

This file contains the following documents:

- 1. Summary of application (in plain language)
 - English
 - Alternative Language (Spanish)
- 2. First Notice (NORI-Notice of Receipt of Application and Intent to Obtain a Permit)
 - English
 - Alternative Language (Spanish)
- 3. Application materials



Este archivo contiene los siguientes documentos:

- 1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
 - Inglés
 - Idioma alternativo (español)
- 2. Primer aviso (NORI, por sus siglas en inglés)
 - Inglés
 - Idioma alternativo (español)
- 3. Solicitud original

TCEQ

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary as required by <u>Title 30, Texas Administrative Code (30 TAC)</u>, <u>Chapter 39</u>, <u>Subchapter H.</u> Applicants may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements.

If you are subject to the alternative language notice requirements in 30 TAC Section 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 Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Webb County (CN600612758) operates Webb County Colorado Acres Water Treatment Plant (RN101613073), an industrial wastewater treatment facility. The facility is located approximately 0.5 mile northwest of the intersection of Las Lomas Road and U.S. Highway 59, near the city of Laredo, Webb County, Texas 78046. Request for renewal of permit authorizing the evaporation of 9,500 GPD of reverse osmosis water. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain 14. List all expected pollutants here. Reverse osmosis treatment water will be treated by evaporation.

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

AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

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 es una representación ejecutiva fedérale de la solicitud de permiso.

El Condado de Webb (CN600612758) opera la Planta de Tratamiento de Agua Colorado Acres del Condado de Webb (RN101613073), una instalación de tratamiento de aguas residuales industriales. La instalación está ubicada aproximadamente a 0.5 milla al noroeste de la intersección de Las Lomas Road y U.S. Highway 59, cerca de la ciudad de Laredo, Condado de Webb, Texas 78046. Solicitud de renovación de permiso que autoriza la evaporación de 9,500 GPD de agua por ósmosis inversa. Este permiso no autorizará una descarga de contaminantes al agua del estado.

Se espera que las descargas de la instalación contengan 14. Enumere aquí todos los contaminantes esperados. El agua del tratamiento por ósmosis inversa será tratada por evaporación.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



NOTICE OF RECEIPT OF APPLICATION AND INTENT TO OBTAIN WATER QUALITY PERMIT RENEWAL.

PERMIT NO. WQ0004184000

APPLICATION. Webb County, 515 Martha Drive, Rio Bravo, Texas 78046, which owns a reverse osmosis water treatment facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0004184000 to authorize the disposal of reverse osmosis reject water at a volume not to exceed a daily average flow of 9,500 gallons per day via evaporation. The water treatment facility and disposal area are located approximately 0.5 miles northwest of the intersection of Las Lomas Road and U.S. Highway 59, near the city of Laredo, in Webb County, Texas 78044. TCEQ received this application on March 20, 2025. The permit application will be available for viewing and copying at Webb County Courthouse, 1000 Houston Street, Laredo, in Webb County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications. 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=-99.229722,27.619444&level=18

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications. El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications.

ADDITIONAL NOTICE. TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. Notice of the Application and Preliminary Decision will be published and mailed to those who are on the countywide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public

interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. Unless the application is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone who submitted public comments and to those persons who are on the mailing list for this application. If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

TO REQUEST A CONTESTED CASE HEARING, YOU MUST INCLUDE THE FOLLOWING ITEMS IN YOUR REQUEST: your name, address, phone number; applicant's name and proposed permit number; the location and distance of your property/activities relative to the proposed facility; a specific description of how you would be adversely affected by the facility in a way not common to the general public; a list of all disputed issues of fact that you submit during the comment period and, the statement "[I/we] request a contested case hearing." If the request for contested case hearing is filed on behalf of a group or association, the request must designate the group's representative for receiving future correspondence; identify by name and physical address an individual member of the group who would be adversely affected by the proposed facility or activity; provide the information discussed above regarding the affected member's location and distance from the facility or activity; explain how and why the member would be affected; and explain how the interests the group seeks to protect are relevant to the group's purpose.

Following the close of all applicable comment and request periods, the Executive Director will forward the application and any requests for reconsideration or for a contested case hearing to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

The Commission may only grant a request for a contested case hearing on issues the requestor submitted in their timely comments that were not subsequently withdrawn. If a hearing is granted, the subject of a hearing will be limited to disputed issues of fact or mixed questions of fact and law relating to relevant and material water quality concerns submitted during the comment period. TCEQ may act on an application to renew a permit for discharge of wastewater without providing an opportunity for a contested case hearing if certain criteria are met.

MAILING LIST. If you submit public comments, a request for a contested case hearing or a reconsideration of the Executive Director's decision, you will be added to the mailing list for this specific application to receive future public notices mailed by the Office of the Chief Clerk. In addition, you may request to be placed on: (1) the permanent mailing list for a specific applicant name and permit number; and/or (2) the mailing list for a specific county. If you wish to be placed on the permanent and/or the county mailing list, clearly specify which list(s) and send your request to TCEQ Office of the Chief Clerk at the address below.

INFORMATION AVAILABLE ONLINE. For details about the status of the application, visit the Commissioners' Integrated Database at www.tceq.texas.gov/goto/cid. Search the database using the permit number for this application, which is provided at the top of this notice.

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at https://www14.tceq.texas.gov/epic/eComment/, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from Webb County at the address stated above or by calling Mr. Javier Gonzalez, Interim Director, at 956-480-8214.

Issuance Date: April 22, 2025

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 RENOVACION

PERMISO NO. WQ0004184000

SOLICITUD. El Condado de Webb, 515 Martha Drive, Rio Bravo, Texas 78046, que posee una instalación de tratamiento de agua por ósmosis inversa, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para renovar el Permiso de Aplicación en Terrenos de Texas (TLAP) No. WQ0004184000 para autorizar la eliminación de agua rechazada por ósmosis inversa en un volumen que no exceda un flujo promedio diario de 9,500 galones por día a través de la evaporación. La instalación de tratamiento de agua y el área de eliminación están ubicadas aproximadamente a 0.5 millas al noroeste de la intersección de Las Lomas Road y U.S. Highway 59, cerca de la ciudad de Laredo, en el Condado de Webb, Texas 78044. La TCEQ recibió esta solicitud el 20 de marzo de 2025. La solicitud de permiso estará disponible para ver y copiar en Webb County Courthouse, 1000 Houston Street, Laredo, en el Condado de Texas, Texas, antes de la fecha de publicación de este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web:

https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications. 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=-99.229722,27.619444&level=18

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications.

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. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

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 del 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.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

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 Condado de Webb a la dirección indicada arriba o llamando al Sr. Javier Gonzalez, Director Interino, at 956-480-8214.

Fecha de emisión: 22 de abril de 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the industrial wastewater permit application.

APPLICANT NAME: Webb County

PERMIT NUMBER (If new, leave blank): WQ00 04184000

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

	Y	N		Y	N
Administrative Report 1.0	\boxtimes		Worksheet 8.0		\boxtimes
Administrative Report 1.1		\boxtimes	Worksheet 9.0		\boxtimes
SPIF			Worksheet 10.0		\boxtimes
Core Data Form	\boxtimes		Worksheet 11.0		\boxtimes
Public Involvement Plan Form		\boxtimes	Worksheet 11.1		\boxtimes
Plain Language Summary	\boxtimes		Worksheet 11.2		
Technical Report 1.0	\boxtimes		Worksheet 11.3		\boxtimes
Worksheet 1.0		\boxtimes	Original USGS Map	\boxtimes	
Worksheet 2.0	\boxtimes		Affected Landowners Map		\boxtimes
Worksheet 3.0	\boxtimes		Landowner Disk or Labels		\boxtimes
Worksheet 3.1		\boxtimes	Flow Diagram	\boxtimes	
Worksheet 3.2		\boxtimes	Site Drawing	\boxtimes	
Worksheet 3.3		\boxtimes	Original Photographs		\boxtimes
Worksheet 4.0		\boxtimes	Design Calculations		\boxtimes
Worksheet 4.1		\boxtimes	Solids Management Plan		\boxtimes
Worksheet 5.0		\boxtimes	Water Balance		\boxtimes
Worksheet 6.0	\boxtimes				
Worksheet 7.0		\boxtimes			
For TCEQ Use Only	A DOMESTICAL SECTION	dientrieff, per an etteralismen			
Segment Number Expiration Date: Permit Number	A STATE OF STATE OF	Region.	the state of the s		

STORMAN OUT

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report.

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use the Oil and Gas Exploration and Production Administrative Report (TCEQ Form-20893 and 20893-inst¹).

