



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

November 15, 2022

P. O. Box 13087
Austin, Texas 78711-3087
Attn: Water Quality Division
Applications Review and Processing Team [MC-148]

RE: DOMESTIC WASTEWATER PERMIT APPLICATION

Permittee: New Horizons Utility, LLC
Permit Number: WQ (TBD)
Project Name: New Horizons Utility WWTP
County(s): Williamson County

To Whom It May Concern,

On behalf of New Horizons Utility, LLC, we are herewith submitting one (1) complete original and three [3] complete hardcopy sets of the wastewater permit application for the above referenced facility. We have also, on behalf of New Horizons Utility, LLC, mailed to TCEQ's Financial Administration Division under separate cover the Water Quality Permit Payment Submittal Form with a \$2050.00 check for the permit application fee.

As described in our Pre-Application Meeting with TCEQ Staff on October 4th, 2020, New Horizons Utility, LLC is in the process of establishing a Certificate of Convenience and Necessity through the Public Utility Commission to serve the shown on the Proposed Service Area exhibit in the application. We will maintain communication with the Applications Review and Processing Team as this process runs its course relative to the Discharge Application.

The application includes a co-applicant, OPTIN HOLDINGS 1 CR107, PROTECTED SERIES, LLC (an assumed name of OPTIN HOLDINGS 1, LLC; Sec. of State Filing No. 804647880 available upon request). OPTIN recently purchased the Petrere property shown in the adjacent land ownership and downstream landowner maps. OPTIN plans to sell or lease the proposed plant property to the primary applicant in the near future.

It is also important to recall from our meeting that the Applicant has duly coordinated with the City of Georgetown, City of Round Rock, and Jonah SUD in support of this permit application as demonstrated by the correspondence with these entities included with the application. These agencies have verbally agreed to this application in principle but have been unable to provide written confirmation.

We appreciate your review and consideration of the application. If you have any questions regarding this project, please contact the undersigned at 214-957-1357; email address: thotchkiss@integratedwaterservices.com.

Respectfully,

A handwritten signature in blue ink, appearing to read "Troy Hotchkiss", is written over a horizontal line.

Troy Hotchkiss P.E.
Integrated Water Services

cc: New Horizons Utility, LLC – via email



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)		11/3/2022				
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership							
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)							
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).							
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:					
New Horizons Utility, LLC							
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)				
0804683455	32085859406						
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited				
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:					
12. Number of Employees		13. Independently Owned and Operated?					
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator							
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:							
15. Mailing Address:	4925 GREENVILLE AVE., STE. 1400						
	City	Dallas	State	TX	ZIP	75206	ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)			
				ron@uw.solutions			
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)			
(214) 673-3434				() -			

SECTION III: Regulated Entity Information

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

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	E from int. CR 107 & CR 110 0.5 mile, N 0.4 mile to entrance.									
26. Nearest City	Georgetown				State	TX		Nearest ZIP Code	78626	
27. Latitude (N) In Decimal:	30.595210°			28. Longitude (W) In Decimal:	-97.611379°					
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds				
29. Primary SIC Code (4 digits)			30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)			32. Secondary NAICS Code (5 or 6 digits)		
4952					221320					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)										
Wastewater Treatment										
34. Mailing Address:	N/A									
	City		State		ZIP		ZIP + 4			
35. E-Mail Address:										
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)				
() -						() -				

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

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

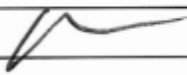
SECTION IV: Preparer Information

40. Name:	Troy Hotchkiss		41. Title:	Director of Engineering	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(214) 957-1357		() -	thotchkiss@integratedwaterservices.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:	New Horizons Utility, LLC		Job Title:	Director	
Name (In Print):	Ron Lusk			Phone:	(214) 673- 3434

Signature:		Date:	11/8/22
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**Municipal Wastewater
Application Administrative
Report
TCEQ-10053
(06/28/2022)**



Complete and submit this checklist with the application.

PERMIT NUMBER: [Click here to enter text](#)

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date	Region
2025-12-31	North America
2026-03-31	Europe
2026-06-30	Asia
2026-09-30	Africa
2026-12-31	Oceania

Permit Number



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**APPLICATION FOR A DOMESTIC WASTEWATER PERMIT
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 29)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number:
Check/Money Order Amount:
Name Printed on Check:
EPAY Voucher Number:
Copy of Payment Voucher enclosed? Yes ☒

Section 2. Type of Application (Instructions Page 29)

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

For amendments or modifications, describe the proposed changes:

For existing permits:

Permit Number: WQ00

EPA I.D. (TPDES only): TX

Expiration Date:

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

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

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

New Horizons Utility, LLC

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

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

CN:

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: Ron Lusk

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

Title: Manager

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

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

Optin Holdings 1 CR107, Protected Series, LLC

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

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

CN:

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

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

First and Last Name: Richard Gary

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

Title: Manager

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

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: Applicant CDF, Co-Applicant CDF, and Attachment 1 for Co-Applicant

Section 4. Application Contact Information (Instructions Page 30)

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

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

First and Last Name: Troy Hotchkiss

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

Title: Sr. Engineering Manager

Organization Name: Integrated Water Services, Inc.

Mailing Address: 4001 N. Valley Drive

City, State, Zip Code: Longmont, Colorado 80504

Phone No.: 214.957.1357 Ext.: Fax No.:

E-mail Address: thotchkiss@integratedwaterservices.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

First and Last Name: Ed Gelsone

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

Title: Director of Strategy

Organization Name: Integrated Water Services, Inc.

Mailing Address: 4001 N. Valley Drive

City, State, Zip Code: Longmont, Colorado 80504

Phone No.: 512.785.9586 Ext.: Fax No.:

E-mail Address: egelsone@integratedwaterservices.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

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

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

First and Last Name: Ron Lusk

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

Title: Manager

Organization Name: New Horizons Utility, LLC

Mailing Address: 4925 GREENVILLE AVE., STE. 1400

City, State, Zip Code: Dallas, TX 75206

Phone No.: 214/673-3434 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: ron@uw.solutions

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

First and Last Name: Troy Hotchkiss

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

Title: Sr. Engineering Manager

Organization Name: Integrated Water Services, Inc.

Mailing Address: 4001 N. Valley Drive

City, State, Zip Code: Longmont, Colorado 80504

Phone No.: 214.957.1357 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: thotchkiss@integratedwaterservices.com

Section 6. Billing Information (Instructions Page 30)

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

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

First and Last Name: Ron Lusk

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

Title: Manager

Organization Name: New Horizons Utility, LLC

Mailing Address: 4925 GREENVILLE AVE., STE. 1400

City, State, Zip Code: Dallas, TX 75206

Phone No.: 214/673-3434 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: ron@uw.solutions

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

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

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

First and Last Name: Ron Lusk

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

Title: Manager

Organization Name: New Horizons Utility, LLC

Mailing Address: 4925 GREENVILLE AVE., STE. 1400

City, State, Zip Code: Dallas, TX 75206

Phone No.: 214/673-3434 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: ron@uw.solutions.com

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

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

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

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

First and Last Name: Troy Hotchkiss

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

Title: Sr. Engineering Manager

Organization Name: Integrated Water Services, Inc.

Mailing Address: 4001 N Valley Drive

City, State, Zip Code: Longmont, Colorado 80504

Phone No.: 214.957.1357 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: thotchkiss@integratedwaterservices.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: Troy Hotchkiss

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

Title: Sr. Engineering Manager

Organization Name: Integrated Water Services, Inc.

Phone No.: 214.957.1357 Ext.: [REDACTED]

E-mail: thotchkiss@integratedwaterservices.com

D. Public Viewing Information

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

Public building name: Georgetown Public Library

Location within the building: Main Desk

Physical Address of Building: 402 W 8th St

City: Georgetown

County: Williamson

Contact Name: Sally Miculek

Phone No.: 512-930-2513 Ext.: [REDACTED]

E. Bilingual Notice Requirements:

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?

☐ Yes ☒ No

5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

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.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

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

New Horizons Utility WWTP

- C. Owner of treatment facility: New Horizons Utility, LLC.

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

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

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

First and Last Name: Ron Lusk and Richard Gary

Mailing Address: 4925 GREENVILLE AVE., STE. 1400 and 7801 N. Capital of Texas Hwy, ste 390

City, State, Zip Code: Dallas, TX 75206 and Austin, TX 78731

Phone No.: 214.673.3434 and 512.901.9800 E-mail Address: ron@uw.solutions and richgary@kwcommercial.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.

- E. Owner of effluent disposal site:

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

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

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

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

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 34)

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

☐ Yes ☐ No

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

E from int. CR 107 & CR 110 0.5 mile, N 0.4 mile to entrance. (GPS 30.595210°, -97.611379°)

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

☐ Yes ☐ No

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

From the plant, W to an unnamed tributary of Huddleston Branch, to Huddleston Branch, Segment 1248B

City nearest the outfall(s): Round Rock

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

Outfall Latitude: 30.594464°

Longitude: -97.613995°

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment:

D. For all applications involving an average daily discharge of 5 MGD or more, provide the

names of all counties located within 100 statute miles downstream of the point(s) of discharge.

N/A

Section 11. TLAP Disposal Information (Instructions Page 36)

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

☐

Yes

☐

No

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

N/A

B. City nearest the disposal site: N/A

C. County in which the disposal site is located: N/A

D. Disposal Site Latitude: N/A

Longitude: N/A

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

N/A

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

N/A

Section 12. Miscellaneous Information (Instructions Page 37)

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

☐

Yes

☒

No

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

☐

Yes

☐

No

☒

Not Applicable

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

N/A

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

☐ Yes ☒ No

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

N/A

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

☐ Yes ☒ No

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

Account number:

Amount past due:

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

☐ Yes ☒ No

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

Enforcement order number:

Amount past due:

Section 13. Attachments (Instructions Page 38)

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: [click here to enter text](#)

Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: OPTIN HOLDINGS 1 CR107 PROTECTED SERIES

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): Ron Lusk

Signatory title: Manager

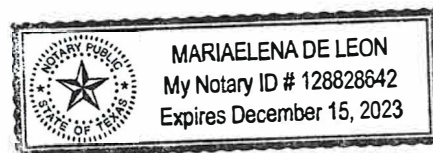
Signature: _____ Date: 11/8/22
(Use blue ink)

Subscribed and Sworn to before me by the said Ron Lusk
on this 8th day of November, 2022.
My commission expires on the 15 day of December, 2023.

Maria Elena De Leon
Notary Public

[SEAL]

Dallas Texas
County, Texas



Section 14. Signature Page (Instructions Page 39)

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

Permit Number: _____

Applicant: OPTIN HOLDINGS 1 CR107 PROTECTED SERIES

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): Richard GARY

Signatory title: Landowner

Signature: _____

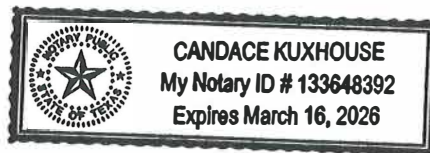
(Use blue ink)

Date: _____

Subscribed and Sworn to before me by the said co-applicant, Richard GARY
on this 17 day of November, 2022.
My commission expires on the 16 day of March, 2026.

Notary Public

RAVIS
County, Texas



[SEAL]



Office of the Secretary of State

CERTIFICATE OF FILING OF

OptiN Holdings 1 LLC

File Number: 804647880

Assumed Name:

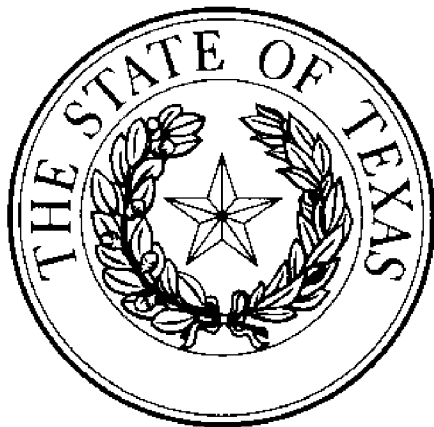
OPTIN HOLDINGS 1 CR107, PROTECTED SERIES

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 08/30/2022

Effective: 08/30/2022



A handwritten signature of John B. Scott, consisting of a stylized 'J' followed by 'B. Scott'.

