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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

August 15, 2023

Mr. Jason Tuberville
General Partner
Orison Holdings
525 South Loop 288, Suite 105
Denton, Texas 76205

VIA EMAIL

Re: Application to Obtain Permit No. WQ0016386001 (EPA I.D. TX0144908)
To Be Issued to JC Water Resource Recovery Facility, LLC
CN606169126, RN111787420

Dear Mr. Tuberville:

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

1. Core Data Form, Section II, Items 7 and 8
The SOS filing and state tax ID numbers do not match the applicant's legal name. Please send a revised page to provide the correct tax ID numbers for the applicant.
2. The following is a portion of the Notice of Receipt of Application and Intent to Obtain a Water Quality Permit (NORI) which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

APPLICATION. JC Water Resource Recovery Facility, LLC, 525 South Loop 288, Suite 105, Denton, Texas 76205, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016386001 (EPA I.D. No. TX0144908) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 108,000 gallons per day. The domestic wastewater treatment facility will be located approximately 0.25 miles east of the intersection of U.S. Highway 67 and County Road 1226, near the city of Cleburne, in Johnson County, Texas 76033. The discharge route will be from the plant site to an unnamed tributary, thence to Robinson Branch, thence to Lake Pat Cleburne. TCEQ received this application on August 7, 2023. The permit application will be available for viewing and copying at Cleburne Public Library, 302 West Henderson Street, Cleburne, Texas prior to the date this notice is published in the newspaper. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.510833,32.3125&level=18>

Mr. Jason Tuberville
Page 2
August 15, 2023
Permit No. WQ0016386001

Further information may also be obtained from JC Water Resource Recovery Facility, LLC at the address stated above or by calling Mr. Jason Tuberville, General Partner, Orison Holdings, at 940-305-3533.

3. Administrative Report 1.0, Section 8, Item E, No. 5
The response indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Please submit the complete response, addressed to my attention by August 29, 2023. If you should have any questions, please do not hesitate to call me at (512) 239-0084.

Sincerely,

A handwritten signature in cursive script, appearing to read "Leah Whallon".

Leah Whallon
Application Review and Processing Team (MC 148)
Water Quality Division
Texas Commission on Environmental Quality

Enclosures:
Municipal Discharge New Spanish NORI

Janet Sims

From: Janet Sims <Janet.Sims@meadhunt.com>
Sent: Tuesday, August 22, 2023 5:48 PM
To: Leah Whallon
Cc: Jason Tuberville; Heather Goins
Subject: Application to Obtain Permit No. WQ0016386001; JC Water Resource Recovery Facility, LLC
Attachments: Att A - Orison CDF Rev Aug 22.pdf; JC WRRF New Spanish NORI.docx

Categories: Filed by Newforma

Ms. Whallon,

This email is in response to your requests that are in the Notice of Deficiency letter dated August 15, 2023 for the JC Water Resource Recovery Facility, LLC.

- Attached is a revised Core Data Form. The SOS filing, TX State Tax ID, and the Federal Tax ID numbers have been corrected.
- The portion of the Notice of Receipt of Application and Intent to Obtain a Water Quality Permit (NORI) has been reviewed. No errors or omissions were identified.
- Attached is the NORI translated into Spanish. The template provided in your email dated August 15, 2023, was used.

If additional information is needed to declare the application administratively complete, please do not hesitate to contact me or Heather Goins.

Thank you for assistance with this application.

Janet

Janet Sims

Senior Project Manager | Water/Wastewater
Direct: 512-735-1001 | Cell: 512-695-2468 | Transfer Files

Mead&Hunt

LinkedIn | Facebook | Instagram

Comisión de Calidad Ambiental del Estado de Texas



AVISO DE RECIBO DE LA SOLICITUD Y EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA

PERMISO PROPUESTO NO. WQ00_____

SOLICITUD.

JC Water Resource Recovery Facility, LLC, 525 South Loop 288, Suite 105, Denton, Texas 76205 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016386001 (EPA I.D. No. TX 0144908) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 108,000 galones por día. La planta está ubicada aproximadamente 0.25 millas al este de la intersección de U.S. Highway 67 y County Road 1226, cerca de la ciudad de Cleburne en el Condado de Johnson, Texas. La ruta de descarga es del sitio de la planta a un afluente sin nombre, de allí a Robinson Branch, de allí al lago Pat Cleburne. La TCEQ recibió esta solicitud el agosto 7, 2023. La solicitud para el permiso estará disponible para leerla y copiarla en Biblioteca Pública de Cleburne, 302 West Henderson Street, Cleburne, Texas antes de la fecha de publicación de este aviso en el periódico. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.
<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.510833,32.3125&level=18>

[Include the following non-italicized sentence if the facility is located in the Coastal Management Program boundary. The Coastal Management Program boundary is the area along the Texas Coast of the Gulf of México as depicted on the map in 31 TAC §503.1 and includes part or all of the following counties: Cameron, Willacy, Kenedy, Kleberg, Nueces, San Patricio, Aransas, Refugio, Calhoun, Victoria, Jackson, Matagorda, Brazoria, Galveston, Harris, Chambers, Jefferson y Orange.] El Director Ejecutivo de la TCEQ ha revisado esta medida para ver si está de acuerdo con los objetivos y las regulaciones del Programa de Administración Costero de Texas (CMP) de acuerdo con las regulaciones del Consejo Coordinador de la Costa (CCC) y ha determinado que la acción es conforme con las metas y regulaciones pertinentes del CMP.

AVISO ADICIONAL. El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y emitirá una Decisión Preliminar sobre la solicitud. **El aviso de la solicitud y la decisión preliminar serán publicados y enviado a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.**

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar

comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO.

Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. **A menos que la solicitud haya sido referida directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicitud serán enviados por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso.** Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS: su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicito/solicitamos una audiencia de caso impugnado". Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que representa al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propuesta; explicar cómo y porqué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas

correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del JC Water Resource Recovery Facility, LLC a la dirección indicada arriba o llamando a Mr. Jason Tuberville, General Partner, Orison Holdings, al 940-305-3533.

Fecha de emisión _____ *[Date notice issued]*



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<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 606169126		RN 111787420

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>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).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
JC Water Resource Recovery Facility, LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
805063495		32089903226		93-1542824	
10. DUNS Number (if applicable)		N/A			
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:					
525 S. Loop 288, Suite 105					
City		Denton		State	
TX		ZIP		76205	
ZIP + 4					
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)		
			jtuberville@orisonholdings.com		

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(940) 305-3533		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
JC Water Resource Recovery Facility								
23. Street Address of the Regulated Entity: (No PO Boxes)								
	City	Cleburne	State	TX	ZIP	76033	ZIP + 4	
24. County	Johnson							

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

25. Description to Physical Location:	Approximately 0.25 miles east of the intersection of US Hwy 67 and County Rd 1226							
26. Nearest City	State				Nearest ZIP Code			
Cleburne	TX				76033			
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:		32.312585			28. Longitude (W) In Decimal:		97.510914	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
32	18	45.31	97	30	39.29			
29. Primary SIC Code		30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code		
(4 digits)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
6552								
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Developer of real property								
34. Mailing Address:	525 S. Loop 288, Suite 105							
	City	Denton	State	TX	ZIP	76205	ZIP + 4	
35. E-Mail Address:		jtuberville@orisonholdings.com						
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(940) 305-3533						() -		

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.

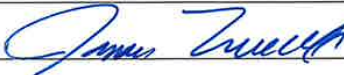
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	New			

SECTION IV: Preparer Information

40. Name:	Janet Sims		41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(512) 735-1001		() -	Janet.Sims@Meadhunt.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:	JC Water Resource Recovery Facility, LLC	Job Title:	General Partner	
Name (In Print):	Jason Tuberville	Phone:	(940) 305- 3533	
Signature:			Date:	8-2-23



PERMIT NUMBER:

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

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT

ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 29)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number: **655139, 655140**

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:

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

Transaction Information

Trace Number: 582EA000562823
Date: 08/02/2023 01:48 PM
Payment Method: CC - Authorization 000005414G
ePay Actor: CLARKE STEPHAN
Actor Email: cstephan@orisonholdings.com
IP: 47.190.136.113
TCEQ Amount: \$850.00
Texas.gov Price: \$869.38*

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

Payment Contact Information

Name: CLARKE STEPHAN
Company: CONVERGENT DEVELOPMENT LLC
Address: 525 S LOOP 288 SUITE 105, DENTON, TX 76205
Phone: 940-435-8502

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
655139	WW PERMIT - FACILITY WITH FLOW >= .10 & < .25 MGD - NEW AND MAJOR AMENDMENTS		\$800.00
655140	30 TAC 305.53B WQ NOTIFICATION FEE		\$50.00
TCEQ Amount:			\$850.00

[ePay Again](#) | [Exit ePay](#)

[Shopping Cart](#) [Print This](#) [Search Transactions](#) [Sign Out](#)

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: 655139
Trace Number: 582EA000562823
Date: 08/02/2023 01:48 PM
Payment Method: CC - Authorization 000005414G
Voucher Amount: \$800.00
Fee Type: WW PERMIT - FACILITY WITH FLOW >= .10 & < .25 MGD - NEW AND MAJOR AMENDMENTS
ePay Actor: CLARKE STEPHAN
Actor Email: cstephan@orisonholdings.com
IP: 47.190.136.113