Ite	em 1. Application Information and Fees (Instructions, Page 26)
a.	Complete each field with the requested information, if applicable.
	Applicant Name: Webb County
	Permit No.: WQ0004184000
	EPA ID No.: TX0Click to enter text.
	Expiration Date: 5/1/2025
b.	Check the box next to the appropriate authorization type.
	☑ Industrial Wastewater (wastewater and stormwater)
	☐ Industrial Stormwater (stormwater only)
c.	Check the box next to the appropriate facility status.
	⊠ Active □ Inactive
Ь	Check the box next to the appropriate permit type.
u.	☐ TPDES Permit ☐ TLAP ☐ TPDES with TLAP component
e.	Check the box next to the appropriate application type.
	□ New
	\square Renewal with changes \boxtimes Renewal without changes
	\square Major amendment with renewal \square Major amendment without renewal
	☐ Minor amendment without renewal
	☐ Minor modification without renewal
f.	If applying for an amendment or modification, describe the request: Click to enter text.
For	TCEQ Use Only
	gment NumberCounty
	piration Date,Region,

¹ https://www.tceq.texas.gov/publications/search_forms.html TCEQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report

TCEQ ePay Voucher Receipt

-Transaction	

Voucher Number:

757626

Trace Number:

582EA000659448

Date:

03/14/2025 09:19 AM

Payment Method: Voucher Amount: CC - Authorization 0000071910

Fee Type:

WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - RENEWAL

ePay Actor:

STEPHANIE LANDSMAN

Payment Contact Information

Name:

STEPHANIE LANDSMAN

Company:

LANDSMAN ENVIRONMENTAL LLC

Address:

9597 JONES ROAD 962, JERSEY VILLAGE, TX 77065

Phone: 281-658-5899

Site Information -

Site Name: Site Address: Site Location: WEBB COUNTY COLORADO ACRES WATER TREATMENT PLANT

NORTH OF SH 59 APPROXIMATELY, LAREDO TX, TX 78046

NORTH OF SH 59 APPROXIMATELY 15 MILES EAST OF LAREDO TX

-Customer Information

Customer Name:

WEBB COUNTY

Customer Address: 515 MARTHA DRIVE, RIO BRAVO, TX 78046

Other Information

Program Area ID:

0004184000

TCEQ ePay Voucher Receipt

-Transaction Information -

757627 Voucher Number:

Trace Number:

582EA000659448

Date:

03/14/2025 09:19 AM

Payment Method:

CC - Authorization 0000071910

Voucher Amount: Fee Type:

\$15.00 30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE

ePay Actor:

STEPHANIE LANDSMAN

-Payment Contact Information -

Name:

STEPHANIE LANDSMAN

Company:

Address:

LANDSMAN ENVIRONMENTAL LLC 9597 JONES ROAD 962, JERSEY VILLAGE, TX 77065

Phone:

281-658-5899

g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines	□ \$350	□ \$350	⊠ \$315	□ \$150
(40 CFR Parts 400-471)				
Minor facility subject to EPA categorical effluent guidelines	□ \$1,250	□ \$1,250	□ \$1,215	□ \$150
(40 CFR Parts 400-471)				
Major facility	N/A ²	□ \$2,050	□ \$2,015	□ \$450

h. Payment Information

Mailed

Check or money order No.: Click to enter text.

Check or money order amt.: Click to enter text.

Named printed on check or money order: Click to enter text.

Epay

Voucher number: 757626/757627

Copy of voucher attachment: Click to enter text.

Item 2. Applicant Information (Instructions, Pages 26)

- a. Customer Number, if applicant is an existing customer: <u>CN600612758</u> Note: Locate the customer number using the TCEO's Central Registry Customer Search³.
- b. Legal name of the entity (applicant) applying for this permit: Webb County Note: The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.
- c. Name and title of the person signing the application. (Note: The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.) Prefix: Click to enter text.

Title: Interim Directgor

Full Name (Last/First Name): Gonzalez, Javier

Credential: Click to enter text.

d. Will the applicant have overall financial responsibility for the facility?

\boxtimes	Yes	No

² All facilities are designated as minors until formally classified as a major by EPA.

https://www15.fceq.texas.gov/crpuh/index.cfm?fuseaction=cust.CustSearch

Note: The entity with overall financial responsibility for the facility must apply as a coapplicant, if not the facility owner.

Item 3. Co-applicant Information (Instructions, Page 27)

☑ Check this box if there is no co-applicant.; otherwise, complete the below questions.

- a. Legal name of the entity (co-applicant) applying for this permit: <u>Click to enter text.</u>
 Note: The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.
- b. Customer Number (if applicant is an existing customer): <u>CNClick to enter text.</u>

 Note: Locate the customer number using the TCEQ's Central Registry Customer Search.
- c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: Click to enter text.

Full Name (Last/First Name): Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

d. Will the co-applicant have overall financial responsibility for the facility?

☐ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a coapplicant, if not the facility owner.

Item 4. Core Data Form (Instructions, Pages 27)

a. Complete one Core Data Form (TCEQ Form 10400) for each customer (applicant and coapplicant(s)) and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: <u>D</u>

Item 5. Application Contact Information (Instructions, Page 27)

Provide names of two individuals who can be contact for additional information about this application. Indicate if the individual can be contact about administrative or technical information, or both.

Prefix: Ms. Full Name (Last/First Name): Landsman, Stephanie

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City/State/Zip: Jersey Village, TX 77065

Phone No: <u>281-658-5899</u>

Email: stephanie@landsmanenviro.com

b. ☐ Administrative Contact ☐ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Gonzalez, Javier

Title: Interim Director

Credential: Click to enter text.

Organization Name: Webb County

Mailing Address: 513 Martha Drive

City/State/Zip: Rio Bravo, TX 78046

TCEQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report

Page 5 of 18

Phone No: <u>956-480-8214</u> Email: <u>javierg@webbcountytx.gov</u>

Attachment: Click to enter text.

Item 6. Permit Contact Information (Instructions, Page 28)

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

a. Prefix: Mr. Full Name (Last/First Name): Gonzalez, Javier

Title: Interim Director Credential: Click to enter text.

Organization Name: Webb County

Mailing Address: 513 Martha Drive City/State/Zip: Rio Bravo, TX 78046

Phone No: 956-480-8214 Email: javierg@webbcountytx.gov

b. Prefix: <u>Click to enter text.</u> Full Name (Last/First Name): <u>Click to enter text.</u>

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

Attachment: Click to enter text.

Item 7. Billing Contact Information (Instructions, Page 28)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for 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 (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

Prefix: Mr. Full Name (Last/First Name): Diaz, Enrique

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Webb County

Mailing Address: 515 Martha Drive City/State/Zip: Rio Bravo, TX 78046

Phone No: 956-480-8214 Email: endiaz@webbcountytx.gov

Item 8. DMR/MER Contact Information (Instructions, Page 28)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

Prefix: Mr. Full Name (Last/First Name): Diaz, Enrique

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Webb County

Mailing Address: 515 Martha Drive City/State/Zip: Rio Bravo, TX 78046

Phone No: 956-480-8214 Email: endiaz@webbcountytx.gov

TCEQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report Page 6 of 18

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Ms. Full Name (Last/First Name): Landsman, Stephanie

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City/State/Zip: Jersey Village, TX 77065

Phone No: 281-658-5899

Email: stephanie@landsmanenviro.com

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

☑ E-mail: stephanie@landsmanenviro.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

City/State/Zip Code: Click to enter text.

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Gonzalez, Javier

Title: Interim Director

Credential: Click to enter text.

Organization Name: Webb County

Phone No: 956-480-8197

Email: javierg@webbcountytx.gov4184000

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.

Public building name: <u>Webb County Courthouse</u> Location within the building: <u>Click to enter text.</u>

Physical Address of Building: 1000 Houston St.

City: RioBravo County: Webb

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.