John B. Scott
Secretary of State

☆ Tax Parcel: R091466



Owner:

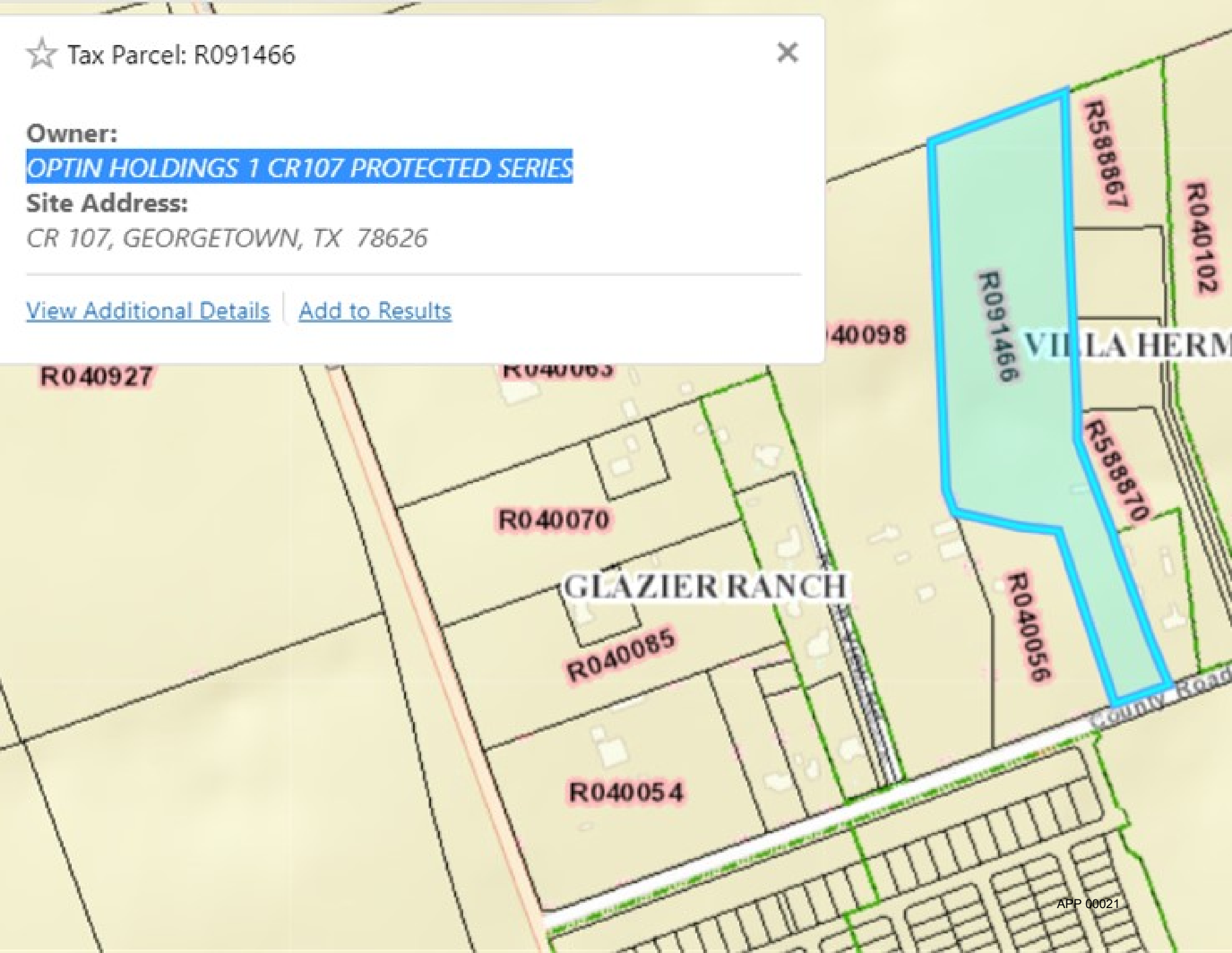
OPTIN HOLDINGS 1 CR107 PROTECTED SERIES

Site Address:

CR 107, GEORGETOWN, TX 78626

[View Additional Details](#)

[Add to Results](#)



Section 15. Plain Language Summary (Instructions Page 40)

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

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

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

DOMESTIC WASTEWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

New Horizons Utility, LLC (CN) proposes to operate New Horizons WWTP **5. Enter Regulated Entity Number here (i.e., RN1#####)**. a wastewater treatment plant. The facility will be located E from int. CR 107 & CR 110 0.3 mile, N 0.25 mile, NW 0.25 mile, in Georgetown, Williamson County, Texas 78130.

This is a modification of a previously authorized permit.

Discharges from the facility are expected to contain no pollutants. Domestic wastewater will be treated by an MBR design with an initial rated treatment capacity of 0.411 MGD. Influent into the system will first pass through a primary, rotary drum screen before entering an influent holding tank (EQ Tank). From the holding tank, wastewater will be pumped to an anoxic zone. Next, the wastewater will be pumped into a pre-aeration zone, cascading from there into a membrane tank. Activated sludge will then be filtered through ultrafiltration membranes. Permeate from the membranes will be treated with chlorine gas disinfection before exiting the system to the discharge point. Waste activated sludge from the system will be cycled through a separate holding tank (Sludge Holding Tank), where it will be intermittently removed and disposed of. All aspects of design will comply with TCEQ 30 Chapter 217.157 (Membrane Bioreactor Systems).

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.

New Horizons Utility, LLC (CN) propone operar la New Horizons WWTP, una planta de tratamiento de aguas residuales. La instalación estará ubicada al E del int. CR 107 y CR 110 0.3 milla, N 0.25 milla, NW 0.25 milla, en Georgetown, Condado de Williamson, Texas 78130.

Esta es una modificación de un permiso previamente autorizado.

Se espera que las descargas de la instalación no contengan contaminantes. Las aguas residuales domésticas serán tratadas por un diseño MBR con una capacidad de tratamiento nominal inicial de 0.411 MGD. El afluente que ingresa al sistema pasará primero a través de una pantalla de tambor giratorio principal antes de ingresar a un tanque de retención de afluentes (tanque EQ). Desde el tanque de retención, las aguas residuales se bombearán a una zona anóxica. A continuación, las aguas residuales se bombearán a una zona de preaireación y desde allí caerán en cascada a un tanque de membrana. Luego, el lodo activado se filtrará a través de membranas de ultrafiltración. El permeado de las membranas será tratado con cloro gaseoso antes de salir del sistema al punto de descarga. Los lodos activados residuales del sistema se reciclarán a través de un tanque de retención separado (Tanque de retención de lodos), donde se retirarán y desecharán de manera intermitente. Todos los aspectos del diseño cumplirán con TCEQ 30 Capítulo 217.157 (Sistemas de Biorreactores de Membrana).

DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 41)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☒ The applicant's property boundaries
 - ☒ The facility site boundaries within the applicant's property boundaries
 - ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
 - ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
 - ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
 - ☒ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
 - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
 - ☐ The property boundaries of all landowners surrounding the effluent disposal site
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
 - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ USB Drive
 - ☒ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: Williamson County Central Appraisal District
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes
 - ☒ No

If **yes**, provide the location and foreseeable impacts and effects this application has on the land(s):

Section 2. Original Photographs (Instructions Page 44)

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

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

Section 3. Buffer Zone Map (Instructions Page 44)

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

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

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

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

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

- ☒ Yes ☐ No

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: New Horizons Utility, LLC.

Permit No. WQ00

EPA ID No. TX

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

E from int. CR 107 & CR 110 0.5 mile, N 0.4 mile to entrance, Williamson County

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

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

First and Last Name: Troy Hotchkiss

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

Title: Sr. Engineering Manager

Mailing Address: 4001 N Valley Drive

City, State, Zip Code: Longmont, Colorado 80504

Phone No.: 214.957.1357 Ext.:

Fax No.:

E-mail Address: thotchkiss@integratedwaterservices.com

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

N/A

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

From the plant to an unnamed tributary of Huddleston Branch, to Huddleston Branch, Segment 1248B

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

The existing site is currently cleared, agricultural use land. The proposed treatment plant will impact approximately 5-AC of land and consist principally of in-ground concrete tankage.

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

The existing site has been in cultivation for some time, the earliest aerial depicts farming c1974.

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:

Construction start date for next Phase = 02/2024

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

N/A

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP Waste Permit No:

1. Check or Money Order Number:
2. Check or Money Order Amount:
3. Date of Check or Money Order:
4. Name on Check or Money Order:

5. APPLICATION INFORMATION

Name of Project or Site: New Horizons WWTP

Physical Address of Project or Site: Site is located E from int. CR 107 & CR 110 0.5 mile, N 0.4 mile, Williamson County

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

Staple Check or Money Order in This Space

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:

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Print this voucher for your records. If you are sending the TCEQ hardcopy documents related to this payment, include a copy of this voucher.

Transaction Information

Voucher Number: 601983
Trace Number: 582EA000513832
Date: 11/17/2022 02:59 PM
Payment Method: CC - Authorization 000008310Z
Voucher Amount: \$2,000.00
Fee Type: WW PERMIT - FACILITY WITH FLOW >= 1.0 MGD - NEW AND MAJOR AMENDMENTS
ePay Actor: TROY HOTCHKISS
Actor Email: thotchkiss@integratedwaterservices.com
IP: 162.203.41.181

Payment Contact Information

Name: TROY HOTCHKISS
Company: INTEGRATED WATER SERVICES
Address: 4001 N VALLEY DR, LONGMONT, CO 80504
Phone: 214-957-1357

Site Information

Site Name: NEW HORIZONS WWTP
Site Address: 251 CR 107, GEORGETOWN, TX 78626
Site Location: E FROM INT CR 107 & CR 110 0.5 MILE N 0.4 MILE TO ENTRANCE

Customer Information

Customer Name: NEW HORIZONS UTILITY LLC
Customer Address: 4925 GREENVILLE AVE STE 140, DALLAS, TX 75206
State Franchise Tax ID: 32085859406

Close



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		11/3/2022	
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
New Horizons Utility, LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
0804683455		32085859406			
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		13. Independently Owned and Operated?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:					
15. Mailing Address:					
4925 GREENVILLE AVE., STE. 1400					
City: Dallas State: TX ZIP: 75206 ZIP + 4:					
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				ron@uw.solutions	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(214) 673-3434				() -	

SECTION III: Regulated Entity Information

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

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>								
	City		State		ZIP		ZIP + 4	
24. County	Williamson							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	E from int. CR 107 & CR 110 0.5 mile, N 0.4 mile to entrance.							
26. Nearest City					State		Nearest ZIP Code	
Georgetown					TX		78626	
27. Latitude (N) In Decimal:		30.595210°			28. Longitude (W) In Decimal:		-97.611379°	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4952				221320				
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>								
Wastewater Treatment								
34. Mailing Address:		N/A						
		City		State		ZIP		ZIP + 4
35. E-Mail Address:								
36. Telephone Number			37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
() -						() -		

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

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

SECTION IV: Preparer Information

40. Name:	Troy Hotchkiss		41. Title:	Director of Engineering
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(214) 957-1357		() -	thotchkiss@integratedwaterservices.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:	New Horizons Utility, LLC	Job Title:	Director
Name <i>(In Print)</i> :	Ron Lusk	Phone:	(214) 673- 3434

