD/ Day	Lbs. Wet Sludge/ Day	Gal. of Wet
	Removed	(@ 2.0%)	Sludge/Day
100%	2,377	85,568	10,260
75%	1,783	64,176	7,695
50%	1,188	42,784	5,130
25%	594	21,392	2,565

Assuming influent BOD at average temperatures and a 40% volatile solids reduction in the Aerobic Digester at 100% of design flow, sludge be wasted at 10,260 gallons per day. The total capacity of the proposed aerobic digester basins for the interim phase II is 497,464 gallons. The interim phase II aerobic digesters are designed to be (2) 42'ø x 16'. The digested sludge will be transported by a TCEQ registered hauler and disposed of at a registered landfill.

#### **Solids Management Plan Final Phase**

Design Calculations of the Domestic Technical Report identifies an influent BOD strength of 300 mg/L. The final design flow capacity of this treatment facility is 1.19 MGD. This corresponds to a removal of 2,977 lbs. BOD/day (300 mg/L x 8.34 lbs./gallon x 1.19 MGD). The volatile solids in the sludge are estimated to have a 40% reduction in the aerobic digesters, therefore 60% solids would be remaining.

Biosolids Production			
Percent Permitted Flow	lbs. BOD/ Day	Lbs. Wet Sludge/ Day	Gal. of Wet
	Removed	(@ 2.0%)	Sludge/Day
100%	2,977	107,186	12,852
75%	2,233	80,389	9,639
50%	1,489	53,593	6,426
25%	744	26,796	3,213

Assuming influent BOD at average temperatures and a 40% volatile solids reduction in the Aerobic Digester at 100% of design flow, sludge would be wasted at 12,852 gallons per day. The total capacity of the proposed aerobic digester basins for the final phase is 663,285 gallons. The final phase aerobic digester is designed to be (1) 42'ø x 16'. The digested sludge will be transported by a TCEQ registered hauler and disposed of at a registered landfill.

ATTACHMENT S. WIND ROSE

# MINERAL WELLS AP (TX) Wind Rose

Jan. 16, 2022 - Jan. 16, 2023 Sub-Interval: Jan. 1 - Dec. 31, 0 - 23



Click and drag to zoom

ATTACHMENT T.

NEARBY WASTEWATER TREATMENT FACILITIES



ATTACHMENT U.

WWTP REGIONALIZATION LETTER

# Kimley » Horn

March 1st, 2023

Rick Shaffer Director of Water Utilities City of Weatherford 917 Eureka St Weatherford, TX 76086

RE: Accepting Additional Wastewater Flow

Domestic Wastewater Facility Owner,

We are currently preparing an application for the discharge permit of Hudson Oaks Wastewater Treatment Plant in Hudson Oaks. The proposed facility will require 1.19 MGD of average day wastewater service capacity and the proposed service area is within 3 miles of the Weatherford Wastewater Treatment Facility.

Please respond by indicating below on this letter to specify whether your WWTP in Parker County has capacity and are willing to accommodate the required flow, or do not have the capacity to treat the required flow.

Please email the response to kyle.kubista-kimley-horn.com.

Sincerely, KIMLEY-HORN AND ASSOCIATES, INC. Texas Firm No. 928

Kyle Kilme

Kyle, Kubista, P.E. (Texas License No. 121644)

Does your permitted wastewater treatment facility (WQ0010380002) or collection system currently have the capacity or are you willing to expand to accept the volume of 1.19 million gallons per day? Please refer to the attached Exhibit below.

Yes

Z No

Name: Richard Shaffer	Title: Director of Water Utilities	
Signature: Mal & Math	Date: 3/1/2023	

ATTACHMENT V.

COPY OF PERMIT PAYMENT VOUCHER

# **TCEQ ePay Receipt**

#### – Transaction Information –

Frace Number:	582EA000525090
Date:	01/30/2023 03:13 PM
<b>Payment Method:</b>	CC - Authorization 000000657
ePay Actor:	HAYDEN BRODOWSKY
TCEQ Amount:	\$2,050.00
Texas.gov Price::	\$2,096.38*

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

#### – Payment Contact Information -

Name:	HAYDEN BRODOWSKY
Company:	CITY OF HUDSON OAKS
Address:	210 HUDSON OAKS DRIVE, HUDSON OAKS, TX 76087
Phone:	682-229-2400