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s) is 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 Item 8 (Regulated Entity and Permitted Site Information.)
	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 □ N/A
	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.	Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: $\underline{\bf E}$
g.	Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: N/A
Ite	em 10. Regulated Entity and Permitted Site Information (Instructions Page 29)
a.	TCEQ issued Regulated Entity Number (RN), if available: RN101613073
	Note: If your business site is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.
b.	Name of project or site (the name known by the community where located): <u>Webb County Colorado Acres Water Plant</u>
c.	Is the location address of the facility in the existing permit the same?
	Note: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.
d.	Owner of treatment facility:
	Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
	or Organization Name: Webb County
	Mailing Address: 515 Martha Drive City/State/Zip: Rio Bravo, TX 78046
	Phone No: <u>956-480-8263</u> Email: <u>rcflores@webbcountytx.gov</u>
e.	Ownership of facility: \boxtimes Public \square Private \square Both \square Federal
f.	Owner of land where treatment facility is or will be: Click to enter text.
TC	EQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report Page 8 of 18

	Prefix: <u>Click to enter text.</u> Fu	ll Name (Last/First Name): <u>Click to enter text.</u>				
	or Organization Name: Webb Cou	inty				
	Mailing Address: 515 Martha Driv	ve City/State/Zip: Rio Bravo, TX	78046			
	Phone No: <u>956-480-8263</u> Em	nail: <u>rcflores@webbcountytx.gov</u>				
		ity owner, attach a long-term lease agreement in a lease may not suffice - see instructions). Attac				
g.	. Owner of effluent TLAP disposal	site (if applicable): N/A				
	Prefix: Click to enter text. Full	ll Name (Last/First Name): <u>Click to enter text.</u>				
	or Organization Name: Click to e	nter text.				
	Mailing Address: Click to enter te	ext. City/State/Zip: Click to enter	text.			
	Phone No: Click to enter text. Em	aail: <u>Click to enter text.</u>				
	Note: If not the same as the faciliat least six years. Attachment: <u>Cl.</u>	ity owner, attach a long-term lease agreement in ick to enter text.	a effect for			
h.	. Owner of sewage sludge disposal	site (if applicable):				
	Prefix: <u>N/A</u> Full Name (La	Prefix: N/A Full Name (Last/First Name): Click to enter text.				
	or Organization Name: Click to e	or Organization Name: Click to enter text.				
	Mailing Address: Click to enter to	ext. City/State/Zip: Click to enter	text.			
	Phone No: Click to enter text. Ema	ail: <u>Click to enter text.</u>				
	Note: If not the same as the faciliat least six years. Attachment: Cl	ty owner, attach a long-term lease agreement is ick to enter text.	a effect for			
Ito	tem 11. TDPES Discharge/ Page 31)	TLAP Disposal Information (Instruc	tions,			
a.	. Is the facility located on or does	the treated effluent cross Native American Land	d?			
	□ Yes ⊠ No					
b.		Topographic Map (or an 8.5"×11" reproduced pons) with all required information. Check the bostoen included on the map.				
	⊠ One-mile radius	☐ Three-miles downstream informa	tion			
	⊠ Applicant's property boundari	es ☐ Treatment facility boundaries				
	\square Labeled point(s) of discharge	\square Highlighted discharge route(s)				
	\square Effluent disposal site boundar	ies ⊠ All wastewater ponds				
	\square Sewage sludge disposal site	\square New and future construction				
	Attachment: Click to enter text.	•				
c.		lge disposal site in the existing permit accurate	:?			
	☐ Yes ☐ No or New Permit					
TC	If no, or a new application, providing TEQ-10411 (01/08/2024) Industrial Waster	de an accurate location description: Click to entail vater Application Administrative Report	ter text. Page 9 of 18			

d.	Are the point(s) of discharge in the existing permit correct?
	☐ Yes ☐ No or New Permit
	If no, or a new application, provide an accurate location description: Click to enter text.
e.	Are the discharge route(s) in the existing permit correct?
	☐ Yes ☐ No or New Permit
	If no, or a new permit, provide an accurate description of the discharge route: $\underline{\text{Click to enter}}$ $\underline{\text{text.}}$
f.	City nearest the outfall(s): Click to enter text.
g.	County in which the outfalls(s) is/are located: Click to enter text.
h.	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: \square Authorization granted \square Authorization pending
	For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: <u>Click to enter text.</u>
	For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: <u>Click to enter text.</u>
i.	For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
	\square Yes No or New Permit \square Click to enter text.
	If no, or a new application, provide an accurate location description: Click to enter text.
j.	City nearest the disposal site: <u>Laredo</u>
k.	County in which the disposal site is located: <u>Webb</u>
l.	For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: <u>Click to enter text.</u>
m.	For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: <u>Click to enter text.</u>

Item 12. Miscellaneous Information (Instructions, Page 33)

a.	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: <u>Click to enter text.</u>
b.	Do you owe any fees to the TCEQ?
	□ Yes ⋈ No
	If yes, provide the following information:
	Account no.: Click to enter text.
	Total amount due: <u>Click to enter text.</u>
c.	Do you owe any penalties to the TCEQ?
	□ Yes ⋈ No
	If yes, provide the following information:
	Enforcement order no.: Click to enter text.
	Amount due: <u>Click to enter text.</u>

Item 13: Signature Page (Instructions, Page 33)

Permit No: WQ0004184000

Applicant Name: Webb County

Certification: I, <u>Javier Gonzalez</u>, 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): Javier Gonzalez

Signatory title: Interim Director	
Signature: (Use blue ink)	Date: 02-18-25
Subscribed and Sworn to before me by the said	er Gonzalez
on this <u>February</u> day of _	18 th , 20 25.
My commission expires on the day of	18 th , 20 27th
Notary Public Webb	JESUS ALEJANDRO CRUZ Notary Public, State of Texas Comm. Expires 08-18-2027 Notary ID 13451652-1
County, Texas	What shall be a second of the

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For **additional information** or clarification on the requested information, please refer to the <u>Instructions for Completing the Industrial Wastewater Permit Application</u>¹ available on the TCEQ website. Please contact the Industrial Permits Team at 512-239-4671 with any questions about this form.

If more than one outfall is included in the application, provide applicable information for each individual outfall. If an item does not apply to the facility, enter N/A to indicate that the item has been considered. Include separate reports or additional sheets as clearly cross-referenced attachments and provide the attachment number in the space provided for the item the attachment addresses.

NOTE: This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

Item 1. Facility/Site Information (Instructions, Page 39)

Pr	ocess potable water with a reverse osmosis system and rejected brine water.
De	scribe all wastewater-generating processes at the facility.
	ne facility processes groundwater through a reverse osmosis system and rejected brine water to a evaporation pond.

https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

Raw Materials	Inter	mediate Products	Final Products
Well water	Filter	r water	Drinking water
Attachment: Click to en	nter text,		
d. Attach a facility map (d	lrawn to sca	ale) with the following	information:
 Production areas, m and water intake str 		areas, materials-hand	ling areas, waste-disposal areas
 The location of each sumps, impoundment outfall locations. 	n unit of the ents, outfall	e WWTP including the s, and sampling point	location of wastewater collections, if significantly different from
Attachment: <u>F</u>			
e. Is this a new permit ap	plication fo	or an existing facility?	
□ Yes ⊠ N	О		
If yes , provide back	ground dis	cussion: Click to enter	text.
f. Is/will the treatment fa level.	acility/dispo	osal site be located abo	ove the 100-year frequency floo
⊠ Yes □ N	o		
List source(s) used to d	letermine 1	00-year frequency floo	od plain: <u>FEMA</u>
protective measures ar	e used/pro	posed to prevent floor	ood plain and describe what ding (including tail water and sposal area: Click to enter text.
Attachment: Click to e	nter text,		
g. For new or major ame			any construction operations re
in a discharge of fill m	aterial into	a water in the state?	
in a discharge of fill m	.4.4	a water in the state? N/A (renewal only)	

h.	If yes to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?
	□ Yes □ No
	If yes , provide the permit number: Click to enter text
	If no , provide an approximate date of application submittal to the USACE: Click to enter text.
It	em 2. Treatment System (Instructions, Page 40)
a.	List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.
	N/A
b.	Attach a flow schematic with a water balance showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.
	Attachment: Click to enter text,
It	em 3. Impoundments (Instructions, Page 40)
Do	oes the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)
	⊠ Yes □ No
3.6	no, proceed to Item 4. If yes, complete Item 3.a for existing impoundments and Items 3.a - e for new or proposed impoundments. NOTE: See instructions, Pages 40-42, for additional formation on the attachments required by Items 3.a - 3.e.
a.	Complete the table with the following information for each existing, new, or proposed impoundment. Attach additional copies of the Impoundment Information table, if needed.
	Use Designation: Indicate the use designation for each impoundment as Treatment (T), Disposal (D), Containment (C), or Evaporation (E).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (**C**), In-situ clay liner (**I**), Synthetic/plastic/rubber liner (**S**), or Alternate liner (**A**). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (**A**) is selected, include an attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter Y for yes. Otherwise, enter N for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter Y for yes. Otherwise, enter N for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)	E			
Associated Outfall Number	N/A			
Liner Type (C) (I) (S) or (A)	С			
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)	200			
Width (ft)	200			
Max Depth From Water Surface (ft), Not Including Freeboard	3			
Freeboard (ft)	3			
Surface Area (acres)	2.75			
Storage Capacity (gallons)	897			
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment: Click to enter text.