Payment Contact Information

Name: CLARKE STEPHAN
Company: CONVERGENT DEVELOPMENT LLC
Address: 525 S LOOP 288 SUITE 105, DENTON, TX 76205
Phone: 940-435-8502

Site Information

Site Name: JC WATER RESOURCE RECOVERY FACILITY
Site Location: APPROXIMATELY 25 MILES EAST OF THE INTERSECTION OF US HWY 67 AND CR 1226

Customer Information

Customer Name: JC WATER RESOURCE RECOVERY FACILITY LLC
Customer Address: 525 S LOOP 288 SUITE 105, DENTON, TX 76205

[Close](#)

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[Statewide Links](#): [Texas.gov](#) | [Texas Homeland Security](#) | [TRAIL Statewide Archive](#) | [Texas Veterans Portal](#)

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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:

655140

Trace Number:

582EA000562823

Date:

08/02/2023 01:48 PM

Payment Method:

CC - Authorization 000005414G

Voucher Amount:

\$50.00

Fee Type:

30 TAC 305.53B WQ NOTIFICATION FEE

ePay Actor:

CLARKE STEPHAN

Actor Email:

cstephan@orisonholdings.com

IP:

47.190.136.113

Payment Contact Information

Name:

CLARKE STEPHAN

Company:

CONVERGENT DEVELOPMENT LLC

Address:

525 S LOOP 288 SUITE 105, DENTON, TX 76205

Phone:

940-435-8502

Close

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

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

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

JC Water Resource Recovery Facility, 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: Jason Tuberville

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

Title: General Partner & Authorized Agent (See Attachment M)

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?

N/A

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

If the co-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):

First and Last Name:

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

Title:

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

C. Core Data Form

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

Attachment: A

Section 4. Application Contact Information (Instructions Page 30)

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

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

First and Last Name: Jason Tuberville

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

Title: General Partner

Organization Name: Orison Holdings

Mailing Address: 525 S. Loop 288, Suite 105

City, State, Zip Code: Denton, TX 76205

Phone No.: (940) 305-3533 Ext.:

Fax No.:

E-mail Address: jtuberville@orisonholdings.com

Check one or both: ☒ Administrative Contact

☒ Technical Contact

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

First and Last Name: Heather Goins

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

Title: Project Manager

Organization Name: Mead & Hunt

Mailing Address: 6001 Interstate 20 W. Suite 219

City, State, Zip Code: Arlington, TX 76017

Phone No.: (817) 330-0486 Ext.:

Fax No.:

E-mail Address: Heather.Goins@meadhunt.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: Jason Tuberville

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

Title: General Partner

Organization Name: Orison Holdings

Mailing Address: 525 S. Loop 288, Suite 105

City, State, Zip Code: Denton, TX 76205

Phone No.: (940) 305-3533 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: jtuberville@orisonholdings.com

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

First and Last Name: Brandon Martino

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

Title: General Partner

Organization Name: Orison Holdings

Mailing Address: 525 S. Loop 288, Suite 105

City, State, Zip Code: Denton, TX 76205

Phone No.: (940) 382-5003 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: bmartino@orisonholdings.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: Clarke Stephan

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

Title: Controller

Organization Name: Orison Holdings

Mailing Address: 525 S. Loop 288, Suite 105

City, State, Zip Code: Denton, TX 76205

Phone No.: (940) 435-8502 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: cstephan@orisonholdings.com

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

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

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

First and Last Name: Clarke Stephan

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

Title: Controller

Organization Name: Orison Holdings

Mailing Address: 525 S. Loop 288, Suite 105

City, State, Zip Code: Denton, TX 76205

Phone No.: (940) 435-8502 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: cstephan@orisonholdings.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: Jason Tuberville

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

Title: General Partner

Organization Name: Orison Holdings

Mailing Address: 525 S. Loop 288, Suite 105

City, State, Zip Code: Denton, TX 76205

Phone No.: (940) 305-3533 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: jtuberville@orisonholdings.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: Jason Tuberville

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

Title: **General Partner**

Organization Name: **Orison Holdings**

Phone No.: **(940) 305-3533** Ext.: [REDACTED]

E-mail: **jtuberville@orisonholdings.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: **Cleburne Public Library**

Location within the building: **Reference desk**

Physical Address of Building: **302 W. Henderson St.**

City: **Cleburne**

County: **Johnson**

Contact Name: **Librarian**

Phone No.: **(817) 645-0934** Ext.: [REDACTED]

E. Bilingual Notice Requirements:

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

F. Public Involvement Plan Form

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

Attachment: **B**

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN

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):

JC Water Resources Recovery Facility

- C. Owner of treatment facility: **JC Water Resource Recovery Facility, LLC**

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

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

Prefix (Mr., Ms., Miss):

First and Last Name: **JC Water Resource Recovery Facility, LLC**

Mailing Address: **525 S. Loop 288, Suite 105**

City, State, Zip Code: **Denton, TX 76205**

Phone No.: **(940) 305-3533**

E-mail Address: **jtuberville@orisonholdings.com**

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

Attachment: **N/A**

- E. Owner of effluent disposal site:

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

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.: [REDACTED] E-mail Address: [REDACTED]

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: [REDACTED]

- 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: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

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: [REDACTED]

Section 10. TPDES Discharge Information (Instructions Page 34)

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

☐ Yes ☐ No

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

The proposed JC Water Resource Recovery Facility will be located approximately 0.25 miles east of the intersection of US Hwy 67 and County Rd 1226.

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

☐ Yes ☐ No

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

The proposed discharge route is to an unnamed tributary, thence to Robinson Branch, thence to Lake Pat Cleburne.

City nearest the outfall(s): City of Cleburne

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

Outfall Latitude: 32.312506

Longitude: -97.510017

- 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: [REDACTED]

- 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: [REDACTED]

- C. County in which the disposal site is located: [REDACTED]

- D. Disposal Site Latitude: [REDACTED] Longitude: [REDACTED]

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

[REDACTED]

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

[REDACTED]

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.

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:

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:

Attachments

- A. Core Data Form
- B. Public Involvement Plan
- C. USGS Map
- D. Affected Landowners Information
- E. Original Photographs
- F. Buffer Zone Map
- G. Treatment Units
- H. Process Flow Diagram
- I. Site Drawing
- J. Design Calculations and Plant Features
- K. Wind Rose
- L. Sewage Sludge Solids Management Plan
- M. Authorized Signatory Affidavit

Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: **JC Water Resource Recovery Facility, 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.

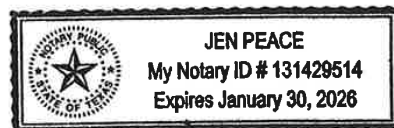
Signatory name (typed or printed): **Jason Tuberville**

Signatory title: **General Partner & Authorized Agent**

Signature:  Date: 8-2-23
(Use blue ink)

Subscribed and Sworn to before me by the said Jason Tuberville
on this 2nd day of August, 20 23.
My commission expires on the 30th day of January, 20 26.


Notary Public



[SEAL]

Denton
County, Texas

Section 15. Plain Language Summary (Instructions Page 40)

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

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

DOMESTIC WASTEWATER

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

JC Water Resource Recovery Facility, LLC (2. Enter Customer Number here (i.e., CN6#####).) proposes to operate JC Water Resource Recovery Facility 5. Enter Regulated Entity Number here (i.e., RN1#####). an activated sludge process plant operated in the conventional mode. The facility will be located approximately 0.25 miles east of the intersection of US Hwy 67 and County Rd 1226, near Cleburne, Johnson County, Texas 76033.

This application is for a new permit to discharge at a daily average flow not to exceed 108,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant. The treatment units are aeration basin, clarifier, chlorine contact chamber, and an aeration sludge storage tank.

**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.

JC Water Resource Recovery Facility, LLC (CN6#####) propone operar JC Water Resource Recovery Facility (RN#####). una planta de proceso de lodos activados operada en el modo convencional. La instalación estará ubicada aproximadamente a 0.25 millas al este de la intersección de US Hwy 67 y County Rd 1226, cerca de Cleburne, Johnson County, Texas 76033.

Esta solicitud es para un nuevo permiso para descargar a un flujo promedio diario que no exceda los 108,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan una demanda bioquímica de oxígeno carbonoso de cinco días (CBOD₅), sólidos suspendidos totales (TSS), nitrógeno amoníaco (NH₃-N) y Escherichia coli. Otros contaminantes potenciales se incluyen en el Informe Técnico Doméstico 1.0, Sección 7. Análisis de Contaminantes de Efluentes Tratados, que se encuentra en el paquete de solicitud de permiso. Las aguas residuales domésticas serán tratadas por una planta de proceso de lodos activados. Las unidades de tratamiento son la cuenca de aireación, el clarificador, la cámara de contacto con cloro y un tanque de almacenamiento de lodos de aireación.