#### – Cart Items -

Voucher	Fee Description	AR Number	Amount
614983	WW PERMIT - FACILITY WITH FLOW >= 1.0 MGD - NEW AND MAJOR AMENDMENTS		\$2,000.00
614984	30 TAC 305.53B WQ NOTIFICATION FEE		\$50.00
		<b>TCEQ Amount:</b>	\$2,050.00

# TCEQ ePay Voucher Receipt

Voucher Number:	614983
Trace Number:	582EA000525090
Date:	01/30/2023 03:13 PM
Payment Method:	CC - Authorization 000000657
Voucher Amount:	\$2,000.00
Fee Type:	WW PERMIT - FACILITY WITH FLOW >= 1.0 MGD - NEW AND MAJOR
	AMENDMENTS
ePay Actor:	HAYDEN BRODOWSKY
– Payment Contact Information	
Name:	HAYDEN BRODOWSKY
Company:	CITY OF HUDSON OAKS
Address:	210 HUDSON OAKS DRIVE, HUDSON OAKS, TX 76087
Phone:	682-229-2400
– Site Information –	
Site Name:	HUDSON OAKS WASTEWATER TREATMENT PLANT
Site Address:	4005 KELLEY CT, WEATHERFORD, TX 76087
– Customer Information –	
Customer Name:	CITY OF HUDSON OAKS
Customer Address:	210 HUDSON OAKS DR, HUDSON OAKS, TX 76087
State Tax ID:	17519021012

# TCEQ ePay Voucher Receipt

– Transaction Information –		
Voucher Number:	614984	
Trace Number:	582EA000525090	
Date:	01/30/2023 03:13 PM	
Payment Method:	CC - Authorization 000000657	
Voucher Amount:	\$50.00	
<b>Fee Type:</b>	30 TAC 305.53B WQ NOTIFICATION FEE	
ePay Actor:	HAYDEN BRODOWSKY	
- Payment Contact Informati	ion ————	
Name:	HAYDEN BRODOWSKY	
Company:	CITY OF HUDSON OAKS	
Address:	210 HUDSON OAKS DRIVE, HUDSON OAKS, TX 76087	
Phone:	682-229-2400	

ATTACHMENT W. PUBLIC INVOVEMENT 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, <u>and</u>

 $\bigotimes$  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
Section 4. Plain Language Summary
Provide a brief description of planned activities.

A new wastewater treatment plant is needed in order to accommodate existing and future wastewater flows experienced by the City of Hudson Oaks. An initial 0.20 MGD facility will accommodate the existing flows, while two expansion phases of 0.75 MGD and 0.24 MGD will accommodate the full buildout of 1.19 MGD. The treated effluent will discharge into South Fork Trinity River (Segment 0831A).

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.
Hudson Oaks
(City)
Parker
(County)
U.S. Census Bureau, Texas Reference Map, City of Hudson Oaks
(Census Tract) Please indicate which of these three is the level used for gathering the following information.
(b) Per capita income for population near the specified location \$48,323
<ul> <li>(c) Percent of minority population and percent of population by race within the specified location Minority 15.2%: American Indian 0.6%, Asian 0.7%, African American 1.2%, Hispanic 9.8%, Native Hawaiian and Pacific Islander 0.1%, Other 2.8%   Remaining: White 84.8%</li> <li>(d) Percent of Linguistically Isolated Households by language within the specified location 3.1%</li> </ul>
(e) Languages commonly snoken in area by percentage
English 92.7%, Spanish 5.9%, Other Indo-European 0.1%, Asian and Pacific Islander 1.3%.
(f) Community and/or Stakeholder Groups
Unknown
(g) Historic public interest or involvement Unknown

Section 6. Planned Public Outreach Activities
<ul> <li>(a) Is this application subject to the public participation requirements of Title 30 Texas</li> <li>Administrative Code (30 TAC) Chapter 39?</li> <li>Yes No</li> </ul>
<ul> <li>(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?</li> <li>Yes X No</li> <li>If Yes, please describe.</li> </ul>
If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.
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?
What types of notice will be provided?
Publish in alternative language newspaper
Posted on Commissioner's Integrated Database Website
Mailed by TCEQ's Office of the Chief Clerk
Other (specify)

ATTACHMENT Y. STREAM ASSESSMENT