The following information (Items 3.b - 3.e) is required only for new or proposed impoundments.

b.	ite		If attache				ents, attach any available information on the following ne appropriate box. Otherwise, check no or not yet
	1.	Lin	er data				
			Yes		No		Not yet designed
	2.	Lea	k detecti	on sy	stem or	grou	ndwater monitoring data
			Yes		No		Not yet designed
	3.	Gro	undwate	r imj	pacts		
			Yes		No		Not yet designed
							the bottom of the pond is not above the seasonal high- vater-bearing zone.
	At	tach	ment: Cli	ick t	enter te	ext,	
o	r T	LAP.	applicati	ons:	Items 3.	c – 3	.e are not required , continue to Item 4.
	an	d ide		ll kn			y of original quality and scale which accurately locates pply wells and monitor wells within ½-mile of the
	At	tach	ment: Cli	ick to	enter te	ext.	
ł.	da	ta or	depths	to gr	oundwat	er fo	Reports (e.g., driller's logs, completion data, etc.), and or all known water supply wells including a description of vere obtained.
	At	tach	ment: Cli	ick to	enter te	xt.	
2.	ass	sess	the poter	ntial	for migra	ation	the groundwater, soils, geology, pond liner, etc. used to of wastes from the impoundments or the potential for surface water.
	Δt	tach	ment Cli	ick to	enter te	vt	

Item 4. Outfall/Disposal Method Information (Instructions, Page 42)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge, and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/0r numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

For TLAP applications: Indicate the disposal method and each individual irrigation area I, evaporation pond E, or subsurface drainage system S by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall** number (e.g. E1 for evaporation pond 1, I2 for irrigation area No. 2, etc.).

Outfall No.	Latitude (De	cimal De	grees)	L	ongit	ude (De	cimal D	egree	s)
					****	Y-10-1			
					************		7		
	1								
	on Description		NAME OF THE PARTY						**************************************
Outfall No.	Location Des	scription							
								,	-
escription of	Sampling Point	(s) (if diffe	erent fro	om Outfall le	ocatio	n)			
Outfall No.	Description	of sampli	ing poi	nt					
nutfall Elour I	0 4 5								
JULIAN FIUW II	nformation – Per	mitted an	d Propo	sed					
	Permitted	Permi	tted	Propose		Propo			icipated
Outfall No.	Permitted Daily Avg	Permi Daily	tted Max	Propose Daily Av	vg	Daily	Max	Disc	charge Date
	Permitted	Permi	tted Max	Propose	vg		Max	Disc	
	Permitted Daily Avg	Permi Daily	tted Max	Propose Daily Av	vg	Daily	Max	Disc	charge Date
	Permitted Daily Avg	Permi Daily	tted Max	Propose Daily Av	vg	Daily	Max	Disc	charge Date
Outfall No.	Permitted Daily Avg Flow (MGD)	Permi Daily Flow (tted Max (MGD)	Propose Daily Av	vg	Daily	Max	Disc	charge Date
Outfall No.	Permitted Daily Avg Flow (MGD) rge – Method an	Permi Daily Flow (tted Max (MGD)	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD)	Disc (mn	charge Date n/dd/yy)
Outfall No.	Permitted Daily Avg Flow (MGD)	Permi Daily Flow (tted Max (MGD)	Propose Daily Av	vg GD)	Daily Flow (Max MGD)	Disc (mn	charge Date
Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an	Permi Daily Flow (tted Max (MGD) ement Gravi	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD) of Flow	Disc (mn	charge Daten/dd/yy)
Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an	Permi Daily Flow (tted Max (MGD) ement Gravi	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD) of Flow	Disc (mn	charge Daten/dd/yy)
Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an	Permi Daily Flow (tted Max (MGD) ement Gravi	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD) of Flow	Disc (mn	charge Daten/dd/yy)
Outfall No. Outfall Discha Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an Pumped Disc Y/N	Permi Daily Flow (ement Gravi	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD) of Flow	Disc (mn	charge Daten/dd/yy)
Outfall No. Outfall Discha Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an Pumped Disc Y/N	Permi Daily Flow (ad Measur charge?	ement Gravi Y/N	Propose Daily Av Flow (M	vg GD) ge?	Type Device	Max MGD) of Flow ce Used	Disc (mn	charge Date n/dd/yy) surement
Outfall No. Outfall Discha Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an Pumped Disc Y/N	Permi Daily Flow (ement Gravi Y/N sous Sous Sous Sous Sous D	Propose Daily Av Flow (M	ge?	Daily Flow (Max MGD) of Flow	Disc (mn	charge Daten/dd/yy)

Outfall Wastestream Contributions

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
	,	
A A A A A A A A A A A A A A A A A A A		

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
1.0.1		

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
•		

Attachment: Click to enter text.

Item 5. Blowdown and Once-Through Cooling Water Discharges (Instructions, Page 43)

a. Indicate if the facility curren	itly or proposes to:
------------------------------------	----------------------

☐ Yes ☒ No Use cooling towers that discharge blowdown or other wastestreams

☐ Yes ☒ No Use boilers that discharge blowdown or other wastestreams

□ Yes ⊠ No Discharge once-through cooling water

NOTE: If the facility uses or plans to use cooling towers or once-through cooling water, Item 12 **is required.**

- b. If **yes** to any of the above, attach an SDS with the following information for each chemical additive.
 - Manufacturers Product Identification Number
 - Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
 - Chemical composition including CASRN for each ingredient
 - Classify product as non-persistent, persistent, or bioaccumulative
 - Product or active ingredient half-life
 - Frequency of product use (e.g., 2 hours/day once every two weeks)
 - Product toxicity data specific to fish and aquatic invertebrate organisms
 - Concentration of whole product or active ingredient, as appropriate, in wastestream.

In addition to each SDS, attach a summary of the above information for each specific wastestream and the associated chemical additives. Specify which outfalls are affected.

Attachment: Click to enter text.

c. Cooling Towers and Boilers

If the facility currently or proposes to use cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s), complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Cooling Towers			
Boilers			

Item 6. Stormwater Management (Instructions, Page 44)

Will any existing/proposed outfalls discharge stormwater associated with industrial activities, as defined at 40 CFR § 122.26(b)(14), commingled with any other wastestream?

□ Yes ⊠ No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in a manner which may result in exposure of the activities or materials to stormwater: Click to enter text.

Item 7. Domestic Sewage, Sewage Sludge, and Septage Management and Disposal (Instructions, Page 44)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

a.	Check the box next to the appropriate method of sludge treatment or disposal. Complete Workshee	
	☑ Domestic sewage is routed (i.e., connected to or receive domestic sewage for treatment, disposa	r transported to) to a WWTP permitted to
	☐ Domestic sewage disposed of by an on-site sept Item 7.b.	tic tank and drainfield system. Complete
	☐ Domestic and industrial treatment sludge ARE	commingled prior to use or disposal.
	☐ Industrial wastewater and domestic sewage are sludge IS NOT commingled prior to sludge use	
	☐ Facility is a POTW. Complete Worksheet 5.0.	
	☐ Domestic sewage is not generated on-site.	
	□ Other (e.g., portable toilets), specify and Comple	ete Item 7.b: Click to enter text.
	Provide the name and TCEQ, NPDES, or TPDES Per which receives the domestic sewage/septage. If ha name and TCEQ Registration No. of the hauler.	
110	mache Sawaga Plant/Haiilar Nama	
_	omestic Sewage Plant/Hauler Name Plant/Hauler Name	Permit/Registration No.
_		Permit/Registration No.
_		Permit/Registration No.
P		ce/Enforcement
It	em 8. Improvements or Complian	ce/Enforcement , Page 45)
It	em 8. Improvements or Complian Requirements (Instructions) Is the permittee currently required to meet any im	ce/Enforcement , Page 45)
It a.	em 8. Improvements or Complian Requirements (Instructions) Is the permittee currently required to meet any imenforcement? Yes No	ce/Enforcement , Page 45) uplementation schedule for compliance or
It a.	lant/Hauler Name em 8. Improvements or Complian Requirements (Instructions) Is the permittee currently required to meet any imenforcement?	ce/Enforcement , Page 45) uplementation schedule for compliance or

						cute or chi n to the dis					the discharge	s or
	4000	Ye	s 🗵	No								
If	yes,	ider	ntify th	ne tests	s and d	escribe the	eir purpo	oses: Click	k to ente	r text.		
						all tests pe enter text.	erformed	d which h	ave not	oeen sub	mitted to the	TCEQ
It	em	1(). Of	f-Sit	e/Th	ird Par	ty Wa	stes (l	Instru	ctions	, Page 45)
a.						eive waste plication,					nt at the facili ll?	ity,
			Yes		No							
	If y	es,]	provid	e respo	onses to	o Items 10	.b throu	gh 10.d b	elow.			
	If n	o, p	roceec	l to Ite	m 11.							
b.	Att	ach	the fo	llowing	inforn	nation to t	he appli	cation:				
		List was		stes re	ceived (including	volumes	s, characte	erization	, and cap	ability with o	n-site
			itify the		ces of v	wastes rec	eived (in	cluding t	he legal 1	name and	d addresses of	the
	•	Des	criptio	n of th	e relati	ionship of	waste so	ource(s) w	vith the f	acility's a	activities.	
	Att	achi	nent:	Click t	o enter	text.						
C.	wit	h th	is facil		astewa						cility commin ge via the fina	
			Yes		No							
	•				-	_					umber of the to this activity	y.
	Att	achi	nent:	Click t	o enter	text.						
d.											any SIU and l TPDES program	
			Yes		No							
If y	yes,	Woı	kshee	t 6.0 o	f this a	pplication	is requi	ired.				
It	em	1]	. Ra	dioa	ctive	Mater	ials (I	nstruc	ctions,	Page	46)	
a.	Are	/wil	l radio	active	materi	als be min	ed, used	l, stored,	or proces	ssed at th	nis facility?	
			Yes		No							
	-				_	ble to prov nay be pre				-	he effluent fo	r all
TC	EQ-10	0055	(01/08/	/2024) It	ndustrial	Wastewater	Permit Ap	plication T	echnical Re	eport	Page 10	of 82