Signature:		Date:	11/8/22
------------	--	-------	---------



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		11/11/2022	
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) <i>If new Customer, enter previous Customer below:</i>					
OPTIN HOLDINGS 1 CR107 Protected Series					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
0804647880		3208545005			
10. DUNS Number (if applicable)					
11. Type of Customer:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited			
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Other: Current Landowner			
12. Number of Employees		13. Independently Owned and Operated?			
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:					
15. Mailing Address:					
7801 N CAPITAL OF TEXAS HWY STE 390					
City Austin State TX ZIP 78731 ZIP + 4 1198					
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				Richard@jwdevelopmentinc.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(512) 901-9800				() -	

SECTION III: Regulated Entity Information

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

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County	Williamson						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	E from int. CR 107 & CR 110 0.5 mile, N 0.4 mile to entrance.						
26. Nearest City				State		Nearest ZIP Code	
Georgetown				TX		78626	
27. Latitude (N) In Decimal:		30.595210°		28. Longitude (W) In Decimal:		-97.611379°	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
4952				221320			
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
Wastewater Treatment							
34. Mailing Address:	N/A						
	City		State		ZIP		ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code		38. Fax Number <i>(if applicable)</i>			
() -				() -			

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

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

SECTION IV: Preparer Information

40. Name:	Troy Hotchkiss		41. Title:	Director of Engineering	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(214) 957-1357		() -	thotchkiss@integratedwaterservices.com		

SECTION V: Authorized Signature

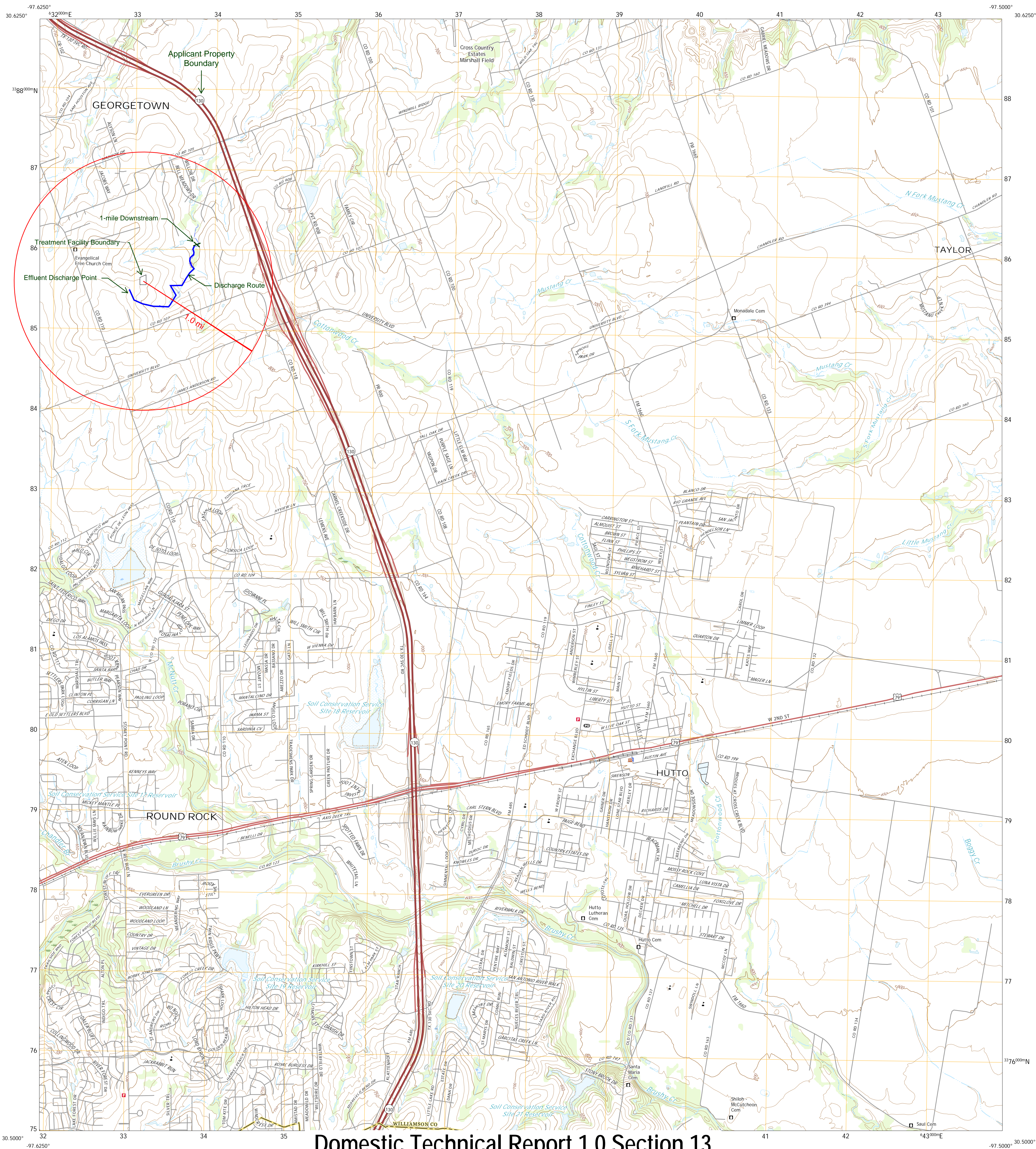
46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified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

Company:	Optin Holdings 1 CR107 Protected Series	Job Title:	Manager	
Name <i>(In Print)</i> :	Richard Gary	Phone:	(512) 901 9800	

Signature:	<i>Richard Ray</i>	Date:	11-11-22
------------	--------------------	-------	----------

Maps

USGS Topographic Map
Affected Landowner Map
Buffer Zone Map

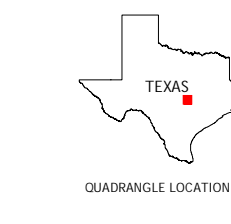
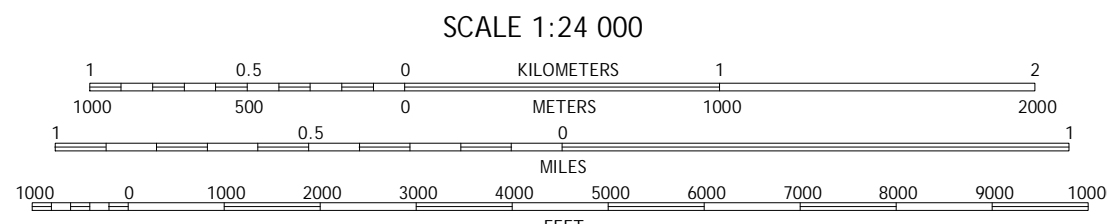
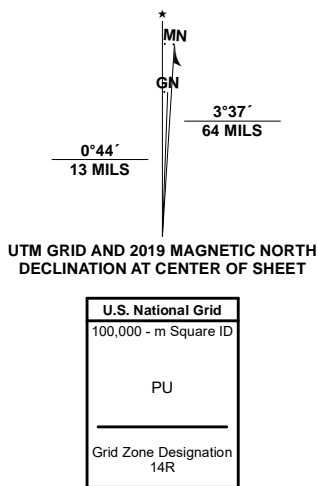


Domestic Technical Report 1.0 Section 13

Attachment 1c: USGS Map

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84)
1 000-meter grid/Universal Transverse Mercator, Zone 14R
This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery: NAIP, September 2016 - November 2016
Roads: U.S. Census Bureau, 2015 - 2019
Names: GNIS, 2000 - 2021
Hydrography: National Hydrography Dataset, 2002 - 2020
Contours: National Elevation Dataset, 2019
Boundaries: Multiple sources; see metadata file 2019 - 2021
Wetlands: FWS National Wetlands Inventory Not Available



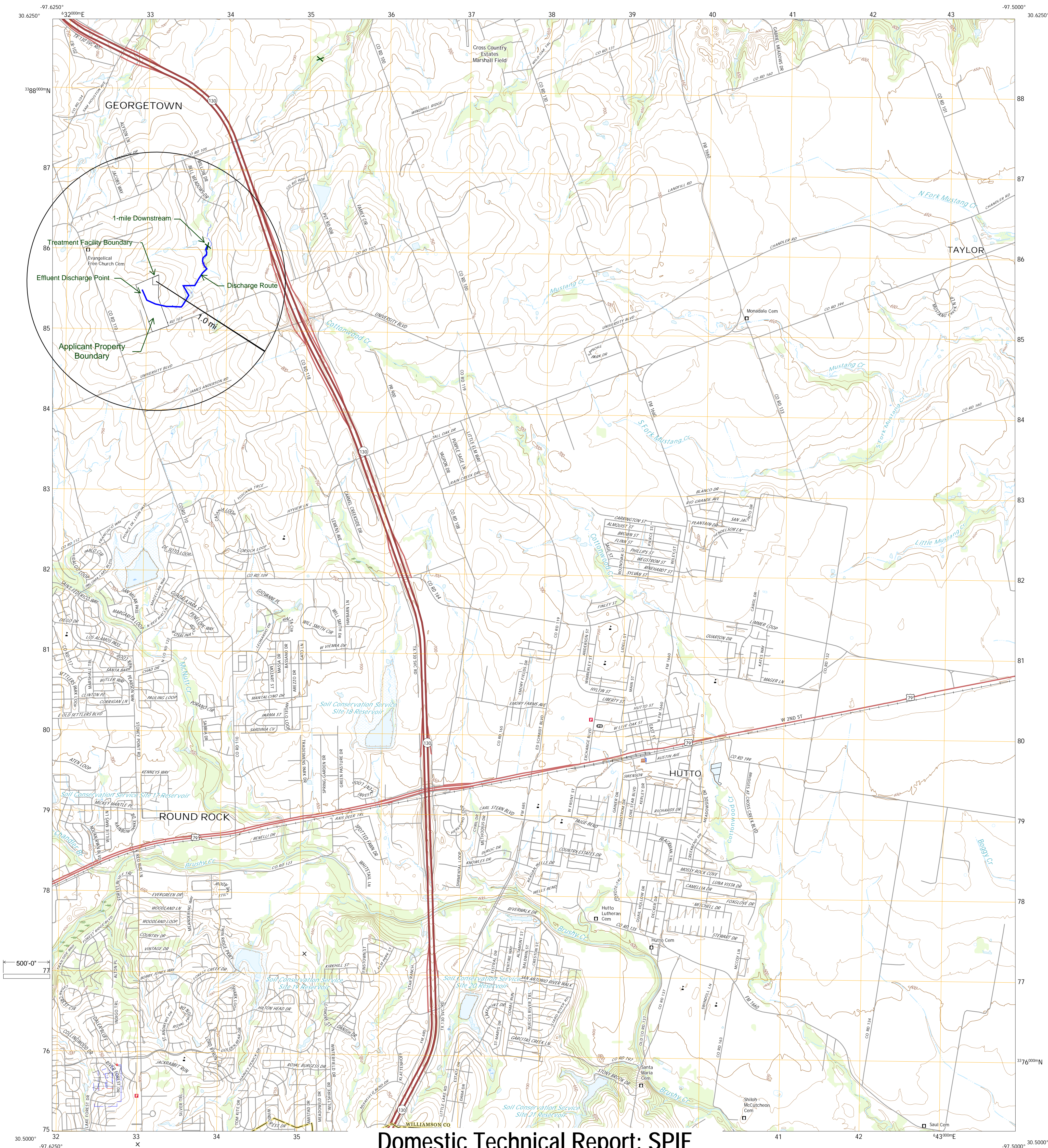
1	2	3
4	5	6
7	8	9

1 Georgetown
2 Weir
3 Granger
4 Round Rock
5 Taylor
6 Pflugerville West
7 Pflugerville East
8 Coupland

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

HUTTO, TX
2022



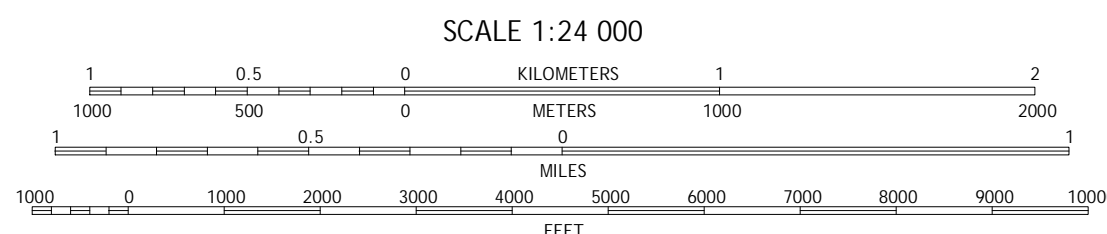
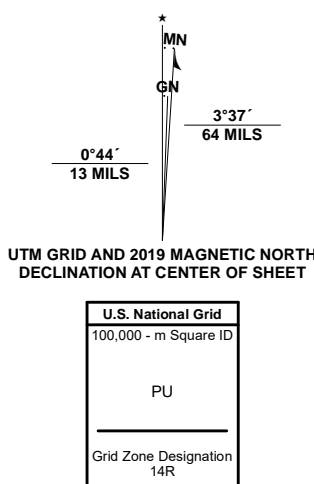