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: **See Attachment D.**
- ☒ 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: **Central Appraisal District of Johnson County**
- 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):

N/A

Section 2. Original Photographs (Instructions Page 44)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided. **See Attachment E.**

- ☒ 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. **See Attachment F.**

- 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: **JC Water Resource Recovery Facility, LLC**

Permit No. WQ00 _____

EPA ID No. TX _____

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

The proposed JC Water Resource Recovery Facility will be located approximately 0.25 miles east of the intersection of US Hwy 67 and County Rd 1226 in Johnson 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: Jason Tuberville

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

Title: General Partner

Mailing Address: 525 S. Loop 288, Suite 105

City, State, Zip Code: Denton, TX 76205

Phone No.: (940) 305-3533 Ext.: Fax No.:

E-mail Address: jtuberville@orisonholdings.com

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

The property is not publicly owned and the owner is the applicant.

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

The discharge route is to an unnamed tributary, thence to Robinson Branch, thence to Lake Pat Cleburne.

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). **See SPIF-1 and SPIF -2.**

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

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 estimated surface area to be impacted by the proposed construction is 2 acres. The depth of exaction is minimal. Treatment units will be buried. There are no known caves or other karst features.

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

The existing land use is agriculture - cattle and hay farm.

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

8. List construction dates of all buildings and structures on the property:

No buildings or structures are on the property.

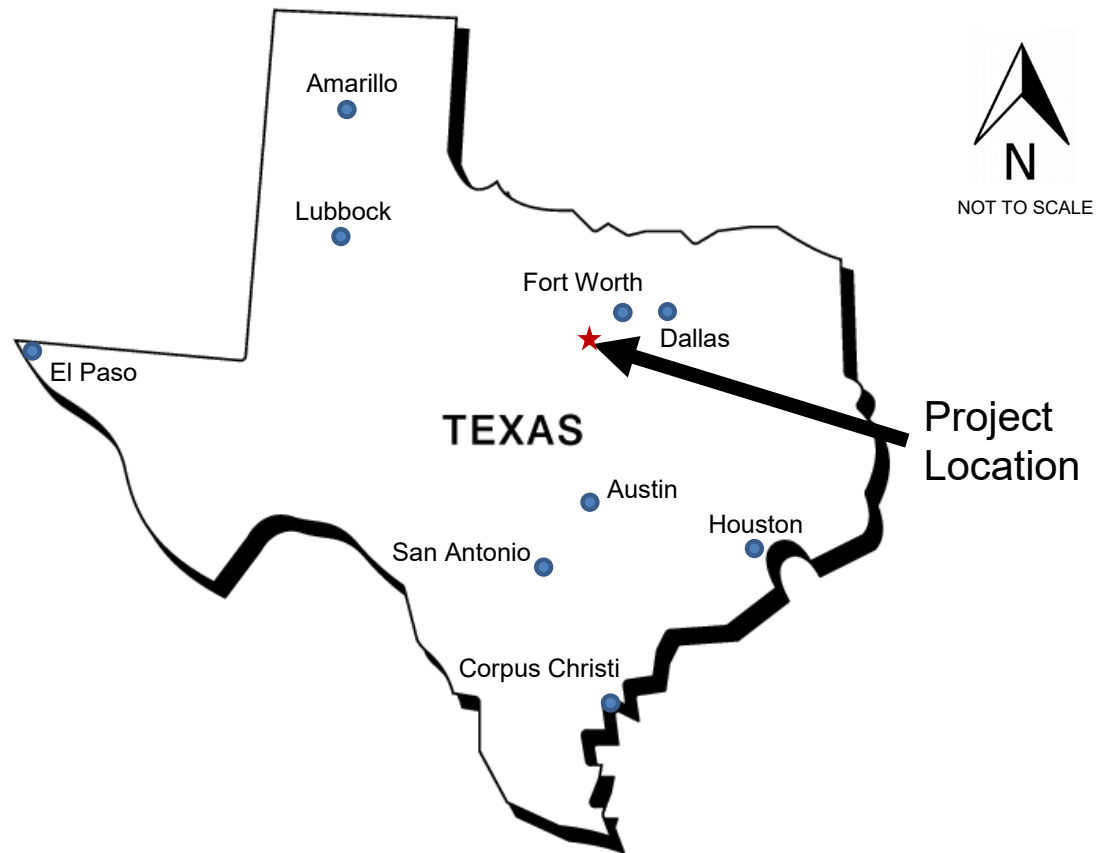
9. Provide a brief history of the property, and name of the architect/builder, if known.

The property has been an operating cattle and hay farm for the past 20 years. The property was purchased in October 2021 and has remained in agricultural production.

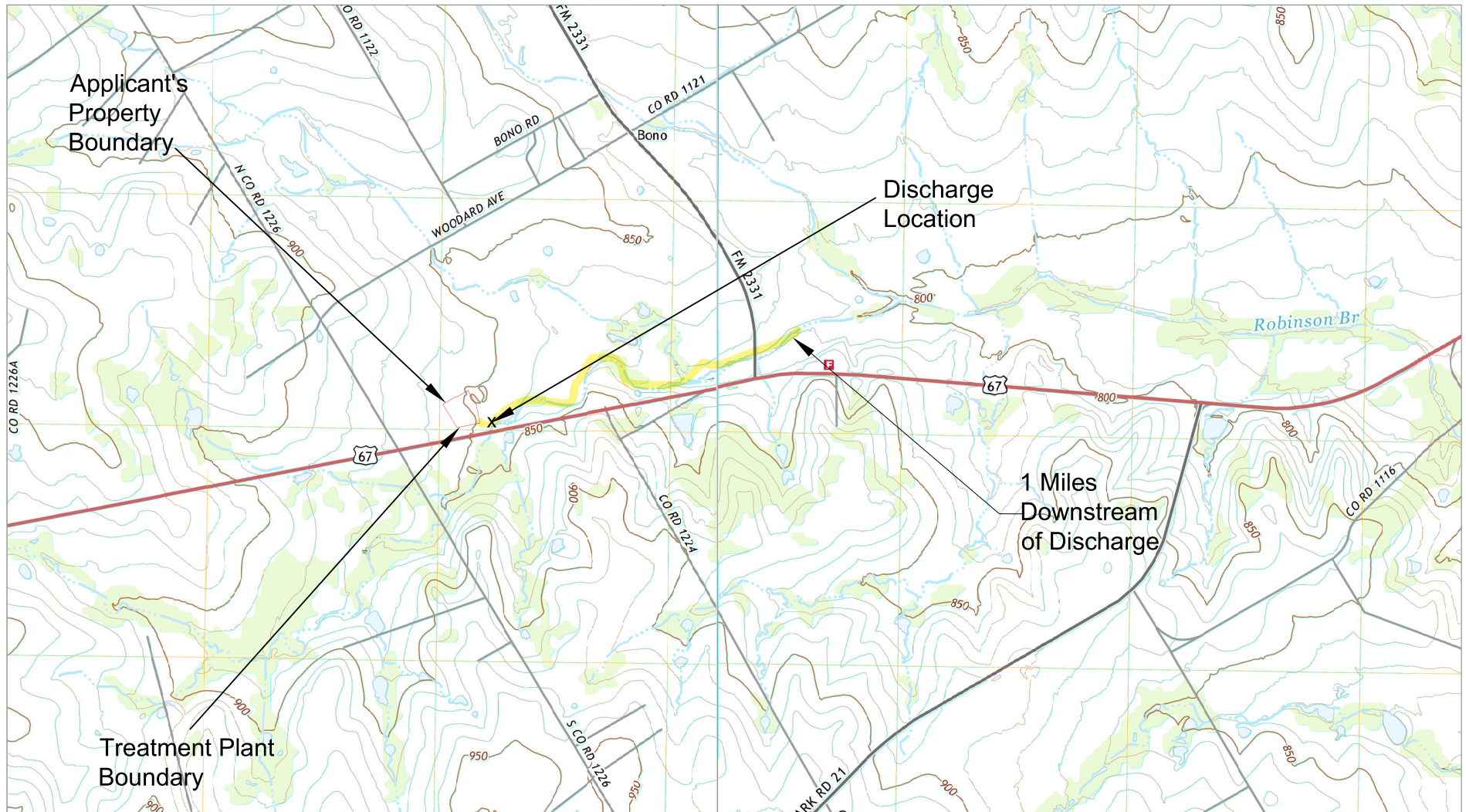
Supplemental Permit Information Form

- **SPIF-1 General Location Map**
- **SPIF-2 USGS Map**

4666207-230739



**SPIF-1
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
GENERAL LOCATION MAP**



**SPIF-2
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
USGS MAP**

CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.060

2-Hr Peak Flow (MGD): 0.240

Estimated construction start date: 2024

Estimated waste disposal start date: 2025

B. Interim II Phase

Design Flow (MGD):

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

C. Final Phase

Design Flow (MGD): 0.108

2-Hr Peak Flow (MGD): 0.432

Estimated construction start date: 2026

Estimated waste disposal start date: 2027

D. Current operating phase: N/A

Provide the startup date of the facility:

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 proposed JC Water Resource Recovery Facility is an activated sludge with nitrification process plant operated in the conventional mode. The wastewater treatment units in Interim I phase will be two aeration basins, two secondary clarifiers, a chlorine contact basin and an aerated sludge storage tank. The wastewater treatment units for the Final phase will be three aeration basins, three secondary clarifiers, a chlorine contact basin and an aerated sludge storage tank.

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

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
See Attachment G.		