Item 9. Toxicity Testing (Instructions, Page 45)

	rial Name	Concentration (pCi/L)
radioactive mate		ave any knowledge or reason to believe that ischarge, including naturally occurring on the facility property?
□ Yes ⊠ N	No.	
radioactive mate information pro	erials that may be present. Provided in response to Item 11.	results of one analysis of the effluent for all ovide results in pCi/L. Do not include a.
Radioactive Material	s Present in the Discharge rial Name	Concentration (pCi/L)
tem 12. Coo	ling Water (Instruct	ions, Page 46)
	TILL I MICEL (ILLOCK MCC	
- WALLERS		6
. Does the facility	use or propose to use water	for cooling purposes?
. Does the facility □ Yes	⊠, No	
. Does the facility	460	
. Does the facility Yes If no , stop here.	☑ No If yes , complete Items 12.b th	
. Does the facility Yes If no , stop here.	☑ No If yes , complete Items 12.b th	hru 12.f.
Does the facility ☐ Yes If no , stop here. Cooling water is	☑ No If yes , complete Items 12.b the solution of the soluti	hru 12.f.
Does the facility ☐ Yes If no , stop here. Cooling water is ☐ Yes If yes , stop here	☑ No If yes , complete Items 12.b the solution of the soluti	hru 12.f.
Does the facility ☐ Yes If no, stop here. Cooling water is ☐ Yes If yes, stop here. Cooling Water S	☑ No If yes , complete Items 12.b the solution of the soluti	hru 12.f. undwater source (e.g., on-site well).
Does the facility ☐ Yes If no, stop here. Cooling water is ☐ Yes If yes, stop here. Cooling Water S 1. Provide the reserved.	☑ No If yes , complete Items 12.b the solution of the soluti	hru 12.f. undwater source (e.g., on-site well). rator(s) for the CWIS that supplies or will
Does the facility ☐ Yes If no, stop here. Cooling water is ☐ Yes If yes, stop here Cooling Water S 1. Provide the resupply water	☑ No If yes , complete Items 12.b the solution of the owner(s) and open	hru 12.f. Indwater source (e.g., on-site well). rator(s) for the CWIS that supplies or will facility.
I. Does the facility Yes If no, stop here. Cooling water is Yes If yes, stop here. Cooling Water S Provide the r supply water	☑ No If yes , complete Items 12.b the solution of the owner(s) and open of the for cooling purposes to the force of the cooling purposes to the cooling purpose to the cooling purposes to the cooling purpose to the cooling	hru 12.f. Indwater source (e.g., on-site well). rator(s) for the CWIS that supplies or will facility.
Does the facility □ Yes If no , stop here. Cooling water is □ Yes If yes , stop here Cooling Water S supply water Cooling Water Intake	☑ No If yes , complete Items 12.b the solution of the owner(s) and open of the for cooling purposes to the force of the cooling purposes to the cooling purpose to the cooling purposes to the cooling purpose to the cooling	hru 12.f. Indwater source (e.g., on-site well). rator(s) for the CWIS that supplies or will facility.

	2.	Cooling water is/will be obtained from a Public Water Supplier (PWS)
		□ Yes □ No
		If no , continue. If yes , provide the PWS Registration No. and stop here: <u>PWS No. Click</u> to enter text.
	3.	Cooling water is/will be obtained from a reclaimed water source?
		□ Yes □ No
		If no , continue. If yes , provide the Reuse Authorization No. and stop here: Click to ente text.
	4.	Cooling water is/will be obtained from an Independent Supplier
		□ Yes □ No
		If no , proceed to Item 12.d. If yes , provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes and proceed: Click to enter text.
d.	31	6(b) General Criteria
	1.	The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.
		□ Yes □ No
	2.	At least 25% of the total water withdrawn by the CWIS is/will be used at the facility exclusively for cooling purposes on an annual average basis.
		□ Yes □ No
	3.	The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in 40 CFR § 122.2.
		□ Yes □ No
		If no , provide an explanation of how the waterbody does not meet the definition of Waters of the United States in 40 CFR § 122.2: Click to enter text.
		to all three questions in Item 12.d, the facility meets the minimum criteria to be subject full requirements of Section 316(b) of the CWA. Proceed to Item 12.f .
be	suk	to any of the questions in Item 12.d, the facility does not meet the minimum criteria to bject to the full requirements of Section 316(b) of the CWA; however, a determination is ed based upon BPJ. Proceed to Item 12.e .
e.		e facility does not meet the minimum requirements to be subject to the fill requirement. Section 316(b) and uses/proposes to use cooling towers.
		Yes 📮 No
		yes, stop here. If no , complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to ow for a determination based upon BPJ.
f.	Oil	and Gas Exploration and Production
	1.	The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.

TCEQ-10055 (01/08/2024) Industrial Wastewater Permit Application Technical Report

Page 12 of 82

		If yes , continue. If no , skip to Item 12.g.
	2.	The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).
		Ti Yes Di No
		If yes , complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ. If no , skip to Item 12.g.3.
7.	Co	ompliance Phase and Track Selection
	1.	Phase I – New facility subject to 40 CFR Part 125, Subpart I
		□ Yes □ No
		If yes , check the box next to the compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.
		□ Track I – AIF greater than 2 MGD, but less than 10 MGD
		 Attach information required by 40 CFR §§ 125.86(b)(2)-(4).
		□ Track I – AIF greater than 10 MGD
		 Attach information required by 40 CFR § 125.86(b).
		□ Track II
		 Attach information required by 40 CFR § 125.86(c).
		Attachment: Click to enter text.
	2.	Phase II - Existing facility subject to 40 CFR Part 125, Subpart J
		□ Yes □ No
		If yes, complete Worksheets 11.0 through 11.3, as applicable.
	3.	Phase III – New facility subject to 40 CFR Part 125, Subpart N
		□ Yes □ No
		If yes , check the box next to the compliance track selection and provide the requested information.
		☐ Track I – Fixed facility
		 Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.
		☐ Track I – Not a fixed facility
		 Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except CWIS latitude/longitude under Item 2.a).
		☐ Track II – Fixed facility
		 Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.
		Attachment: Click to enter text

Item 13. Permit Change Requests (Instructions, Page 48) This item is only applicable to existing permitted facilities. a. Is the facility requesting a major amendment of an existing permit? Yes No If yes, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request. Click to enter text. b. Is the facility requesting any **minor amendments** to the permit? No If **yes**, list and describe each change individually. Click to enter text. c. Is the facility requesting any **minor modifications** to the permit? No If **yes**, list and describe each change individually. Click to enter text.

Item 14. Laboratory Accreditation (Instructions, Page 49)

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:
 - o periodically inspected by the TCEQ; or
 - o located in another state and is accredited or inspected by that state; or
 - o 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: Javier Gonzalez

Title: Interim Director

Signature:

Date: 02-18-25

Attachment Index

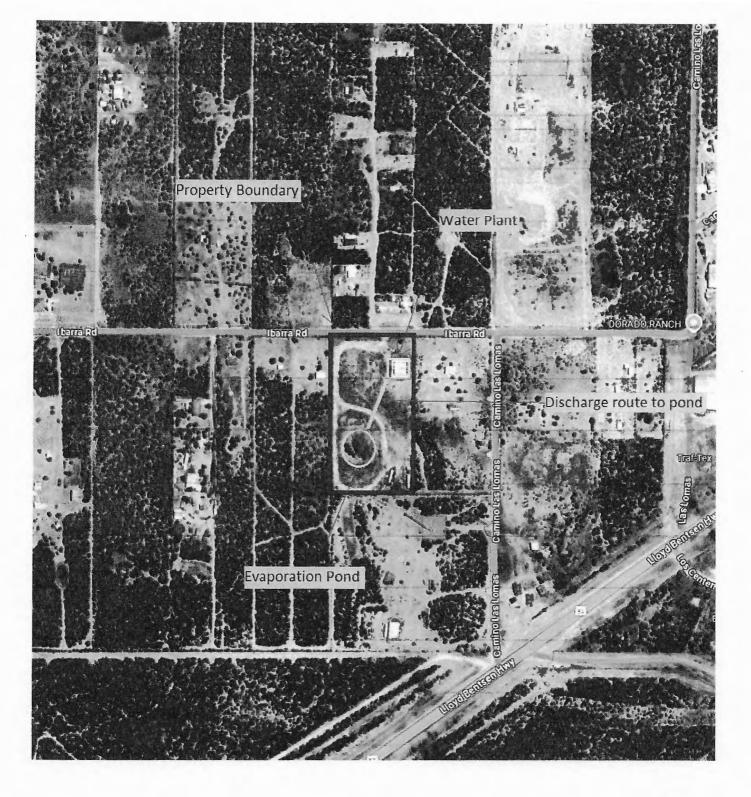
Attachment	Title	
Α	Original USGS Topographic Map	•
В	Site Drawing	
С	Flow Diagram	
D	Core Data Form	
E	PLS	