Domestic Technical Report: SPiF

Attachment 1f: USGS Map

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84) Projection and
1 000-meter grid/Universal Transverse Mercator, Zone 14R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery.....NAIP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015 - 2019
Names.....GNIS, 2000 - 2021
Hydrography.....National Hydrography Dataset, 2002 - 2020
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available



1	2	3
4	5	6
7	8	9

1 Georgetown
2 Weir
3 Granger
4 Round Rock
5 Taylor
6 Pflugerville West
7 Pflugerville East
8 Coupland

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

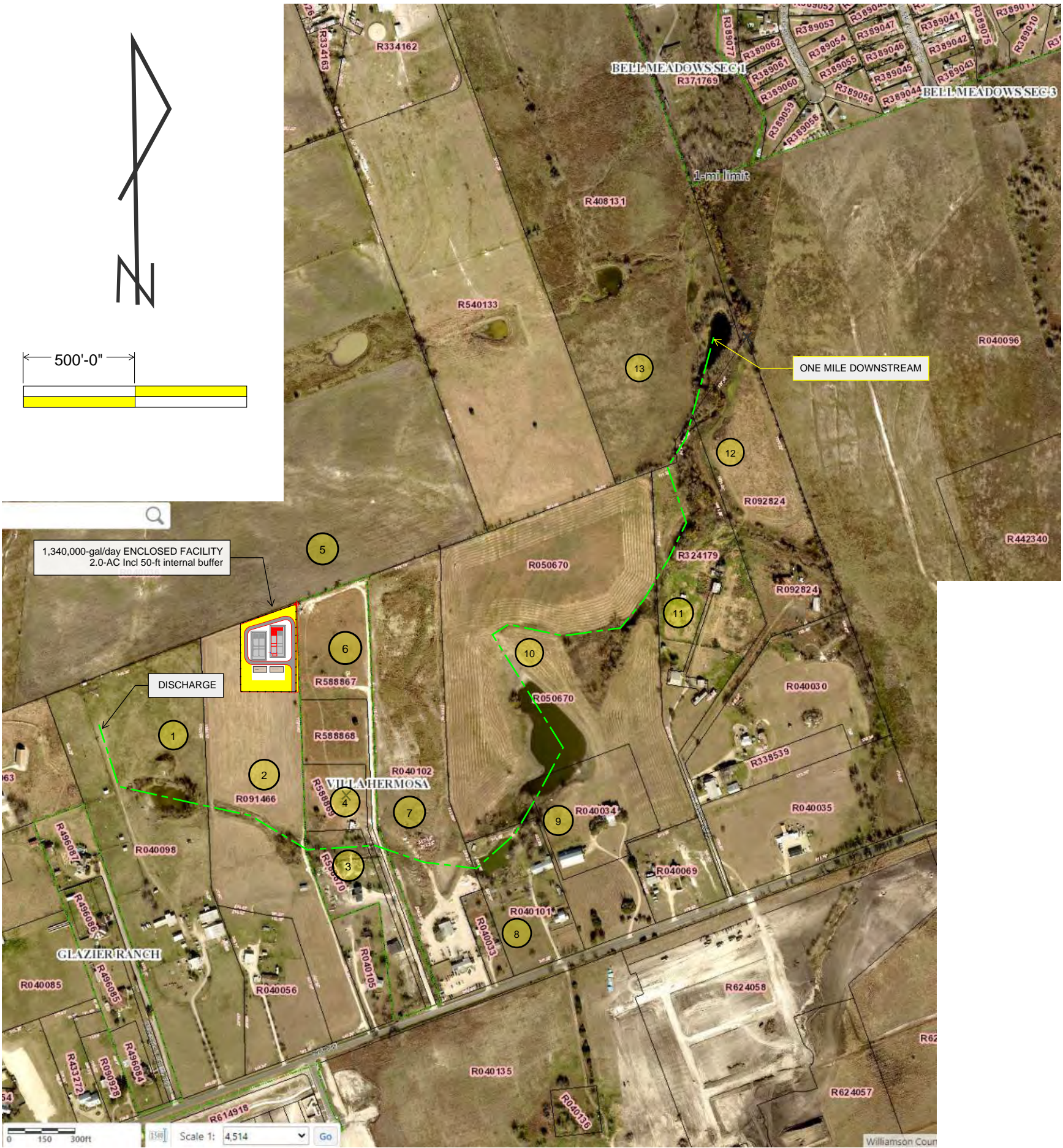
HUTTO, TX
2022



APP 00042

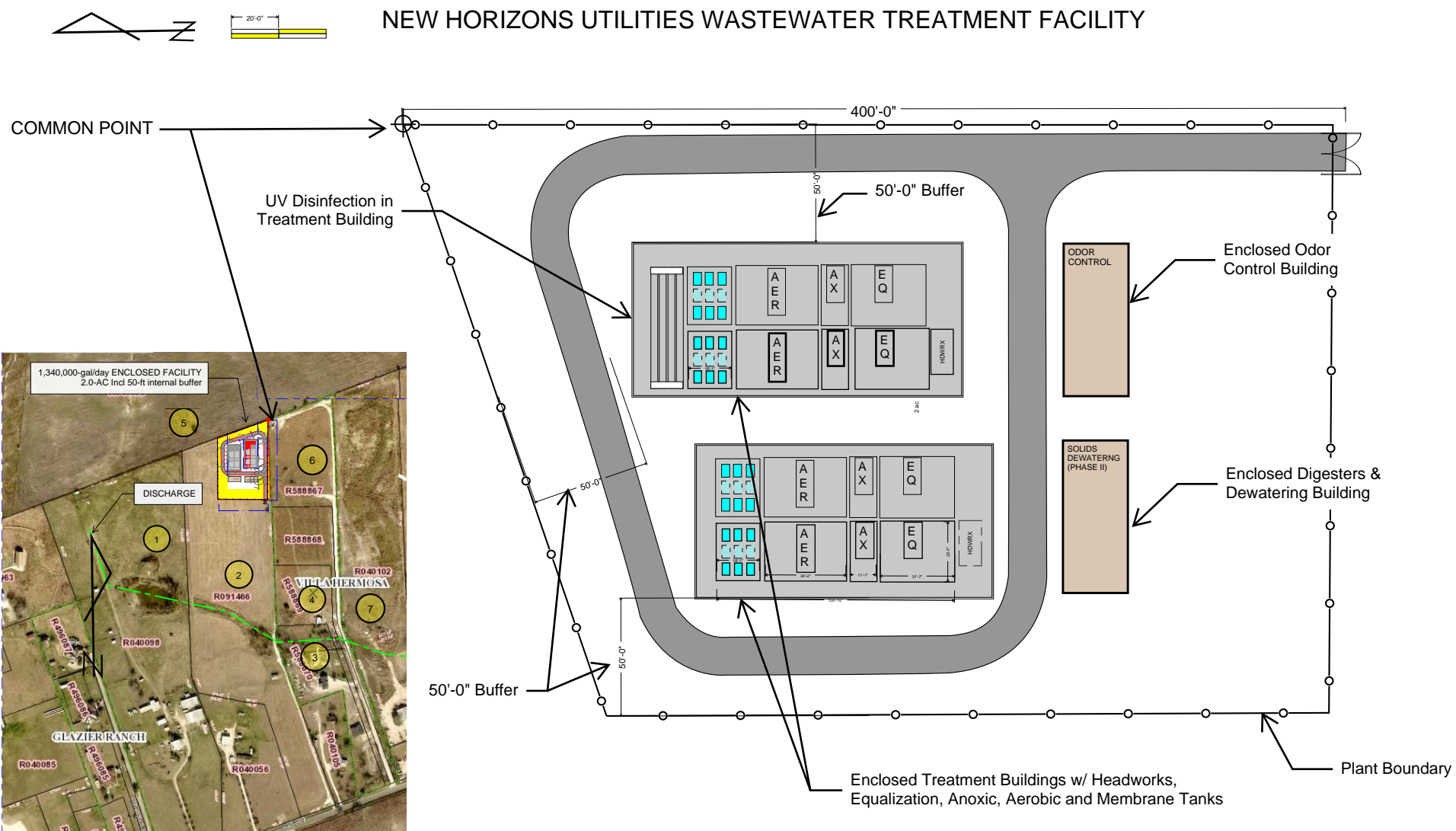
NEW HORIZONS WASTEWATER TREATMENT FACILITY
AFFECTED LANDOWNER MAP

Map ID	Parcel ID	Owner-Address
1	R040098	ZUNKER, GREG 251 CR 107, GEORGETOWN, TX 78626
2	R091466	OPTIN HOLDINGS 1, LLC [formerly PETRERE, EDWARD R & EVELYN] CR 107, GEORGETOWN, TX 78626
3	R588870	DE LUNA, SANTA GRISELDA & DAVID LUNA & SANTA LORENA MORENO CR 107, GEORGETOWN, TX 78626
4	R588869	DE LUNA, DAVID & JUAN BRAULLIO CR 107, GEORGETOWN, TX 78626
5	R040038	M&RBFF LLC C/O DAVID E BOST 1903 ASTER WAY ROUND ROCK, TX 78665
6	R588867	GUZMAN, CARMEN REINALDO CR 107, GEORGETOWN, TX 78626
7	R040102	RAMIREZ-CARRANZA, ADRIANA PAT 501 CR 107, GEORGETOWN, TX 78626
8	R040101	JONES, GARY & SUSAN 601 CR 107, GEORGETOWN, TX 78626
9	R040034	SPANGLER, JANE ELIZABETH 651 CR 107, GEORGETOWN, TX 78626
10	R050670	SPANGLER, JANE ELIZABETH 651 CR 107, GEORGETOWN, TX 78626
11	R324179	SILLA, MARK & SUSAN L 140 WOODY WAY, HUTTO, TX 78634
12	R092824	BROWNE, HAROLD A 130 WOODY WAY, HUTTO, TX 78634
13	R408131	AVERY, MARTA C TRUSTEE OF THE MCA EXEMPT TRUST, SUBTRUST OF THE CNA III EX TRST CR 105, HUTTO, TX 78634



Domestic Technical Report 1.0

Attachment 2e: Buffer Zone Map



Original Photographs

Aerial Photo with Photograph Location and Direction



Section 2: Original Photographs



Plant site, facing south.



400 ft discharge, facing south.

Section 2: Original Photographs



Discharge facing southwest, minor swale.



Pond 1, facing northwest.

Section 2: Original Photographs



Dry stream channel below first pond, facing northwest.