C. Process flow diagrams

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

Attachment: H

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: I

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

The Summer Meadows development

Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

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 ☐ See Attachment F.

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*.

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

Yes ☐ No ☒

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

2. Grit and grease processing

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

Click here to enter text.

3. *Grit disposal*

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

Yes ☐

No ☐

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

Describe the method of grit disposal.

Click here to enter text.

4. *Grease and decanted liquid disposal*

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

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

Click here to enter text.

E. Stormwater management

1. *Applicability*

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

2. MSGP coverage

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

Yes ☐

No ☐

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

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

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

Yes ☐No ☐

3. Conditional exclusion

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

Yes ☐No ☐

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

[Click here to enter text](#)

4. Existing coverage in individual permit

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

Yes ☐

No ☐

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

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.

Click here to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

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

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

1. Acceptance of sludge from other WWTPs

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

Yes ☐ No ☒

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

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

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.

[Click here to enter text.](#)

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

Is the facility in operation?

Yes ☐

No ☒

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

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, μ 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: TBD

Facility Operator's License Number: TBD

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

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the

following list. Check all that apply.

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

B. Sludge disposal site

Disposal site name: TBD

TCEQ permit or registration number: TBD

County where disposal site is located: TBD

C. Sludge transportation method

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

Name of the hauler: TBD

Hauler registration number: TBD

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: [link here to enter text](#)

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

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

Check all that apply.

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

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

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

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: [link here to enter text](#)

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

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

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

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.

D. Site development plan

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

lagoon(s):

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: **Jason Tuberville**

Title: **General Partner**

Signature: 
Date: 8-2-23

DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

Section 1. Justification for Permit (Instructions Page 66)

A. Justification of permit need

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

North Central Texas is a fast-growing area. The proposed residential area is in Johnson County, near the City of Cleburne. The site currently does not have wastewater treatment services. The construction of approximately 450 residential units will be completed within the next six years. The first phase of construction is for 250 units. The proposed treatment plant is designed based on 3 persons per unit and 75 gallons per person per day.

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: [REDACTED]

If yes, attach correspondence from the city.

Attachment: [REDACTED]

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: [REDACTED]

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:

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:

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

Attachment:

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:

Section 2. Organic Loading (Instructions Page 67)

Is this facility in operation?

Yes ☐

No ☒

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application):

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

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

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) Phase I/Phase II	Influent BOD ₅ Concentration (mg/l) Phase I/Phase II
Municipality		
Subdivision	0.060/0.108	300/300
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria,		

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	0.060/0.108	
AVERAGE BOD ₅ from all sources		300/300

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: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: --

Dissolved Oxygen, mg/l: 4

Other:

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: --

Dissolved Oxygen, mg/l: 4

Other:

D. Disinfection Method

Identify the proposed method of disinfection.

☒ Chlorine: 1.0 mg/l after 20 minutes detention time at peak flow

Dechlorination process:

☐ 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: J

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.

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

FEMA Flood map 48251C0275K, eff. 4/5/2019

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: K

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: L

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:

Distance and direction to the intake:

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

Attachment:

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:

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).

<input type="text"/>

C. Sea grasses

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

Yes ☐ No ☐

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

Link here to enter text.

Section 3. Classified Segments (Instructions Page 73)

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

Yes ☐ No ☒

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: unnamed tributary

A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres:

Average depth of the entire water body, in feet:

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.

None.

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.

A small man-made pond is approximately 0.2 miles downstream of proposed outfall.

E. Normal dry weather characteristics

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

The water is clear with low turbidity. Water depth is shallow with low flow.

Date and time of observation: May 6, 2023 at 11:00 a.m.

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="Industrial area"/> |
| <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

[link here to enter](#)

☐

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

DOMESTIC WORKSHEET 2.1

STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 75)

Date of study: N/A Time of study: N/A

Stream name: Unnamed tributary

Location: Proposed outfall location

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

☐

Perennial

☒

Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 75)

Number of stream bends that are well defined:

Number of stream bends that are moderately defined:

Number of stream bends that are poorly defined:

Number of riffles:

Evidence of flow fluctuations (check one):

☐

Minor

☐

moderate

☐

severe

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

The unnamed tributary is typically a dry stream with a small perennial pond (no flow, riffles, or runs). The total length of the pond is approximately 200 ft. in length. Because flow is not typical, stream transect and flow measurements were not collected.

Stream transects

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

Table 2.1(1) - Stream Transect Records

Stream type at transect Select riffle, run, glide, or pool. See Instructions, Definitions section.	Transect location	Water surface width (ft)	Stream depths (ft) at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			

Section 3. Summarize Measurements (Instructions Page 76)

Streambed slope of entire reach, from USGS map in feet/feet:

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

Length of stream evaluated, in feet:

Number of lateral transects made:

Average stream width, in feet:

Average stream depth, in feet:

Average stream velocity, in feet/second:

Instantaneous stream flow, in cubic feet/second:

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

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

Maximum pool depth, in feet:

**JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT
APPLICATION**

ATTACHMENT

REFERENCE

A. Core Data Form	Admin Report 1.0, Section 3.C
B. Public Involvement Plan Form	Admin Report 1.0, Section 8.F
C. USGS Map	Admin Report 1.0, Section 13
D. Affected Landowner Information	Admin Report 1.1, Section 1
E. Original Photographs	Admin Report 1.1, Section 2
F. Buffer Zone Map	Admin Report 1.1, Section 3
G. Treatment Units	Tech Report 1.0, Section 2.B
H. Process Flow Diagram	Tech Report 1.0, Section 2.C
I. Site Drawing	Tech Report 1.0, Section 3
J. Design Calculation and Plant Features	Tech Report 1.1, Section 4
K. Windrose	Tech Report 1.1, Section 5.B
L. Sewage Sludge Solids Management Plan	Tech Report 1.1, Section 7
M. Authorized Signatory Affidavit	Admin Report 1.0, Section 3.A

Attachment A
Core Data Form
Admin Report 1.0, Section 3.C

4666207-230739



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>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).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
JC Water Resource Recovery Facility, 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)
804272720		32081461488		87-3167608	N/A
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		525 S. Loop 288, Suite 105			
City	Denton	State	TX	ZIP	76205
				ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				jtuberville@orisonholdings.com	

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(940) 305-3533		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
JC Water Resource Recovery Facility								
23. Street Address of the Regulated Entity: (No PO Boxes)								
	City	Cleburne	State	TX	ZIP	76033	ZIP + 4	
24. County	Johnson							

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

25. Description to Physical Location:	Approximately 0.25 miles east of the intersection of US Hwy 67 and County Rd 1226							
26. Nearest City	State				Nearest ZIP Code			
Cleburne	TX				76033			
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:		32.312585			28. Longitude (W) In Decimal:		97.510914	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
32	18	45.31	97	30	39.29			
29. Primary SIC Code		30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code		
(4 digits)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
6552								
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Developer of real property								
34. Mailing Address:	525 S. Loop 288, Suite 105							
	City	Denton	State	TX	ZIP	76205	ZIP + 4	
35. E-Mail Address:		jtuberville@orisonholdings.com						
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(940) 305-3533						() -		

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"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	New			

SECTION IV: Preparer Information

40. Name:	Janet Sims		41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(512) 735-1001		() -	Janet.Sims@Meadhunt.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:	JC Water Resource Recovery Facility, LLC	Job Title:	General Partner	
Name (In Print):	Jason Tuberville	Phone:	(940) 305- 3533	
Signature:			Date:	8-2-23