A	11_	-1-		-	.1	^
A	tta	CH	Ш	er	IT	A

Original USGS Topographic Map

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Δ	ma	cn	m	e	nt	н

Site Drawing

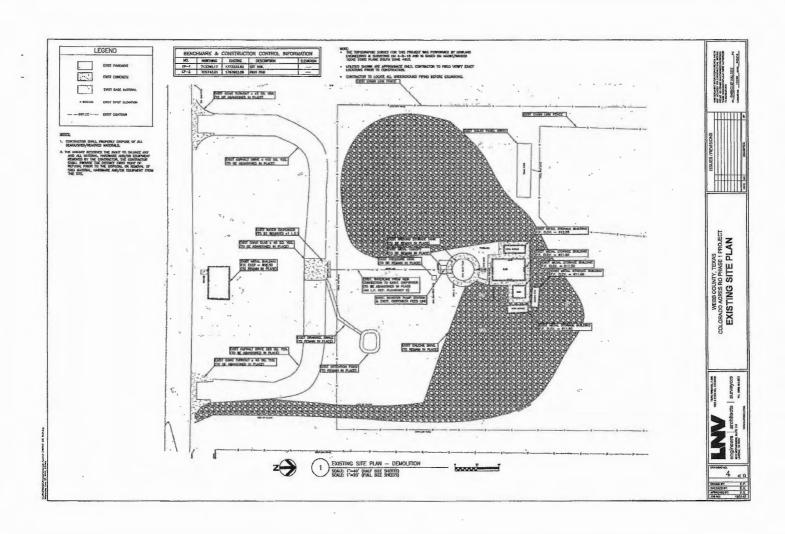


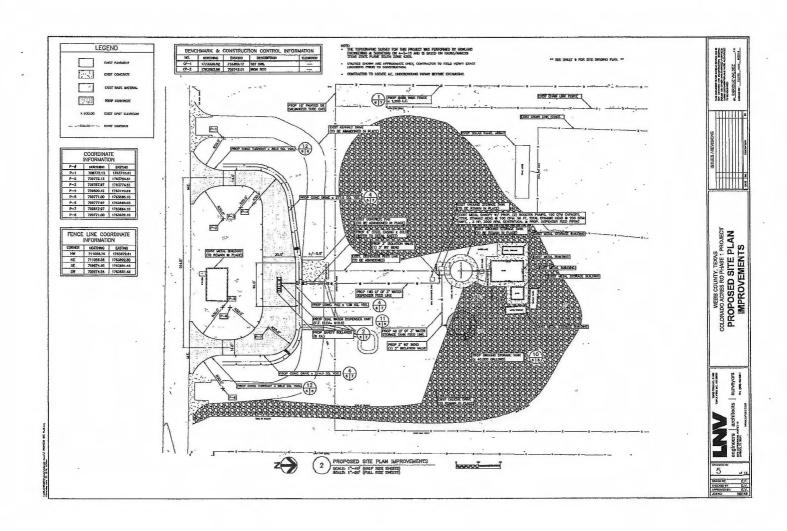
Webb County WQ0004184000 March 2025



Attachment	
Allarminelli	٠.

Flow Diagram





Attachment D	
 Core Data Form	

23. Street Addres	s of											
the Regulated En	tity:											
(No PO Boxes)		City	T		State		ZIP				ZIP+4	
24. County	727	Webb	1		June		20					
····												
			if no S	treet Ad	dress is prov	ided, field	is 25-28	are re	equired.			
25. Description to Physical Location		North of Sta	ite Highway 5	9, approx	imately 15 mile	es east of L	aredo, TX	78046	5			
26. Nearest City			-				*		State		Nea	erest ZIP Code
aredo									TX	•	780	46
.atitude/Longitu	de are re	quired and	may be add	ded/upd	ated to meet	TCEQ Con	e Data S	tando	ards. (Ge	ocoding o	f the Physica	l Address may b
used to supply co	ordinate	s where no	ne have bee	n provid	led or to gair	accuracy	1).					
27. Latitude (N) li	Decima	d:				28	. Longitu	ude (V	N) In Dec	imal:		
Degrees		Minutes		Seco	nds	De	grees			Minutes		Seconds
10. Daime etc. o		20	Const.	CIC C- 2		21 0.4	anne ki a	ICC C	ndo.	22.0	conda NA	Cs Code
29. Primary SIC Co 4 digits)	ode		Secondary (oic Code		31. Prir (5 or 6 d	nary NAI digits)	ال المارة ا	oue		condary NAI digits)	Coue Coue
1941						221310						
33. What is the P	rimary B	usiness of t	this entity?	(Do not i	repeat the SIC	or NAICS de	escription.)		-1		
Water Treatment Pl												
	1	515 Marth	a Drive									
4. Mailing												
Address:	,		1			1			1			
· · · · · · · · · · · · · · · · · · ·	7.	City	Rio Bravo		State	TX	1	ZIP	78046		ZIP+4	
5. E-Mail Addres	SS:	refle	ores@webbc	ountytx.g	v							
6. Telephone Nu	ımber	·		37.	Extension o	r Code		38. F	ax Numb	er (if appl	içable)	
956) 480-8214								() -			
TCEQ Programs					ite in the pern	nits/registra	ation num	bers th	hat will be	affected b	y the updates s	submitted on this
m. See the Core Dat	a Form in	Structions fo			wards Aguifer		Пс	micrior	ns Invento	nc Air	Industri	al Hazardous Was
☐ Dam Safety		LIUISI	incis	LIEU	warus Aquiter			11133101	IIS HIVEIRG	ly Au	indostri	or riazai dodo vvas
		T No	w Source	-		~	-				1-	
Municipal Solid	Waste	Review		OS	SF		☐ Pe	etroleu	um Storage	Tank	PWS	
Sludge		Sto	rm Water	Tit	le V Air		ПП	res			☐ Used O	I
☐ Voluntary Clean	ир	₩a	stewater	☐ Wa	istewater Agri	culture	□ w	later R	Rights		Other:	
		WQ000	04184000									
ECTION 1	V: P	repar	er Inf	orma	ation							
7						A4	da.	14/		afa llat		
	phanie La					41. Tit			water Spe	rigiist		
2. Telephone Nu	mber	43. Ext.	/Code	44. Fax	Number		-Mail Ac					*****
281) 658-5899				()	-	steph	nanie@lar	ndsmar	nenviro.co	m		
ECTION V	V: A	uthor	ized S	igna	ture							
. By my signature be submit this form on	elow, I cei	tify, to the b	est of my kno	wledge, t	hat the inform	ation provi required fo	ded in this	s form	is true and	d complete imbers ide	e, and that I hav	ve signature autho 39.
	1					1						
	Webb	County				Job T	itle:	Inter	rim Directo	ır		
Company:	-	County	-			Job T	itle:	Inter		one:	(956)480-8	3214

TCEQ-10400 (11/22)

Attachment E	
PLS	

TCEQ

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary as required by <u>Title 30, Texas Administrative Code (30 TAC)</u>, <u>Chapter 39, Subchapter H</u>. Applicants may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements.

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Webb County (CN600612758) operates Webb County Colorado Acres Water Treatment Plant (RN101613073), an industrial wastewater treatment facility. The facility is located at north of state highway 59, approximately 15 miles east of Laredo TX, in Laredo, Webb County, Texas 78046. Request for renewal of permit authorizing the evaporation of 9.500 GPD of reverse osmosis water. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain 14. List all expected pollutants here. Reverse osmosis treatment water will be treated by evaporation.

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

AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

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 es una representación ejecutiva fedérale de la solicitud de permiso.