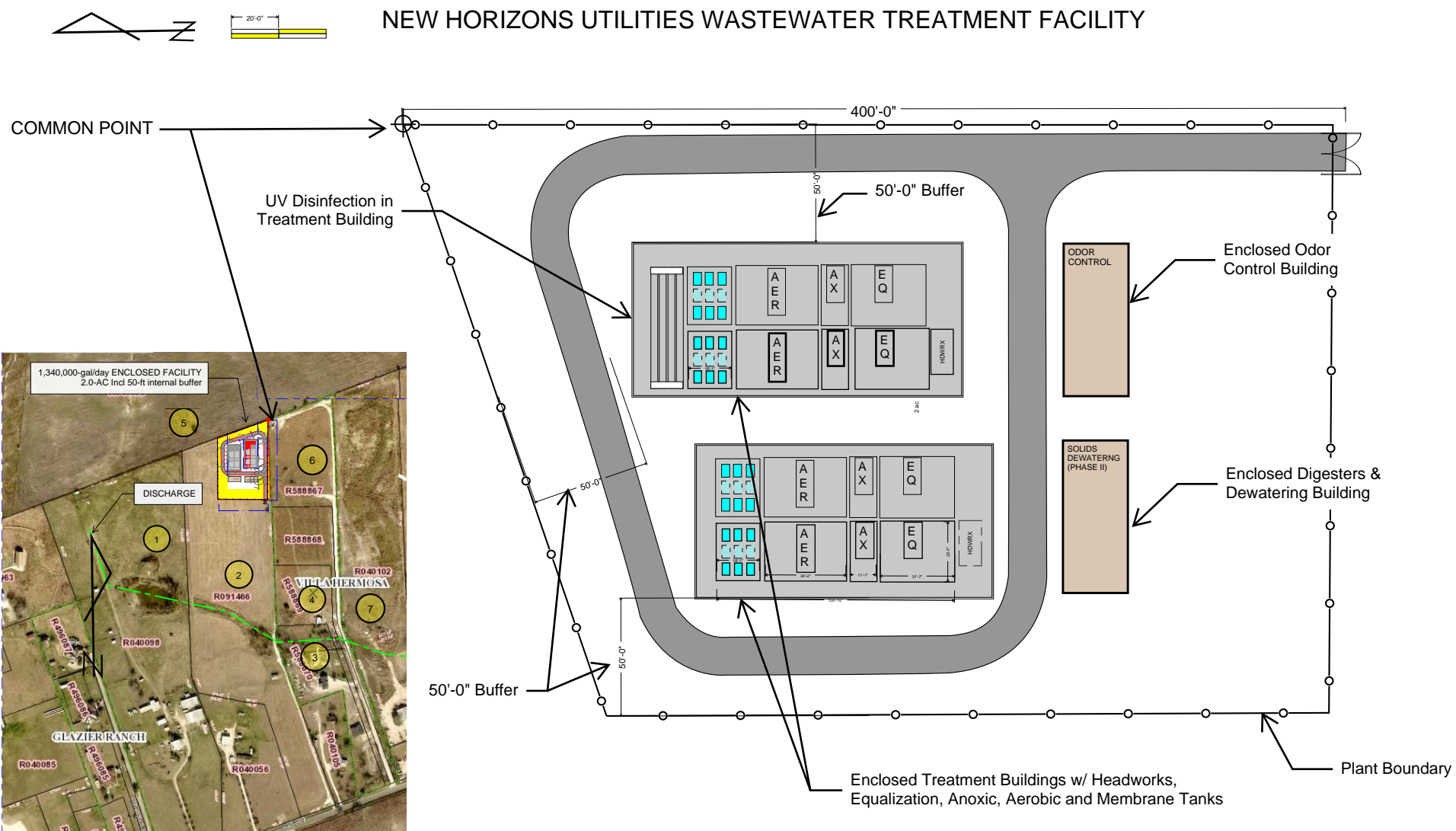


Dry stream channel below first pond, facing west.

Buffer Zone Map

Domestic Technical Report 1.0

Attachment 2e: Buffer Zone Map



Domestic Wastewater Permit Application, Technical Report TCEQ-10054



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.100

2-Hr Peak Flow (MGD): 0.400

Estimated construction start date: 9/2024

Estimated waste disposal start date: 10/2025

B. Interim II Phase

Design Flow (MGD): 0.300

2-Hr Peak Flow (MGD): 1.2

Estimated construction start date: 02/2026

Estimated waste disposal start date: 02/2027

C. Final Phase

Design Flow (MGD): 1.340

2-Hr Peak Flow (MGD): 5.360

Estimated construction start date: 02/2028

Estimated waste disposal start date: 02/2029

D. Current operating phase: N/A

Provide the startup date of the facility: N/A

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

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

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

The WWTP is proposed to be constructed in three phases served by a common fine screen headworks and flow equalization tankage. Each phase is proposed to be a membrane bioreactor designed in conformance with 30 TAC 217.157. Each MBR phase will include an anoxic zone ahead of the aerobic zone to provide nitrification. RAS will be recycled at rates up to 500%. Provisions for alkalinity, pH and supplemental carbon chemical feed systems will be included with each MBR. Sludge will be wasted to a separate aerated sludge holding tank to maintain optimal MLSS conditions in the bioreactor. Effluent will be stabilized by UV light per 30 TAC 217 Subchapter L prior to surface discharge.

Port or pipe diameter at the discharge point, in inches: 8"

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
See <i>Treatment Process Details</i> attached		

C. Process flow diagrams

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

Attachment: Process Flow Diagrams

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: Site Drawing

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

The facility is planned to serve a number of residential and commercial subdivisions on ~2,000-acres being developed outside the service area of any city or other utility. The general location is in southeast Williamson County near SH130 and University Blvd. The attached Service Area exhibit depicts the area described.

Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

Section 5. Closure Plans (Instructions Page 53)

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

Section 6. Permit Specific Requirements (Instructions Page 53)

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

A. Summary transmittal

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

Yes ☐

No ☒

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

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

Yes ☒

No ☐

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

relevant to maintaining the buffer zones.

C. Other actions required by the current permit

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

Yes ☐ No ☒

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

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

Yes ☐ No ☒

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

Yes ☐ No ☐

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

Describe the method of grit disposal.

N/A

4. Grease and decanted liquid disposal

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

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

N/A

E. Stormwater management

1. Applicability

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

2. MSGP coverage

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

Yes ☐ No ☐

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

TXR05 or TXRNE

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

Yes ☐ No ☐

3. Conditional exclusion

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

Yes ☐ No ☐

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

4. Existing coverage in individual permit

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

Yes ☐ No ☐

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

5. Zero stormwater discharge

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

Yes ☐ No ☐

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

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

6. Request for coverage in individual permit

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

Yes ☐ No ☐

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

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

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

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

1. Acceptance of sludge from other WWTPs

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

Yes ☐ No ☒

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

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

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

--

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

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

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

Yes ☐ No ☒

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

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

Is the facility in operation?

Yes ☐ No ☒

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

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu\text{mohs/cm}$, †					
Oil & Grease, mg/l					
Alkalinity (CaCO_3)*, mg/l					

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: TBD

Facility Operator's License Classification and Level:

Facility Operator's License Number:

Section 9. Sewage Sludge Management and Disposal (Instructions)

A. Sludge disposal method

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

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

B. Sludge disposal site

Disposal site name: Austin Wastewater Processing facility

TCEQ permit or registration number: 2384

County where disposal site is located: Travis

C. Sludge transportation method

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

Name of the hauler: Wastewater Transport Services LLC

Hauler registration number: 24343

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

B. Sludge processing authorization

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

Sludge Composting Yes ☐ No ☒

Marketing and Distribution of sludge Yes ☐ No ☒

Sludge Surface Disposal or Sludge Monofill Yes ☐ No ☒

Temporary storage in sludge lagoons Yes ☐ No ☒

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

Yes ☐ No ☐

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

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

A. Location information

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

- Original General Highway (County) Map:

Attachment: [REDACTED]

- USDA Natural Resources Conservation Service Soil Map:

Attachment: [REDACTED]

- Federal Emergency Management Map:

Attachment: [REDACTED]

- Site map:

Attachment: [REDACTED]

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

Check all that apply.

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

Attachment: [REDACTED]

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:

[REDACTED]

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: [REDACTED]

Total Kjeldahl Nitrogen, mg/kg:

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

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

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

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

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

C. Liner information

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

Yes ☐ No ☐

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

Link here to enter text

D. Site development plan

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

Link here to enter text

Attach the following documents to the application.

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

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

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

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

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

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

Link here to enter text

E. Groundwater monitoring

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

Yes ☐ No ☐

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

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

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

A. Additional authorizations

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

Yes ☐ No ☒

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

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:

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

A. RCRA hazardous wastes

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

Yes ☐ No ☒

B. Remediation activity wastewater

Has the facility received in the past three years, does it currently receive, or will

it receive CERCLA wastewater, RCRA remediation/corrective action wastewater or other remediation activity wastewater?

Yes ☐ No ☒

C. Details about wastes received

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

Attachment: N/A

Section 14. Laboratory Accreditation (Instructions Page 64)

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

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

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

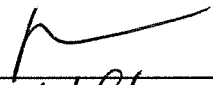
The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

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

Printed Name: Ron Lusk

Title: Manager - New Horizons Utility LLC

Signature: 
Date: 11/18/22

DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

Section 1. Justification for Permit (Instructions Page 66)

A. Justification of permit need

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

Preliminary plans for development include building multiple housing subdivisions and a commercial area on approximately 2,100 acres. Flows will be greater than 5,000 GPD and therefore a TCEQ discharge permit is required. There are two separate WWTF within a 3-mile radius of the proposed plant, however, neither facility has the capacity to accept additional waste and it is not economical to transport to or expand those existing facilities.

B. Regionalization of facilities

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

1. Municipally incorporated areas

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

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

Yes ☐ No ☒ Not Applicable ☐

If yes, within the city limits of:

If yes, attach correspondence from the city.

Attachment:

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

Attachment:

2. Utility CCN areas

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

Yes ☐ No ☒

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

Attachment: [REDACTED]

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: Georgetown - Dove Springs WWTP Exhibit

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

Attachment: Will Serve letters to Georgetown, Round Rock and Jonah SUD .

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: [REDACTED]

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): 1.340 MGD

Average Influent Organic Strength or BOD₅ Concentration in mg/l: 300

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): 3,353

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

--

B. Proposed organic loading

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

Table 1.1(1) - Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
Municipality		
Subdivision	Up to 1.340 MGD	Average 300 mg/l
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	1.340	
AVERAGE BOD ₅ from all sources		300

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 5

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l: 1

Dissolved Oxygen, mg/l: 6

Other:

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 5

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l: 1

Dissolved Oxygen, mg/l: 6

Other:

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 5

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l: 1

Dissolved Oxygen, mg/l: 6

Other:

D. Disinfection Method

Identify the proposed method of disinfection.

- ☒ Chlorine: 2 mg/l after 20 minutes detention time at peak flow
Dechlorination process: N/A
- ☐ 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: See attached Design Calculations

Section 5. Facility Site (Instructions Page 68)

A. 100-year floodplain

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

Yes ☒ No ☐

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

N/A

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

FIRMETTE PANEL 48491C0505F

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

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

B. Wind rose

Attach a wind rose. **Attachment:** Domestic Technical Report 1.1 -

Attachment: Georgetown 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 beneficial use on property located adjacent to the wastewater treatment

facility under the wastewater permit?

Yes ☐

No ☒

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

Attachment:

B. Sludge processing authorization

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

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

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

Attachment:

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

Attach a solids management plan to the application.

Attachment: 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.

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: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

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: 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).

N/A

C. Sea grasses

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

Yes ☐

No ☒

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

N/A

Section 3. Classified Segments (Instructions Page 73)

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

Yes ☐

No ☒

If **yes**, this Worksheet is complete.