Attachment B
Public Involvement Plan Form
Admin Report 1.0, Section 8.F

4666207-230739



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

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

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

Section 2. Secondary Screening

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

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

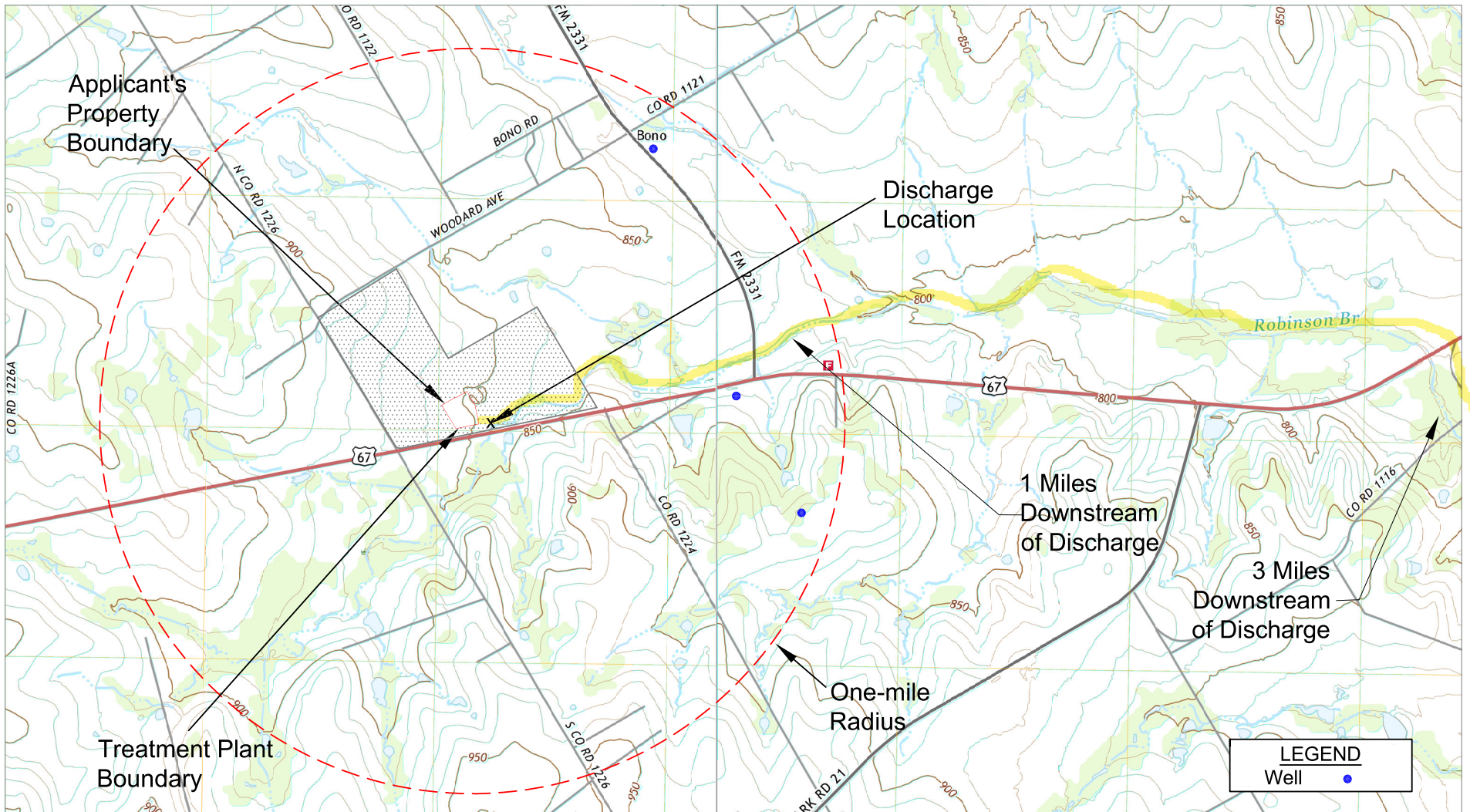
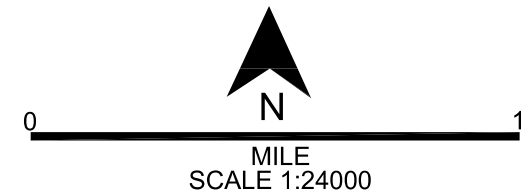
**If all the above boxes are not checked, a Public Involvement Plan is not necessary.
Stop after Section 2 and submit the form.**

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

Public Involvement Plan is not applicable because significant public interest is not anticipated.

Attachment C
USGS Map
Admin Report 1.0, Section 13

4666207-230739



ATTACHMENT C

JC WATER RESOURCE RECOVERY FACILITY, LLC

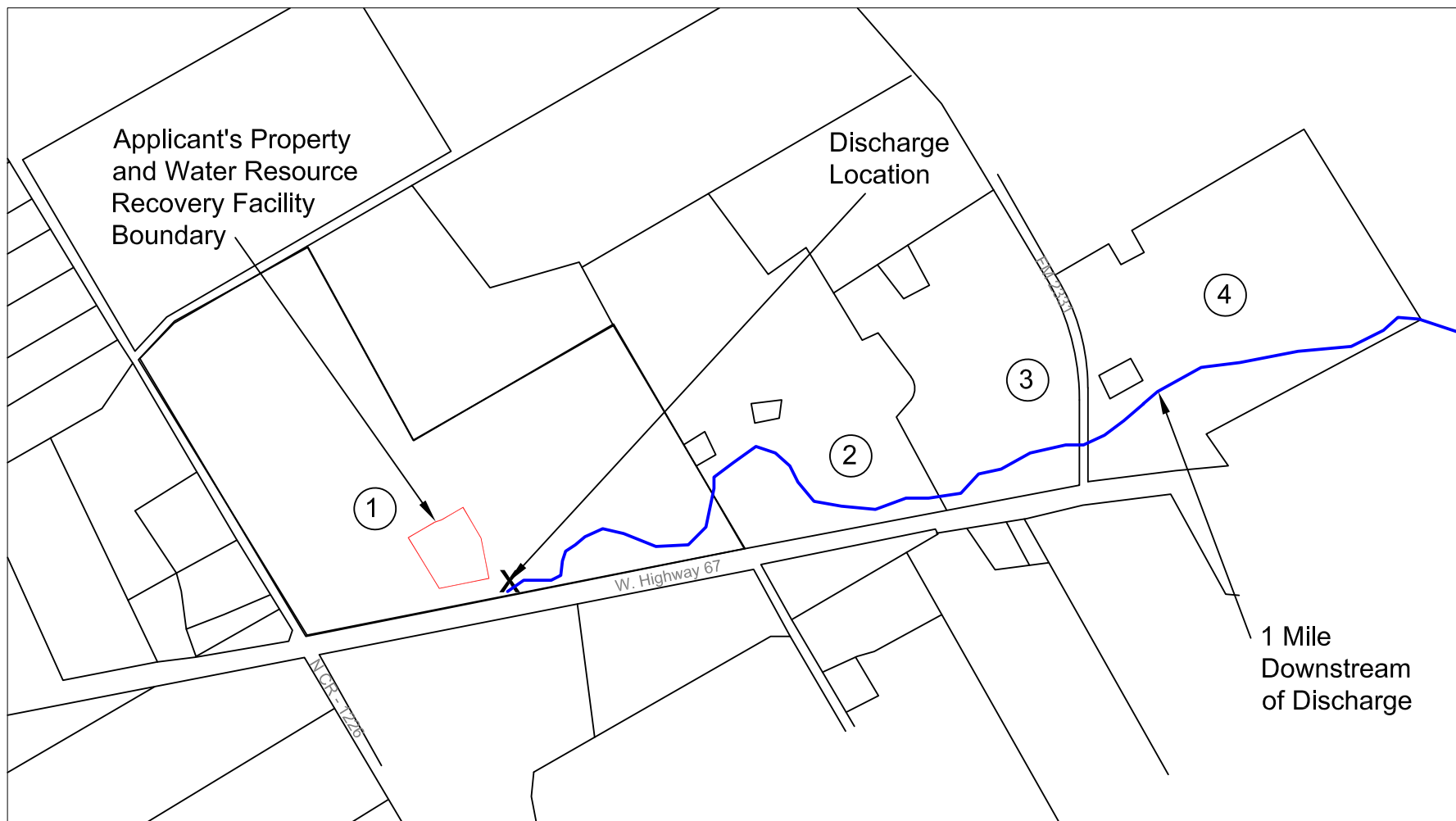
JC WATER RESOURCE RECOVERY FACILITY

NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION

USGS MAP

Attachment D
Affected Landowner Information
Tech Report 1.1, Section 1

4666207-230739



ATTACHMENT D
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
AFFECTED LANDOWNER MAP

ATTACHMENT D.2
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
AFFECTED LANDOWNER LIST

- 1 BIG HORN
 525 S LOOP 288 STE 105
 DENTON TX 76205
- 2 REAGAN CURRY
 P O BOX 1314
 CLEBURNE TX 76033
- 3 CONRAD MIKEL LOUIS
 501 FM 2331
 CLEBURNE TX 76033
- 4 HOWELL CHARLES WAYNE
 200 FM 2331
 CLEBURNE TX 76033