El Condado de Webb (CN600612758) opera la Planta de Tratamiento de Agua Colorado Acres del Condado de Webb (RN101613073), una instalación de tratamiento de aguas residuales industriales. La instalación está ubicada al norte de State Highway 59, aproximadamente a 15 millas al este de Laredo TX, en Laredo, Condado de Webb, Texas 78046. Solicitud de renovación de permiso que autoriza la evaporación de 9,500 GPD de agua por ósmosis inversa. Este permiso no autorizará una descarga de contaminantes al agua del estado.

Se espera que las descargas de la instalación contengan 14. Enumere aquí todos los contaminantes esperados. El agua del tratamiento por ósmosis inversa será tratada por evaporación.

INDUSTRIAL WASTEWATER PERMIT APPLICATION **WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES**

This worksheet is required for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

Item 1. Categ	orical Industries	(Instructions, Pa	ge 53)
Is this facility subject	ct to any 40 CFR categoric	al ELGs outlined on page	53 of the instructions?
☐ Yes ⊠ N	0		
If no , this workshee	t is not required. If yes , pr	rovide the appropriate in	formation below.
40 CFR Effluent Guid	eline		
Industry		40	CFR Part
			To the second se
	The second secon		
Itom 2 Dwady	ration (Drogges Do	to (Twaterious	Dogo E4)
The second secon	uction/Process Da	and the second section of the second	and an let
of oil and gas explor	S permit applications requestion and production was der the Oil and Gas Extraction 2 instead	tewater (discharges into	or adjacent to water in
a. Production Data		an aniela mundanetiam banai	l officer and limitations
* * *	data for effluent guidelin	es with production-based	t efficient limitations.
Production Data	Actival Ovantity / Day	Design Overtity/Day	Units
Subcategory	Actual Quantity/Day	Design Quantity/Day	Units
			<u> </u>
	N. P. C.		
		1	

Facility is not in operation.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: POLLUTANT ANALYSIS

Worksheet 2.0 **is required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

Item 1. General Testing Requirements (Instructions, Page 55)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): <u>Click to enter text.</u>
- b. \square Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. Attachment: Click to enter text.

Item 2. Specific Testing Requirements (Instructions, Page 56)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** <u>Click to enter text.</u>

TABLE 1 and TABLE 2 (Instructions, Page 58)

Completion of Tables 1 and 2 is required for all external outfalls for all TPDES permit applications.

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine		,		

INDUSTRIAL WASTEWATER PERMIT APPLICATION **WORKSHEET 3.0: LAND APPLICATION OF EFFLUENT**

This worksheet is required for all applications for a permit to disposal of wastewater by land application (i.e., TLAP)).

Item 1. Type of Disposal System (Instructions, Page 69)

Check the box next to the type of land disposal requested by this application:

	Irrigation		Subsurface application				
\boxtimes	Evaporation		Subsurface soils absorption				
	Evapotranspiration beds		Surface application				
	Drip irrigation system		Other, specify: Click to enter text.				
Ito	Item 2 Land Application Area (Instructions Page 69)						

Land Application Area Information

Effluent Application (gallons/day)	Irrigation Acreage (acres)	Describe land use & indicate type(s) of crop(s)	Public Access? (Y/N)
	1		

Item 3. Annual Cropping Plan (Instructions, Page 69)

Attach the required cropping plan that includes each of the following:

- Cool and warm season plant species
- Breakdown of acreage and percent of total acreage for each crop
- Crop growing season
- Harvesting method/number of harvests
- Minimum/maximum harvest height
- Crop yield goals
- Soils map
- Nitrogen requirements per crop
- Additional fertilizer requirements
- Supplemental watering requirements
- Crop salt tolerances
- Justification for not removing existing vegetation to be irrigated

Attachment:

Item 4. Well and Map Information (Instructions, Page 70)

a.		eck eac GS map		equired inform	nation is shown and labe	eled on the attached					
		The ex	xact boundaries of the	land applicati	on area						
		On-sit	e buildings								
		Waste	-disposal or treatment	facilities							
		Efflue	nt storage and tailwate	er control facil	lities						
		Buffer	zones								
		All surface waters in the state onsite and within 500 feet of the property boundaries									
	□ bou	All water wells within ½-mile of the disposal site, wastewater ponds, or property boundaries									
		All sp	rings and seeps onsite	and within 50	00 feet of the property b	oundaries					
	Atta	achmer	nt: <u>Click to enter text.</u>								
	was	stewate essary		oundaries in t	on or within 500 feet of he following table. Attac						
M	ell I	D	Well Use	Producing?	Open, cased, capped,	Proposed Best					
				Y/N/U	or plugged?	Management Practice					
						,					
At	tach	ment:]	N/A		I						
C.			ter monitoring wells on n site or wastewater po	•	re/will be installed arou	nd the land					
		□ Ye	s 🗆 No								
	site lysi	map a	ttached for Item 4.a. A	dditionally, at	of the monitoring wells tach information on the g parameters for TCEQ r	depth of the wells or					
	Atta	achme	nt: Click to enter text.								
d.		ach a sl achme	0	nical report us	sing 30 TAC § 309.20(a	(4) as guidance.					

Item 5. Soil Map and Soil Information (Instructions, Page 71)

Check each box to confirm that the following information is attached:

- a. USDA NRCS Soil Survey Map depicting the area to be used for land application with the locations identified by fields and crops.
- b. 🗖 Breakdown of acreage and percent of total acreage for each soil type.
- c.

 Copies of laboratory soil analyses. Attachment: Click to enter text.

Item 6. Effluent Monitoring Data (Instructions, Page 72)

a. Completion of Table 14 **is required** for all **renewal** and **major amendment** applications. Complete the table with monitoring data for the previous two years for all parameters regulated in the current permit. An additional table has been provided with blank headers for parameters regulated in the current permit which are not listed in Table 14.

Date	Daily Avg	BOD5	TSS	Nitrogen	e (check one): Conductivity	Composite Total	
(mo/yr)	Flow (gpd)	(mg/L)	(mg/L)	(mg/L)	(mmhos/cm)	acres irrigated	Hydraulic Application rate (acre-feet/month)
				1			
				-			

Date (mo/yr)	Daily Avg Flow (gpd)	BOD5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)

b. Use this table to provide effluent analysis for parameters regulated in the current permit which are not listed in Table 14.

Additional Parameter Effluent Analysis

Date (mo/yr)				
			 1	
		,		

c. Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken. Attachment: <u>Click to enter text.</u>

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND APPLICATION AND APPLICATION

This worksheet **is required** for all applications for a permit to disposal of wastewater by surface land application or evaporation.

Item 1. Edwards Aquifer (Instructions, Page 73)

a. Is the facility subject to 30 TAC Chapter 213, Edwards Aquifer Rules?

□ Yes ⋈ No
If no, proceed to Item 2. If yes, complete Items 1.b and 1.c.
b. Check the box next to the subchapter applicable to the facility.
□ 30 TAC Chapter 213, Subchapter A
□ 30 TAC Chapter 213, Subchapter B
c. If 30 TAC Chapter 213, Subchapter A applies, attach either: 1) a Geologic Assessment (if conducted in accordance with 30 TAC § 213.5) or 2) a report that contains the following:

A description of the surface geological units within the proposed land application site and wastewater pond area.
The location and extent of any sensitive recharge features in the land application site and wastewater pond area

Attachment: Click to enter text.

Item 2. Surface Spray/Irrigation (Instructions, Page 73)

a. Provide the following information on the irrigation operations:

A list of any proposed BMPs to protect the recharge features.

Area under irrigation (acres): Click to enter text.

Design application rate (acre-ft/acre/yr): Click to enter text.

Design application frequency (hours/day): Click to enter text.

Design application frequency (days/week): Click to enter text.

Design total nitrogen loading rate (lbs nitrogen/acre/year): Click to enter text.

Average slope of the application area (percent): Click to enter text.

Maximum slope of the application area (percent): Click to enter text.

Irrigation efficiency (percent): Click to enter text.

Effluent conductivity (mmhos/cm): Click to enter text.

Soil conductivity (mmhos/cm): Click to enter text.

Curve number: Click to enter text.

Describe the application method and equipment: Click to enter text.

b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance. **Attachment:** <u>Click to enter text.</u>

Item 3. Evaporation Ponds (Instructions, Page 74)

- a. Daily average effluent flow into ponds: 13,400 gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** G

Item 4. Evapotranspiration Beds (Instructions, Page 74)

a. Provide the following information on the evapotranspiration beds:

Number of beds: Click to enter text.

Area of bed(s) (acres): Click to enter text.

Depth of bed(s) (feet): Click to enter text.

Void ratio of soil in the beds: Click to enter text.

Storage volume within the beds (include units): Click to enter text.

Description of any lining to protect groundwater: Click to enter text.

- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. Attachment: Click to enter text.
- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** <u>Click to enter text.</u>

Item 5. Overland Flow (Instructions, Page 74)

a. Provide the following information on the overland flow:

Area used for application (acres): Click to enter text.