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

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

Name of the immediate receiving waters:

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐

Stream

☐

Freshwater Swamp or Marsh

☒

Lake or Pond

Surface area, in acres: 0.5

Average depth of the entire water body, in feet: 4

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

☐

Man-made Channel or Ditch

☐

Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify:

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☒ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify:

C. Downstream perennial confluences

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

Huddleston Branch

D. Downstream characteristics

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

Yes ☐ No ☒

If yes, discuss how.

N/A

E. Normal dry weather characteristics

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

Streambed is typically dry during normal dry weather conditions.

Date and time of observation: September 20, 2022

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.

- | | |
|---|---|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff |
| <input type="checkbox"/> Upstream discharges | <input checked="" type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify <input type="text" value="link here to online"/> |
| <input type="checkbox"/> | |

B. Waterbody uses

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |

☐ Domestic water supply

☐ Industrial water supply

☐ Park activities

☐ Other(s), specify

[Click here to enter text](#)

C. Waterbody aesthetics

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

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

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

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

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

Worksheet 2.0

Treatment Process Details Flow Diagrams
Site Drawings
Correspondence with Regional WWTF
Georgetown Airport Wind Rose Sludge
Management Plan

Domestic Technical Report 1.0 – Attachment: Treatment Process Details

Treatment Process Description

Phase I: The overall treatment process for Phase I will incorporate an MBR design with a rated treatment capacity of 0.100 MGD. Influent into the system will first pass through a primary, rotary drum screen before entering an influent holding tank (EQ Tank). From the holding tank, wastewater will be pumped to the MBR process train including an anoxic zone, an aeration zone and separate MBR Cassette tanks. The entire treatment area will be enclosed in a pre-engineered metal building with mechanical ventilation and active odor controls.

From the EQ tank, screened wastewater will be pumped through a secondary drum screen located over a mechanically mixed anoxic tank at the front of each MBR process train where it is mixed with return activated sludge from the membrane chambers. From the anoxic tank, mixed liquor is pumped into a pre-aeration zone. Mixed liquor will cascade by gravity from the pre-aeration zone into one of two membrane chambers. Wastewater will then be filtered through ultrafiltration membranes. Permeate from the membranes will be treated with UV disinfection before exiting the system at the discharge point.

Waste activated sludge from the system will be cycled through a separate holding tank (Sludge Holding Tank), where it will be intermittently removed and disposed of. All aspects of the MBR system design will comply with TCEQ 30 Chapter 217.157 (Membrane Bioreactor Systems).

Phase II: The second phase will add another equalization tank hydraulically tied to the first, two more MBR process trains and a sludge dewatering press to achieve a rated capacity of 0.300 MGD.

Final Phase: The Final Phase will add a parallel treatment building with identical treatment equipment and tankage as well as a second dewatering press to achieve the rated treatment capacity at final build out of 1.340 MGD.

Additional Facility Features:

- System Redundancy and Reliability
 - Each MBR treatment train contains two membrane zones that exists as an extension of the pre-aeration (aerobic) zone. For all phases of the project, the system can operate at peak flow with one membrane per train out of service.
 - All pumps and blowers used throughout the process will maintain at least a 1.5X redundancy factor during operation.
 - Emergency/back-up power will be supplied by an on-site generator that will be designed to provide continuous and sufficient power to all process equipment (i.e. pumps, blowers, mixers, etc.)
- Overflow prevention.
 - A peaking factor of 4.0 is used to insure adequate hydraulic capacity.
 - Pumping systems have been designed to operate at peak flow with the largest pump out of service.
 - All piping is sized to handle anticipated peak flows.

- Overflow from open top basins will be caught and redirected to largest holding tank to further prevent any spill incidents.

Domestic Technical Report 1.1 – Attachment: Design Calculations

All phases of the treatment facility will be designed according to the requirements of 30 TAC Chapter 217 (Design Criteria for Domestic Wastewater Systems)

Influent Wastewater Quality Characteristics – The raw sewage characteristics used for design purposes in both Phase I and Final Phase are as follows:

Parameter	Concentration
BOD ₅	300 mg/L
TSS	250 mg/L
TKN	60 mg/L
TP	10 mg/L

Phase I Influent Flow Characteristics – The Phase I facility process and hydraulic design flows are as follows:

Flow	Gallons Per Day	Gallons Per Minute
Average Daily Flow (Q _{avg})	100,000	69
Peak 2-Hour Flow (Q _{pk})	400,000	278

Loading	Pounds Per Day
BOD ₅	375
TSS	313

Phase II Influent Flow Characteristics – The Phase I facility process and hydraulic design flows are as follows:

Flow	Gallons Per Day	Gallons Per Minute
Average Daily Flow (Q _{avg})	300,000	208
Peak 2-Hour Flow (Q _{pk})	1,200,000	833

Loading	Pounds Per Day
BOD ₅	1,126
TSS	938

Final Phase Influent Flow Characteristics – The Final Phase facility process and hydraulic design flows are as follows:

Flow	Gallons Per Day	Gallons Per Minute
Average Daily Flow (Q_{avg})	1,340,000	931
Peak 2-Hour Flow (Q_{pk})	1,724,000	2,792

Loading	Pounds Per Day
BOD ₅	3,353
TSS	2,794

Process Design – The treatment facility will be designed to produce an effluent quality that complies with the proposed permitted parameters:

Parameter	Concentration
BOD ₅	5 mg/L
TSS	5 mg/L
TKN	2 mg/L
TP	1 mg/L

Treatment Unit Information:

Coarse Screen

- Rotating Drum Screen – Perforated Plate (2mm)
- Hydraulic Capacity – 2.0 MGD
- Screen Material – AISI 304 SS

Flow Equalization Basin

- Standard Bolted Steel Tank
- Dimensions – 21’-6.5” Dia. x 16’-1” Height (43,841-gal capacity)

Sludge Holding Basin

- FRP Tank
- Dimensions – 15.5’ Dia. x 15.2’ Height (20,000-gal capacity)

Sludge Press (ea)

- Dimensions – 25’ Width x 40’ Length
- Treatment Capacity – 2 dry tons per day

Facility Design Features

1. Excessive Inflow
 - a. A peaking factor of 4.0 is used to ensure adequate hydraulic capacity.
 - b. Pumping systems have been designed to operate at peak flow with the largest pump out of service.
 - c. All piping is sized to handle anticipated peak flows.
 - d. Overflow from open top basins will be caught and redirected to largest holding tank to further prevent any spill incidents.
2. Emergency Power Requirements
 - a. Emergency/back-up power will be supplied by an on-site generator that will be designed to provide continuous and sufficient power to all process equipment (i.e. pumps, blowers, mixers, etc.)
3. Equipment Malfunction
 - a. Each MBR train contains two membrane zones that exists as an extension of the pre-aeration (aerobic) zone. For all phases of the project, the system can operate at peak flow with one membrane cassette per train out of service.
 - b. All pumps and blowers used throughout the process will maintain at least a 1.5X redundancy factor during operation.
4. Facility Maintenance and Repair
 - a. Equipment monitoring will take place for all process equipment and will record usage according to the appropriate metrics. Maintenance schedules will be developed per these metrics and manufacturer specifications.

Treatment Unit Details

Phase I:

Treatment Unit Type	# of Units	Dimensions	
Headworks	1	21' x 15'	L x W
EQ Tank	1	21.5' x 16.1'	Dia. x H
Sludge Holding Tank	1	15.5' x 15.2'	Dia. x H
MBR Train	2	45' x 8.5' x 18'	L x W x H

Phase II:

Treatment Unit Type	# of Units	Dimensions	
Headworks	1	21' x 15'	L x W
EQ Tank	1	21.5' x 16.1'	Dia. x H
MBR Train	4	45' x 8.5' x 18'	L x W x H
Sludge Holding Tank	1	15.5' x 15.2'	Dia. x H
Sludge Press	1	40' x 25'	L x W

Final Phase:

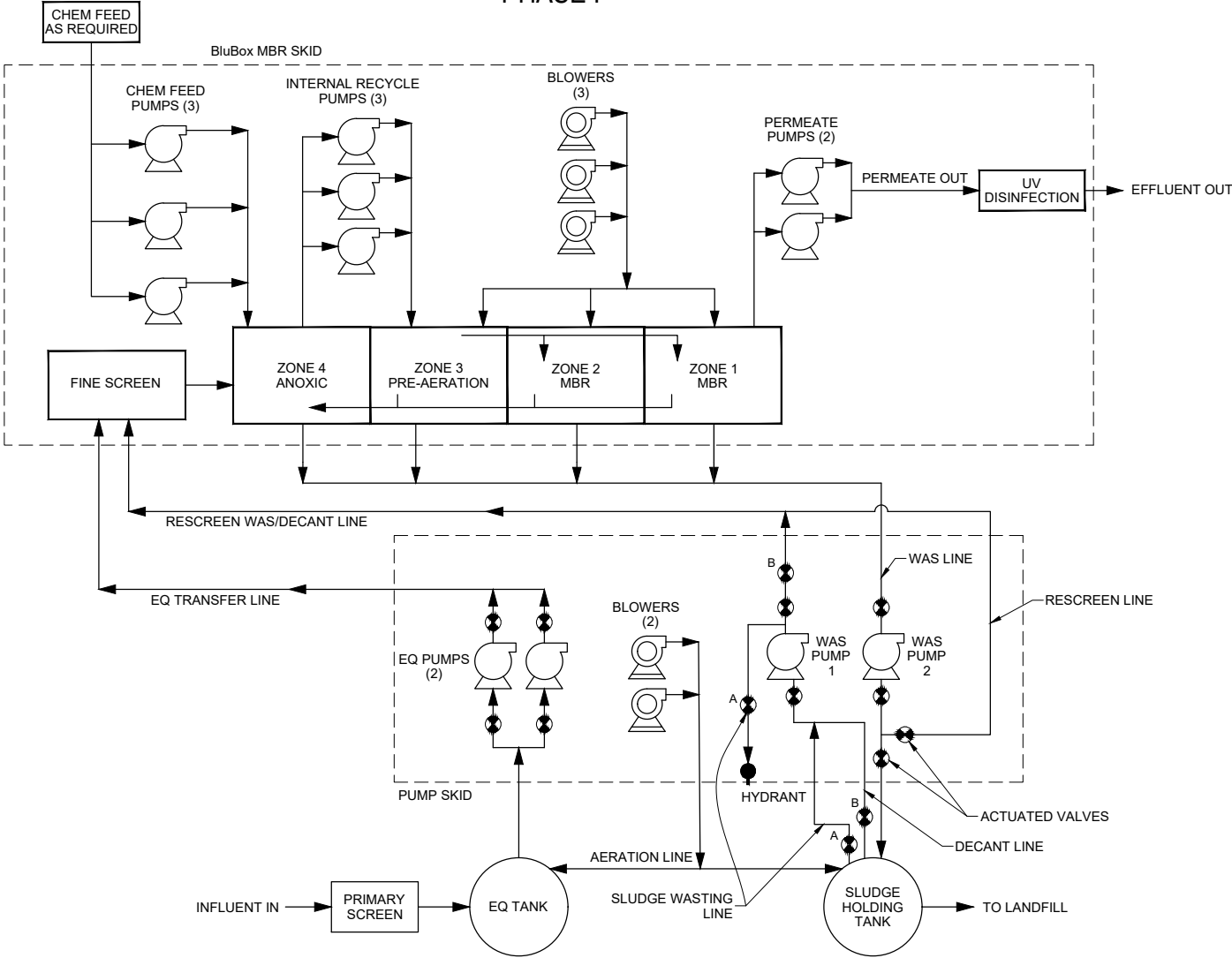
Treatment Unit Type	# of Units	Dimensions	
Headworks	2	21' x 15'	L x W
EQ Tank	4	21.5' x 16.1'	Dia. x H
Sludge Holding Tank	1	15.5' x 15.2'	Dia. x H
MBR Train	4	45' x 8.5' x 18'	L x W x H
Sludge Press	2	40' x 25'	L x W