Attachment E
Original Photographs
Admin Report 1.1, Section 2

4666207-230739



Photograph 1. At outfall looking northeast, downstream



Photograph 2. At outfall looking southwest, upstream

ATTACHMENT E.1
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
PHOTOGRAPHS



Photograph 3. Proposed site facility, looking north

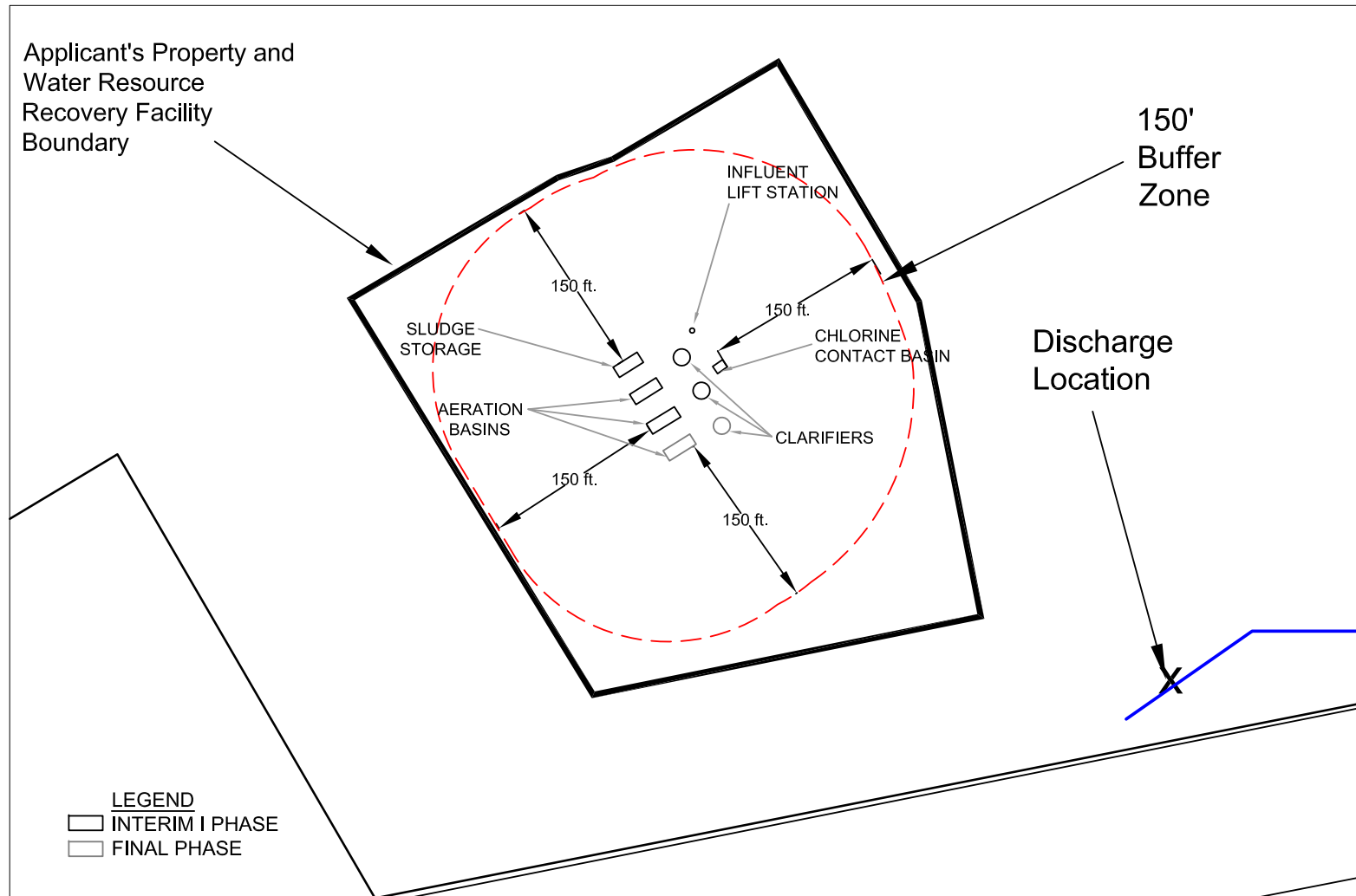
ATTACHMENT E.2
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
PHOTOGRAPHS



ATTACHMENT E.3
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
PHOTOGRAPH LOCATION MAP

Attachment F
Buffer Zone Map
Admin Report 1.1, Section 3

4666207-230739



ATTACHMENT F
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
BUFFER ZONE MAP

Attachment G
Treatment Units
Tech Report 1.0, Section 2.B

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ATTACHMENT G
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT
APPLICATION
TREATMENT UNITS

TREATMENT UNITS (INTERIM PHASE – 0.060 MGD)

Treatment Unit Type	Number of Units	Dimensions
Aeration Basin	2	27.5' L x 10' W x 9'-6" SWD
Clarifier	2	14' DIA. x 10' SWD
Chlorine Contact Chamber	1	10' L x 10' W x 8'-2" SWD
Aerated Sludge Storage Tank	1	25' L x 10' W x 9'-6" SWD

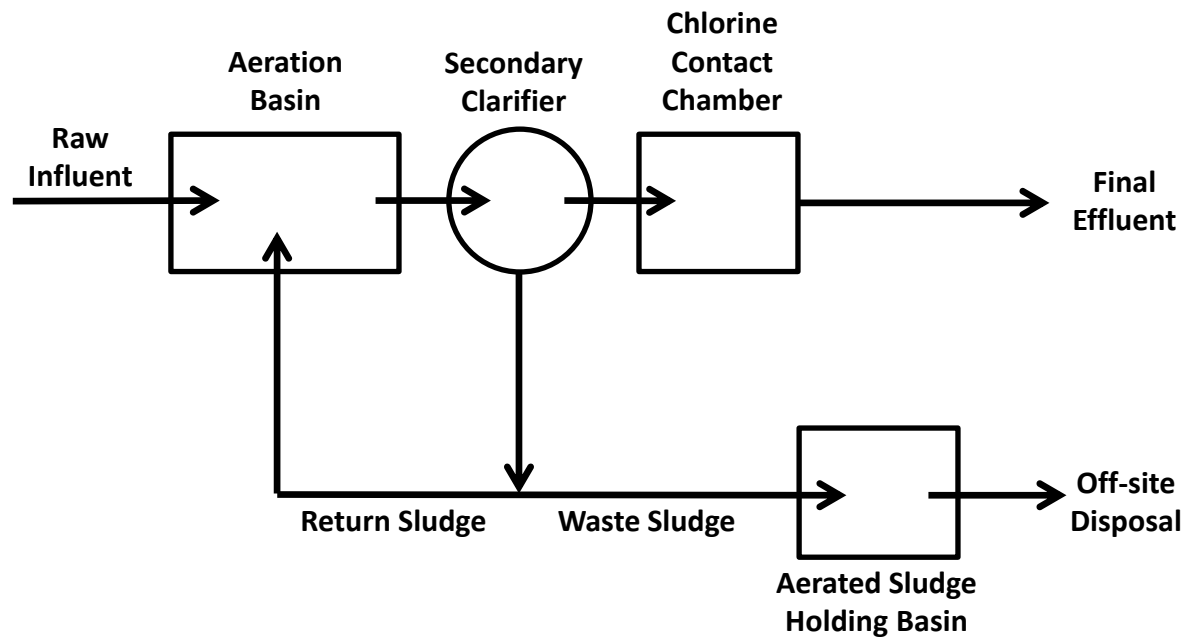
TREATMENT UNITS (FINAL PHASE – 0.108 MGD)

Treatment Unit Type	Number of Units	Dimensions
Aeration Basin	3	27.5' L x 10' W x 9'-6" SWD
Clarifier	3	14' DIA. x 10' SWD
Chlorine Contact Chamber	1	10' L x 10' W x 8'-2" SWD
Aerated Sludge Storage Tank	1	25' L x 10' W x 9'-6" SWD

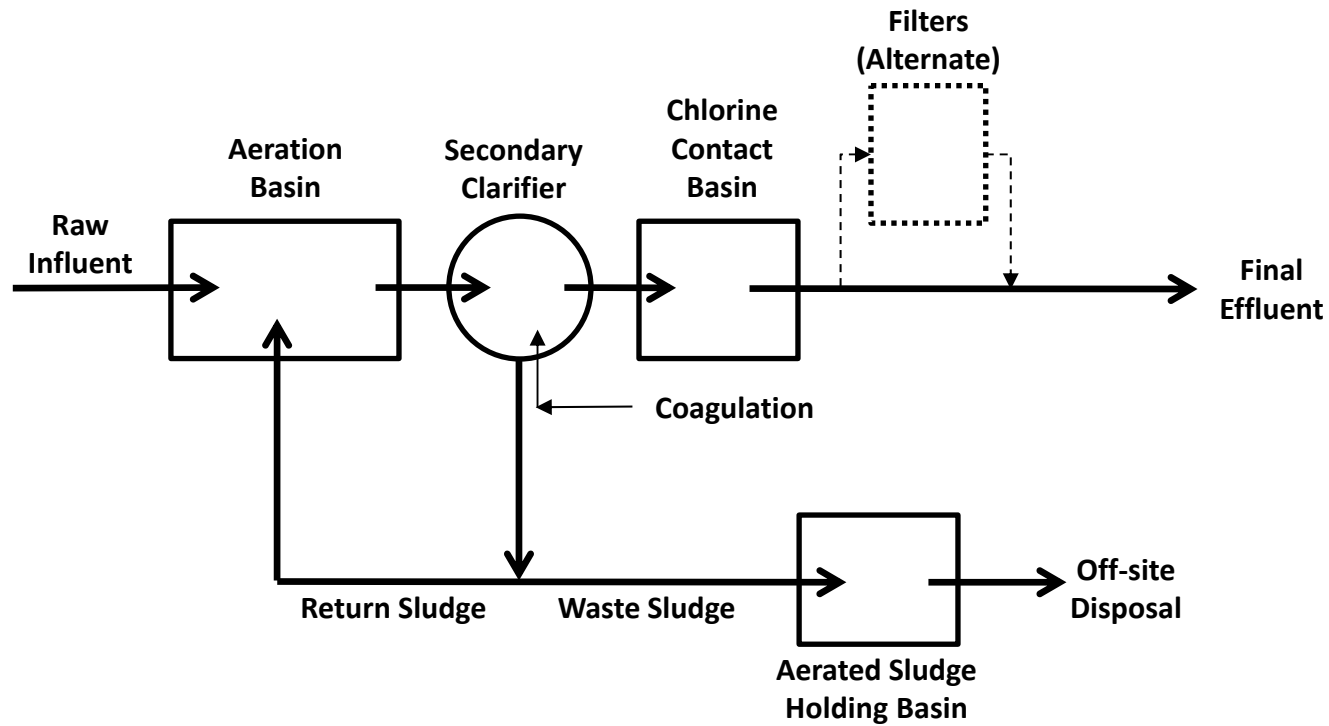
Note: Exact basin dimensions will vary by equipment manufacturer selected

Attachment H
Process Flow Diagram
Tech Report 1.0, Section 2.C

4666207-230739



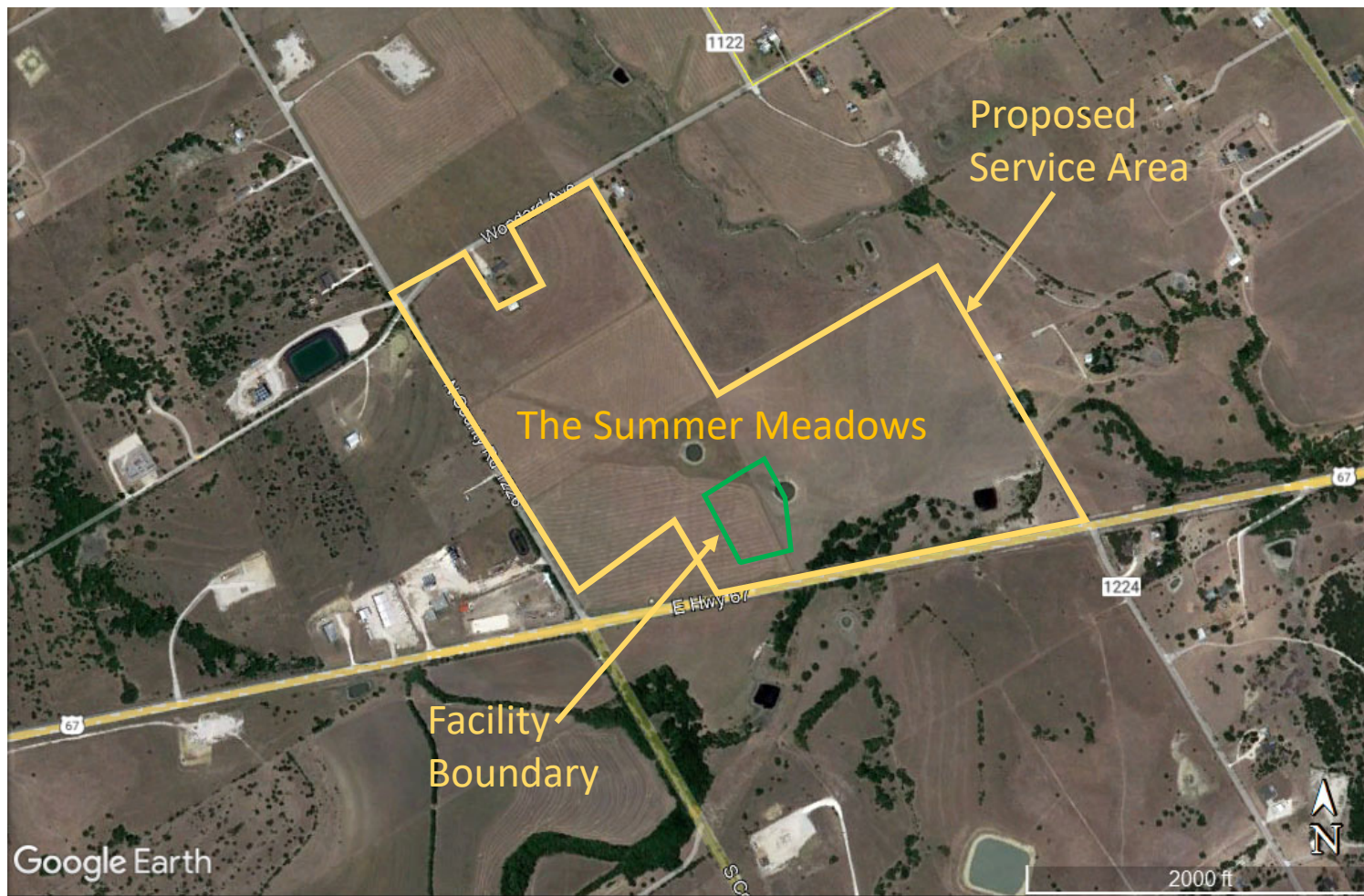
ATTACHMENT H.1
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
PROCESS FLOW DIAGRAM – INTERIM I PHASE



ATTACHMENT H.2
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
PROCESS FLOW DIAGRAM – FINAL PHASE

Attachment I
Site Drawing
Tech Report 1.0, Section 3

4666207-230739



ATTACHMENT I
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
SITE DRAWING

Attachment J
Design Calculations
Tech Report 1.1, Section 4

4666207-230739

ATTACHMENT J
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
DESIGN CALCULATIONS - PHASE I

Flow and Loading

Design Flow	0.060	MGD
BOD5 Design Concentration	300	mg/L
Design Organic Loading	150	lb BOD5/day
Peak Flow	0.240	MGD
Peaking Factor	4.0	

Activated Sludge Treatment

No. of Basins	2	
Length	27.5	ft
Width	10.0	ft
SWD	9.5	ft
Volume at Normal WSE	5,225	cf
	39,088	gal
Detention Time at Design Flow	15.6	hrs
Detention Time at Peak Flow	3.9	hrs
Organic Loading at Design Flow	28.7	lb BOD/d/1000 cf
TCEQ Design Max. Allowable Organic Loading	35.0	lb BOD/d/1000 cf

Secondary Clarification

No. of Basins	2	
SWD	10.0	ft
Diameter	14.0	ft
Surface Area, Total	308	sf
Volume, Total	3,079	cf
	23,030	gal
Surface Loading Rate at Design Flow	195	gpd/sf
Surface Loading Rate at Peak Flow	780	gpd/sf
TCEQ Max. Surface Loading Rate at Peak Flow	1,200	gpd/sf
Detention Time at Design Flow	9.2	hrs
Detention Time at Peak Flow	2.3	hrs
TCEQ Min. Detention Time at Peak Flow	1.8	hrs
Peak Flow =	240,000	gpd
2 Hour Peak Flow Capacity of Clarifier based on TCEQ Max. Surface Loading	369,451	gpd
2 Hour Peak Flow Capacity of Clarifier based on TCEQ Min. Detention Time	307,067	gpd

Chlorine Contact

No. of Chlorine Contact Basins	1	
Volume, Total	817	cf
Nominal Dimensions 10' L by 10' W by 8'-2" SWD, vary by equipment manufacturer	6,109	gal
Detention Time at Peak Flow	36.7	min
TCEQ Min. Detention Time at Peak Flow	20.0	min
Peak Flow =	167	gpm
2 Hour Peak Flow Capacity of Chlorine Contact based on TCEQ Min. Detention Time	305	gpm

Note: Exact basin dimensions will vary by equipment manufacturer selected

Prepared by Charlotte G. Smith, Texas P.E. 90300, for TPDES Permit Application
Mead & Hunt, Inc., TBPELS Firm F-9593
July 18, 2023

ATTACHMENT J
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
DESIGN CALCULATIONS - PHASE II

Flow and Loading

Design Flow	0.108	MGD
BOD5 Design Concentration	300	mg/L
Design Organic Loading	270	lb BOD5/day
Peak Flow	0.432	MGD
Peaking Factor	4.0	

Activated Sludge Treatment

No. of Basins	3	
Length	27.5	ft
Width	10.0	ft
SWD	9.5	ft
Volume at Normal WSE	7,838	cf
	58,632	gal
Detention Time at Design Flow	13.0	hrs
Detention Time at Peak Flow	3.3	hrs
Organic Loading at Design Flow	34.5	lb BOD/d/1000 cf
TCEQ Design Max. Allowable Organic Loading	35.0	lb BOD/d/1000 cf

Secondary Clarification

No. of Basins	3	
SWD	10.0	ft
Diameter	14.0	ft
Surface Area, Total	462	sf
Volume, Total	4,618	cf
	34,550	gal
Surface Loading Rate at Design Flow	234	gpd/sf
Surface Loading Rate at Peak Flow	935	gpd/sf
TCEQ Max. Surface Loading Rate at Peak Flow	1,200	gpd/sf
Detention Time at Design Flow	7.7	hrs
Detention Time at Peak Flow	1.9	hrs
TCEQ Min. Detention Time at Peak Flow	1.8	hrs
Peak Flow =	432,000	gpd
2 Hour Peak Flow Capacity of Clarifier based on TCEQ Max. Surface Loading	554,177	gpd
2 Hour Peak Flow Capacity of Clarifier based on TCEQ Min. Detention Time	460,667	gpd

Chlorine Contact

No. of Chlorine Contact Basins	1	
Volume, Total	817	cf
Nominal Dimensions 10' L by 10' W by 8'-2" SWD, vary by equipment manufacturer	6,109	gal
Detention Time at Peak Flow	20.4	min
TCEQ Min. Detention Time at Peak Flow	20.0	min
Peak Flow =	300	gpm
2 Hour Peak Flow Capacity of Chlorine Contact based on TCEQ Min. Detention Time	305	gpm

Note: Exact basin dimensions will vary by equipment manufacturer selected

Prepared by Charlotte G. Smith, Texas P.E. 90300, for TPDES Permit Application
Mead & Hunt, Inc., TBPELS Firm F-9593
July 18, 2023

ATTACHMENT J
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
PLANT FEATURES

A. Emergency Power Requirements

The owner will provide quick-connect capability so an emergency generator can be mobilized when necessary to allow for continued operation of the lift station and a blower in the event of a power failure.