DOMESTIC TECHNICAL REPORT 1.0 - ATTACHMENT: PROCESS FLOW DIAGRAMS

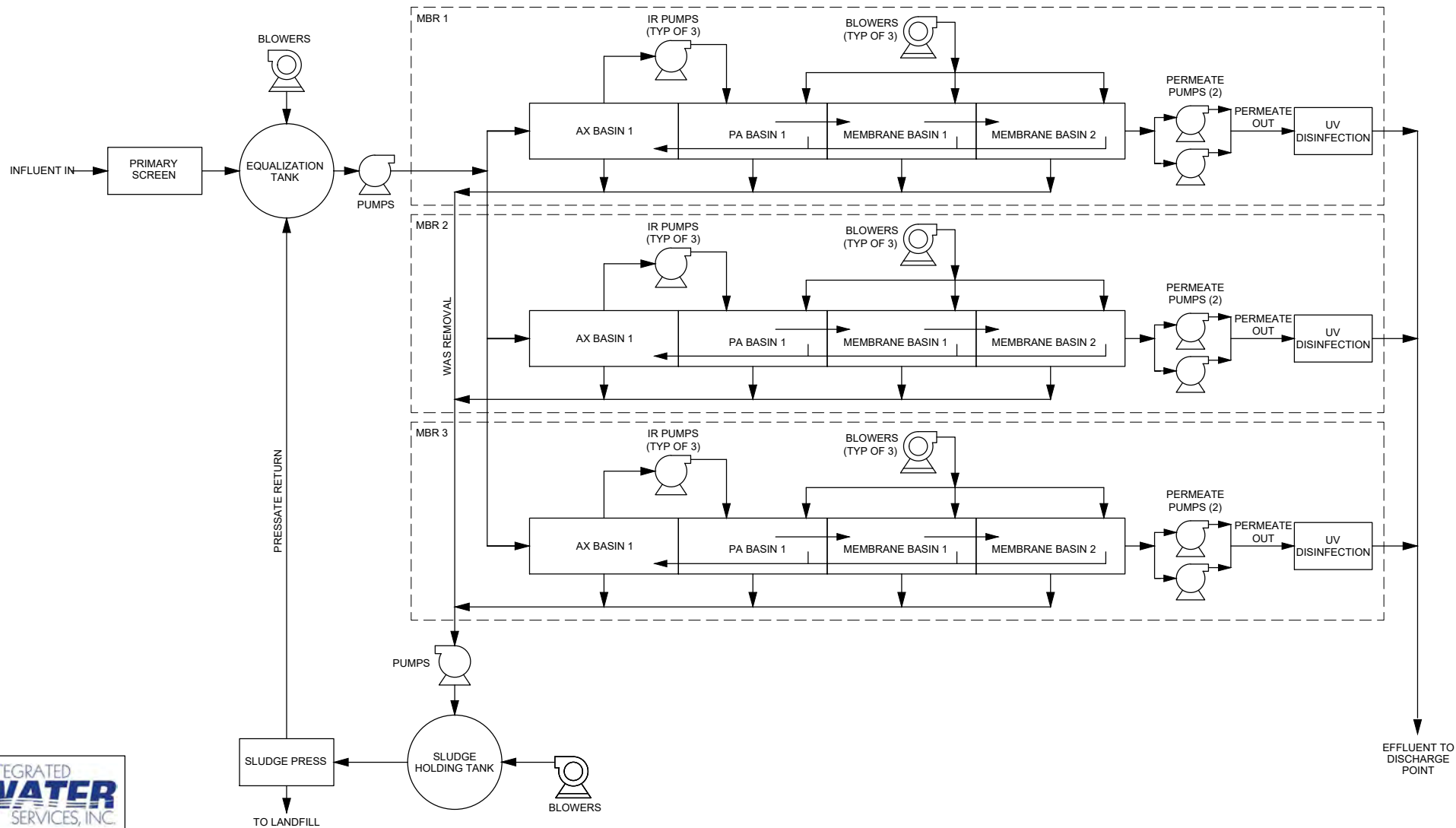
NEW HORIZONS WASTEWATER TREATMENT FACILITY

PROCESS FLOW DIAGRAM

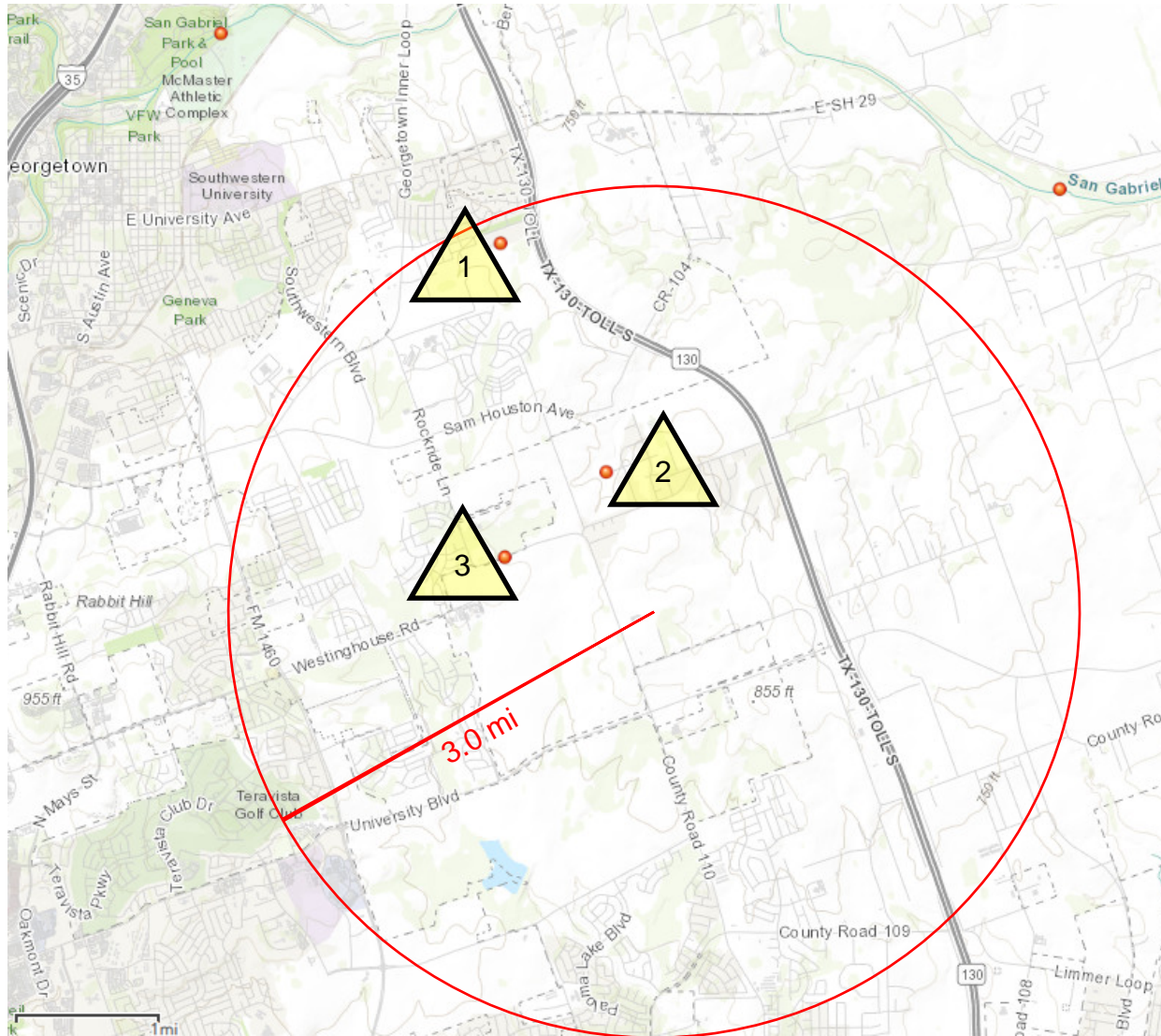
PHASE I



NEW HORIZONS WASTEWATER TREATMENT FACILITY PROCESS FLOW DIAGRAM FINAL PHASE



Domestic Technical Report 1.1 – Attachment: Nearby Domestic WWTFs

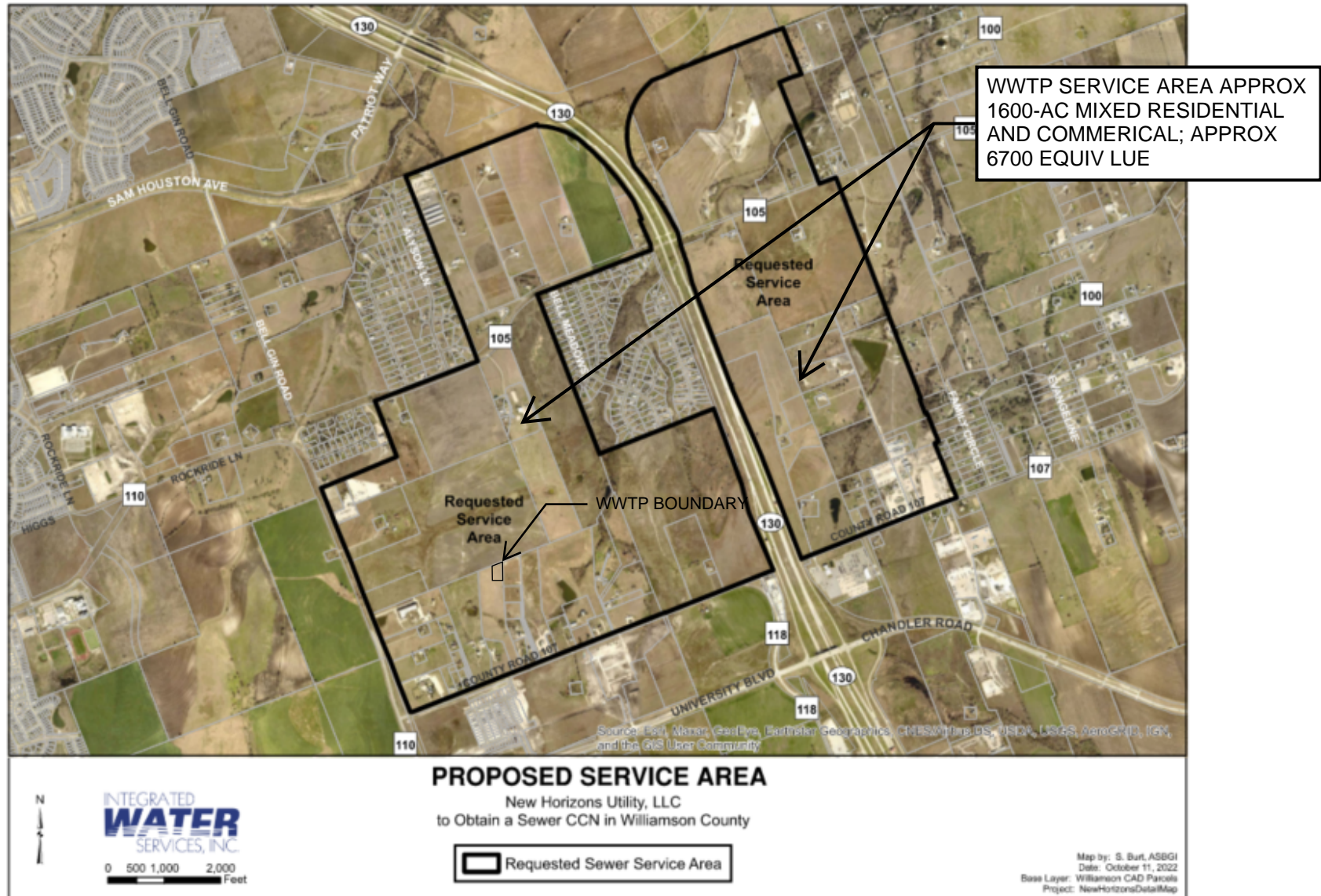


Map ID	Plant Name	Permittee	Permit Number
1	DOVE SPRINGS WWTP	CITY OF GEORGETOWN	WQ0010489003
2	ROCKRIDE LANE WRRF	AIRW 2017-7 LP	WQ0015878001
3	INDIGO WRRF	R040062 LP	WQ0016008001

Domestic Technical Report 1.0

Attachment 2c: Site Drawing

NEW HORIZONS UTILITIES WASTEWATER TREATMENT FACILITY SERVICE AREA



To: Ron Lusk <ron@uw.solutions>
Subject: Fwd: Denial of service letter

See below response from Jonah

Get [Outlook for Android](#)

From: kmatocha@jonahwater.com <kmatocha@jonahwater.com>
Sent: Friday, September 16, 2022 12:20:16 PM
To: Grant <Grant@JWDEVELOPMENTINC.COM>
Cc: vcarrizales@jonahwater.com <vcarrizales@jonahwater.com>
Subject: RE: Denial of service letter

It appears this property is not within our wastewater CCN area. After discussing this with our Assistant General Manager, it was determined that due to this fact, we will be unable to write a denial letter.

Kindest regards,



Let your light shine before others, that they may see your good works and glorify your Father in Heaven Matthew 5:16

From: Grant <Grant@JWDEVELOPMENTINC.COM>
Sent: Friday, September 9, 2022 11:01 AM
To: kmatocha@jonahwater.com
Subject: Denial of service letter

Good Morning!

I'm a developer out of Austin looking for a Denial of Service letter for Wastewater treatment at this location, 301, COUNTY ROAD 107, GEORGETOWN, TX, 78626.

For us to file for a WWTP discharge permit, we need a denial of WW services letter from Jonah Sud, Round Rock, and Georgetown. We already had two verbal denials from the cities, so we are reaching out to get it in writing for the application. The parcel in question is 40 acres and includes the one shown in the map plus the parcels to the east. Let me know if you have any additional questions.

Thanks and have a great day.

-Grant Williams

Partner

[Book a Meeting](#)

JW Development Inc.

M:512-470-8449

O: 512-901-9800

Troy Hotchkiss

From: Jeff Thomas
Sent: Wednesday, October 5, 2022 1:11 PM
To: Troy Hotchkiss
Cc: Todd Brunetti
Subject: FW: Denial of Service letter

Fyi-

From: Kit Perkins <cperkins@roundrocktexas.gov>
Sent: Wednesday, October 5, 2022 9:46 AM
To: Grant@JWDEVELOPMENTINC.COM
Cc: ron@uw.solutions; Jeff Thomas <jthomas@integratedwaterservices.com>; David Freireich <dfreireich@roundrocktexas.gov>
Subject: RE: Denial of Service letter

Grant,

David is out this week so I wanted to respond to this in his place.

Your property at 301 County Rd 107, Georgetown, TX 78626 is outside of Round Rock's ETJ and wastewater CCN service area. Therefor Round Rock cannot provide wastewater service to your property.

If you need additional information, please let me know.

Thanks,

Kit Perkins, P.E.
City of Round Rock
cperkins@roundrocktexas.gov
(W) 512-341-3145

From: Grant <Grant@JWDEVELOPMENTINC.COM>
Sent: Monday, October 3, 2022 3:29:57 PM
To: David Freireich <dfreireich@roundrocktexas.gov>
Cc: Ron Lusk <ron@uw.solutions>; Jeff Thomas <jthomas@integratedwaterservices.com>
Subject: Re: Denial of Service letter

External Email - Please verify sender authenticity

Hey David,

We're meeting with TCEQ tomorrow to discuss our permit application. Our engineers have informed me that an email from you stating that Round Rock can't serve us is adequate if you can provide that.

Thanks and have a great day.

-Grant Williams

Partner

[Book a Meeting](#)

JW Development Inc.

M:512-470-8449

O: 512-901-9800



From: Grant

Sent: Friday, September 9, 2022 11:13 AM

To: dfreireich@roundrocktexas.gov <dfreireich@roundrocktexas.gov>

Cc: Ron Lusk <ron@uw.solutions>; Jeff Thomas <jthomas@integratedwaterservices.com>

Subject: Denial of Service letter

David,

We're looking for a Denial of Service letter for Wastewater treatment at this location, 301, COUNTY ROAD 107, GEORGETOWN, TX, 78626.

I know this is an unusual request, but we appreciate you taking the time to reach out to legal to get approval for this. Our goal is to apply for a WWTP as Round Rock had previously told us there was no capacity for us. We are not located in the CCN, but we do border it. Let us know if you have any questions, I've CC'd our permitting team.

Thanks and have a great day.

-Grant Williams

Partner

[Book a Meeting](#)

JW Development Inc.

M:512-470-8449

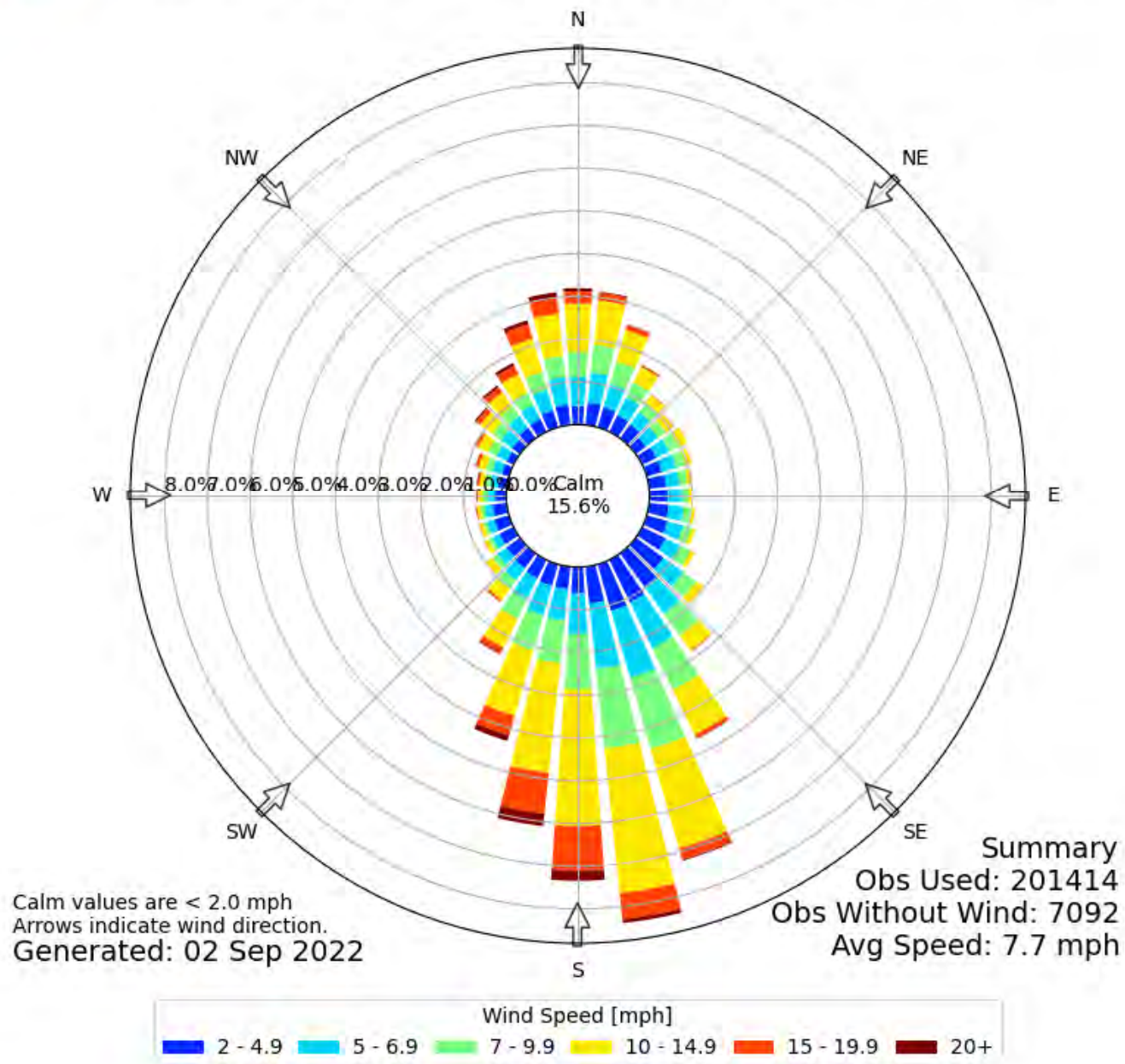
O: 512-901-9800





Windrose Plot for [GTU] GEORGETOWN (AWOS)

Obs Between: 31 Dec 1991 06:00 PM - 01 Sep 2022 07:56 PM America/Chicago



Domestic Technical Report 1.1 – Attachment: Sludge Management Plan

- (a) Dimensions and capacities of all sewage sludge handling and treatment units and processes include the following:

For Phase I: 0.100 MGD

Treatment Unit	Number of Units	Dimensions	Capacity
Sludge Holding Tank	1	15.5' x 15.2' (D x H)	20,000 gal

For Phase II: 0.200 MGD

Treatment Unit	Number of Units	Dimensions	Capacity
Sludge Holding Tank	1	15.5' x 15.2' (D x H)	20,000 gal
Sludge Press	1	40' x 25' (L x W)	1 ton per day

For Phase III: 1.340 MGD

Treatment Unit	Number of Units	Dimensions	Capacity
Sludge Holding Tank	2	15.5' x 15.2' (D x H)	20,000 gal
Sludge Press	2	40' x 25' (L x W)	2 ton per day

- (b) The amount of solids generated at expected increments of the design flows is provided in the following table:

Sludge Production (Gal Per Day)				
Phase	25%	50%	75%	100%
Phase I	500	1,000	1,500	2,000
Phase II	1,000	2,000	3,000	4,000
Final Phase	6,700	13,400	20,100	26,800

- (c) The plant, in all phases, is designed to operate at a mixed liquor suspended solids concentration of 12,000 mg/L. Adjustments will be made to maintain this MLSS concentration at lower flow rates.
- (d) For Phase I, wet solids will be removed from the sludge holding tank at various intervals. Wet solids will be hauled and disposed of at the ultimate disposal site. For the second and final phase, MLSS concentration and solid removal will be maintained through means of a sludge press. Wet solids will be cycled through a solid press, where dry solids will then be removed and hauled to the ultimate disposal site.
- (e) The schedule for removal of solids to maintain an appropriate solids inventory is given by the following table:

Sludge Removal Schedule

Removal Schedule (Days Between Removal)	25% Flow	50% Flow	75% Flow	100% Flow
Phase I	40	20	13	10
Phase II	20	10	7	5
Final Phase (2x20,000-gal tanks)	6	3	2	1

Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: New Horizons Utility, LLC.

Certification:

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

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

Signatory name (typed or printed): Ron Lusk

Signatory title: Manager

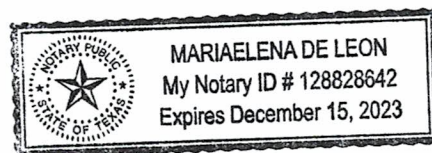
Signature: _____ Date: 11/8/22
(Use blue ink)

Subscribed and Sworn to before me by the said Ron Lusk
on this 8th day of November, 2022.
My commission expires on the 15 day of December, 2023.

Maria Elena De Leon
Notary Public

[SEAL]

Dallas Texas
County, Texas



THESE DOCUMENTS SONT
DEPOSES EN VERTU DE LA
LOI DU 17 JANVIER 1978
ARTICLE 15