B. Alarm Features

An alarm that signals when the high float in the lift station reads an excessive water level is planned for the design.

C. Design Features for Reliability and Operating Flexibility

The pieces of mechanical equipment anticipated are raw influent pumps, blowers, and clarifier mechanisms, for which redundant units are under design.

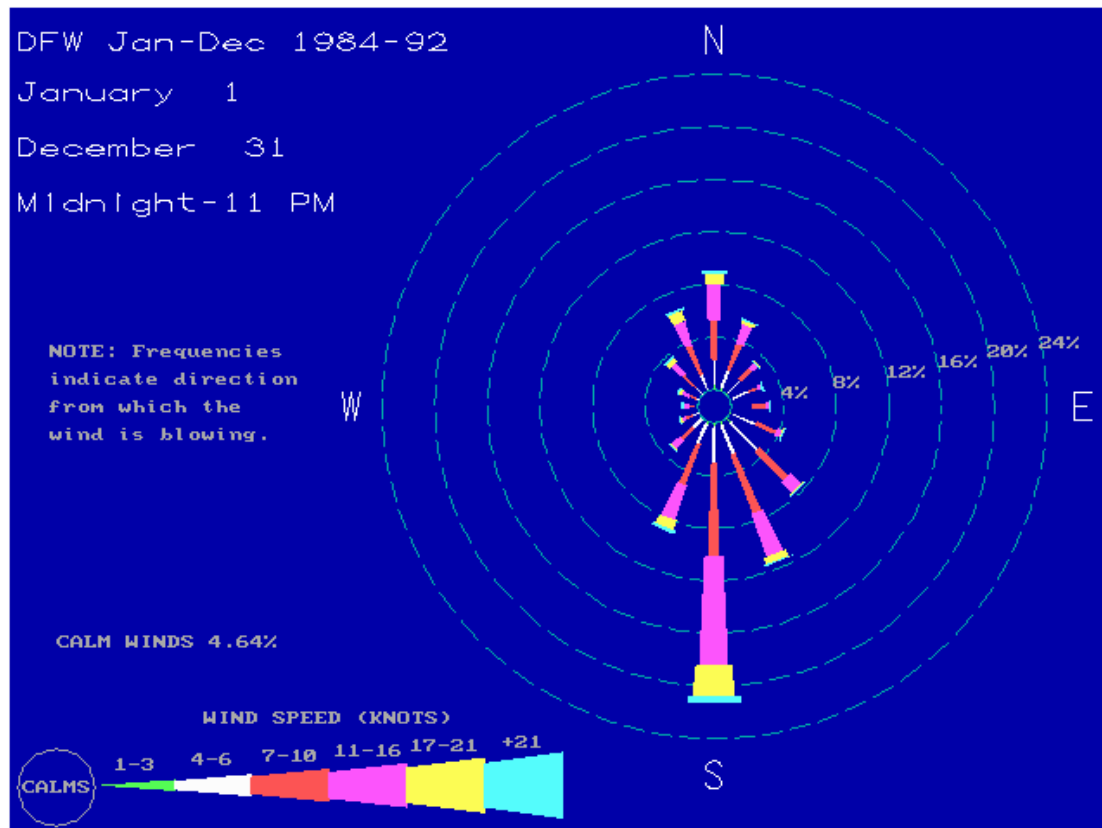
For major repairs, a portable (trailer-mounted) plant can be placed adjacent to the facility to enable the system to remain in compliance during a service outage.

D. Overflow prevention

The plant design to incorporate minimum freeboards allowances. The plant design to incorporate handling peak flows four times the permitted average. The permittee will investigate I&I control options if excessive flows become an issue.

Attachment K
Wind Rose
Tech Report 1.1, Section 5.B

4666207-230739



ATTACHMENT K
JC WATER RESOURCE RECOVERY FACILITY, LLC
JA WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
WIND ROSE

Attachment L
Sewage Sludge Solids Management Plan
Tech Report 1.1, Section 7

4666207-230739

ATTACHMENT L
JC WATER RESOURCE RECOVERY FACILITY, LLC
JC WATER RESOURCE RECOVERY FACILITY
NEW TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION
SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN

- **TREATMENT UNITS AND PROCESS DIMENSIONS**

Sludge Treatment Units are presented Attachment G.

- **PROJECTED SOLIDS GENERATION:**

The table below shows the projected quantity of solids generated at design flows and at 75%, 50%, and 25% design flows

Percent of Design Flow	Dry Pounds Per Day	
	Interim Phase (0.060 MGD)	Final Phase (0.108 MGD)
25%	84	151
50%	63	113
75%	42	76
100%	21	38

It is expected that sludge can be thickened by decanting to 2-percent solids in the plant's solids holding tank. Hauling frequency will vary based on flows, wasteloads, and thickening efficiency. Quantities shown above are based on an assumed production of 0.7 dry tons of solids per million gallons treated.

- **MLSS RANGE:**

MLSS in the aeration basin is expected to be in the 3,000 to 8,000 mg/l range.

- **OWNERSHIP OF ULTIMATE SLUDGE DISPOSAL SITE:**

Sludge is transported by registered hauler, TBD.

Ultimate disposal site is TBD.

Attachment M
Authorized Signatory Affidavit
Admin Report 1.0, Section 3.A

4666207-230739

AFFIDAVIT OF AUTHORITY

Limited Liability Company: JC Water Resource Recovery Facility, LLC

Manager: BLTJ Management, LLC

Affidavit of authority:

On my oath as President of BLTJ Management, LLC, Manager of JC Water Resource Recovery Facility, LLC, and under the penalties of perjury, I swear that BLTJ Management, LLC is the duly appointed and authorized Manager of JC Water Resource Recovery Facility, LLC (the "Company"). I certify that I am the duly elected and authorized President of BLTJ Management, LLC, that BLTJ Management, LLC has not been removed as Manager of JC Water Resource Recovery Facility, LLC, and that BLTJ Management, LLC has the authority to act for and bind the Company in the transaction of the business for which this affidavit is given as affirmation of its authority.

Delegation of authority:

Pursuant to the authority vested in BLTJ Management, LLC as Manager of JC Water Resource Recovery Facility, LLC, Jason Tuberville is appointed as the authorized agent for JC Water Resource Recovery Facility, LLC for the purpose of handling any and all of the day-to-day operations of the Company, with certain restriction as set forth herein. Jason Tuberville shall not have the authority to perform any of the following acts without the prior unanimous written consent of the Manager and Members of the Company:

confess a judgment against the Company or file or consent to filing a petition for or against the Company under any federal or state bankruptcy, insolvency, or reorganization act;

enter into any agreement, contract, commitment, or obligation on behalf of the Company obligating any Member to find additional capital, to make or guarantee a loan, or to increase a Member's personal liability either to the Company or to third parties;

permit the Company's funds to be commingled with the funds of any other person;

act in any way that contradicts the terms, conditions, agreements and provisions of the Company's Operating Agreement;

act in any way that would make it impossible to carry on the business of the Company;

admit any substitute or additional Members into the Company;

amend the Operating Agreement;

dissolve and liquidate the Company;

cause or permit the Company to dispose of, transfer, trade, distribute or encumber all or substantially all of its assets;

cause or permit the Company to incur any indebtedness for borrowed money in excess of \$100,000.00; or

cause or permit the Company to make any expenditure with respect to any project or item or any series of related projects or items in excess of \$100,000.00.

I, in my capacity as President of BLTJ Management, LLC, the Manager of JC Water Resource Recovery Facility, LLC, expressly agree to indemnify, and hold harmless, any person or entity who acts upon the authority granted in this document from any loss, cost, liability, or claim of liability, including all costs incurred to defend and/or settle any loss, cost, liability, or claim asserted against that third party by any person by reasons of the agency vested by this instrument. This document shall bind me in my capacity herein stated and shall bind my heirs, executors, administrators, successors and assigns. No third party to whom this instrument is given shall be obligated to inquire further as to the authority of Jason Tuberville to act on behalf of JC Water Resource Recovery Facility, LLC in his specific and restricted capacity as herein stated, nor will the revocation of his authority be binding upon any third party until written notice of the revocation is actually delivered to the third party in person and until the third party shall have reasonable opportunity to act thereon.

DATED AND EFFECTIVE this 15th day of JUNE, 2023.

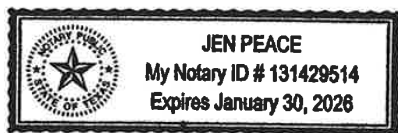
JC Water Resource Recovery Facility, LLC

By: BLTJ Management, LLC, Manager

By: 
Brandon Martino, President

STATE OF TEXAS §
 §
COUNTY OF DENTON §

This instrument was acknowledged before me on the 15th day of JUNE, 2023, by Brandon Martino, President of BLTJ Management, LLC, Manager of JC Water Resource Recovery Facility, LLC.




NOTARY PUBLIC, STATE OF TEXAS