Slopes for application area (percent): Click to enter text.

Design application rate (gpm/foot of slope width): Click to enter text.

Slope length (feet): Click to enter text.

Design BOD5 loading rate (lbs BOD5/acre/day): Click to enter text.

Design application frequency (hours/day): Click to enter text.

Design application frequency (days/week): Click to enter text.

b. Attach a separate engineering report with the method of application and design requirements according to *30 TAC § 217.212*. **Attachment:** Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following information **is required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

Item 1. All POTWs (Instructions, Page 86)

a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial	User	Info	ormation
-------------------	------	------	----------

Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)
CIU	0	
SIU - Non-categorical	0	
Other IU	0	
☐ Yes ☒ No	(s), duration, nature of interfere	nce, and probable cause(s) and
caused the interference		ne names of the IU(s) that may have
□ Yes ⊠ No	O .	
probable cause(s) and p		through the treatment plant, and hrough event. Include the names of to enter text.
d. Does the POTW have, or	r is it required to develop, an ap	proved pretreatment program?
□ Yes ⊠ No	o	
If yes , answer all questi	ions in Item 2 and skip Item 3.	
If no , skip Item 2 and a	nswer all questions in Item 3 fo	r each SIU and CIU.

Item 2. POTWs With Approved Pretreatment Programs or Those Required To Develop A Pretreatment Program (Instructions, Page 86)

		(Ins	(Instructions, Page 86) Here been any substantial modifications to the POTW's approved pretreatment in that have not been submitted to the Approval Authority (TCEQ) for approvaling to 40 CFR § 403.18? Yes No		
a.	progra	m that	have r	ot been submitted to the Approval Authority (TCEQ)	
	- 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13	Yes		No	
~~	TO 100F	0 (01 (00)	(0004) 7	1	Dans 54 -

	If yes , include an attachme been submitted to the TCE				ons that have not					
	Attachment: Click to enter text.									
b.	Have there been any non-suprogram that have not been				-					
	☐ Yes ☐ No									
	If yes , include an attachmenot been submitted to the				ications that have					
	Attachment: Click to enter	text.								
	List all parameters measured last three years:	•	n the POTW	l's effluent mo	nitoring during the					
	fluent Parameters Measured A ollutant	Concentration	MAL	Units	Date					
-										
_										
	Attachment: Click to enter	text.	1							
d.	Has any SIU, CIU, or other linterference or pass-throug	U caused or contri			ns (excluding					
	□ Yes □ No									
	If yes , provide a description problems, and probable polymay have caused or contributions.	llutants. Include th	ne name(s) o	of the SIU(s)/CI	U(s)/other IU(s) that					
It	em 3. Significant I	ndustrial Use ation (Instru			H. 회복구를 제어되었다. 2014년에 발표한 1200년 위치 (17 km)					
DC	OTWs that do not have an ap	to the state of th	and and he is a to face me							
	llowing information for each		iit program	ure required						
a.	Mr. or Ms.: N/A First/Last	Name: Click to ent	er text.							
	Organization Name: Click t	o enter text. SI	C Code: <u>Cli</u>	ck to enter text	-					
	Phone number: Click to en	ter text. En	mail addres	s: <u>Click to ente</u>	r text.					
	Physical Address: Click to		ity/State/ZI	P Code: Click t	o enter text.					
	Attachment Click to enter	tovt								

b. Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (e.g., process and non-process wastewater): <u>Click to enter text.</u>

Flow Rate Inform Effluent Type]	Discharge Day (gallons per day)	Discharge I	requency s, batch, or intermittent
Process Wastew		P	7 (000	,
Non-process Wa	astewater			
instructio Yes 2. Is the SIU Yes If yes, provid	or CIU subject ns? No subject to cate No le the category	egorical pretreatment	standards?	
	retreatment Stategorical Pretre Subcategory 40 CFR	eatment Standards	Subcategory in 40 CFR	Subcategory in 40 CFR
		or contributed to any polockages) at the POTV		years?

Leah Whallon

From: Stephanie Landsman < stephanie@landsmanenviro.com>
Sent: Tuesday, April 8, 2025 9:16 AM
To: Leah Whallon

To:Leah WhallonSubject:WQ0004184000

Attachments: Webb County (CA) Revised Technical Report.pdf

Follow Up Flag: Follow up Flag Status: Flagged

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Stephanie Landsman Wastewater Specialist Landsman Environmental LLC 9597 Jones Road #962 Jersey Village, TX 77065 (281)-658-5899



Leah Whallon

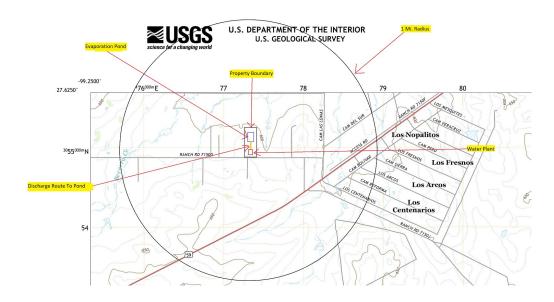
From: Stephanie Landsman < stephanie@landsmanenviro.com>

Sent: Tuesday, April 8, 2025 9:17 AM

To: Leah Whallon Subject: WQ0004184000

Attachments: Webb County (CA) Revised Worksheets and Attachments.pdf

Follow Up Flag: Follow up Flag Status: Flagged



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Stephanie Landsman Wastewater Specialist Landsman Environmental LLC 9597 Jones Road #962 Jersey Village, TX 77065 (281)-658-5899





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the industrial wastewater permit application.

APPLICANT NAME: Webb County

PERMIT NUMBER (If new, leave blank): $WQ00\underline{4184000}$

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

	Y	N		Y	N
Administrative Report 1.0	\boxtimes		Worksheet 8.0		\boxtimes
Administrative Report 1.1		\boxtimes	Worksheet 9.0		\boxtimes
SPIF			Worksheet 10.0		\boxtimes
Core Data Form	\boxtimes		Worksheet 11.0		\boxtimes
Summary of Application (PLS)	\boxtimes		Worksheet 11.1		\boxtimes
Public Involvement Plan Form		\boxtimes	Worksheet 11.2		\boxtimes
Technical Report 1.0	\boxtimes		Worksheet 11.3		\boxtimes
Worksheet 1.0			Original USGS Map	\boxtimes	
Worksheet 2.0	\boxtimes		Affected Landowners Map		\boxtimes
Worksheet 3.0	\boxtimes		Landowner Disk or Labels		\boxtimes
Worksheet 3.1		\boxtimes	Flow Diagram	\boxtimes	
Worksheet 3.2		\boxtimes	Site Drawing	\boxtimes	E. Salar
Worksheet 3.3		\boxtimes	Original Photographs		\boxtimes
Worksheet 4.0		\boxtimes	Design Calculations		\boxtimes
Worksheet 4.1		\boxtimes	Solids Management Plan		\boxtimes
Worksheet 5.0		\boxtimes	Water Balance		\boxtimes
Worksheet 6.0	\boxtimes				
Worksheet 7.0		\boxtimes			
For TCEQ Use Only					
Segment Number Expiration Date					

Permi	FN	TIM	hor
1 CILLI		um	



Expiration Date

Permit Number

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report.

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use Oil and Gas Exploration and Production Administrative Report (TCEQ Form-20893 and 20893-inst¹).

Ite	m 1. Application Information and Fees (Instructions, Page 26)	200
a.	Complete each field with the requested information, if applicable.	
	Applicant Name: Webb County	
	Permit No.: <u>WO0004184000</u>	
	EPA ID No.: TX0Click to enter text.	
	Expiration Date: 5/1/2025	
b.	Check the box next to the appropriate authorization type.	
	☑ Industrial Wastewater (wastewater and stormwater)	
	☐ Industrial Stormwater (stormwater only)	
	☐ Reverse Osmosis Water Treatment (reverse osmosis water treatment wastewaters only)	
c.	Check the box next to the appropriate facility status.	
	☑ Active ☐ Inactive	
d.	Check the box next to the appropriate permit type.	
	\square TPDES Permit \boxtimes TLAP \square TPDES with TLAP component	
e.	Check the box next to the appropriate application type.	
	□ New	
	☐ Renewal with changes	
	☐ Major amendment with renewal ☐ Major amendment without renewal	
	☐ Minor amendment without renewal	
	☐ Minor modification without renewal	
f.	If applying for an amendment or modification, describe the request: <u>Click to enter text.</u>	
Fo	TCEQ Use Only	
Sei	ment Number County	

Region

¹ <u>https://www.tceq.texas.gov/publications/search_forms.html</u> TCEQ-10411 (09/13/2024) Industrial Wastewater Application Administrative Report

g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines	□ \$350	□ \$350	⊠ \$315	□ \$150
(40 CFR Parts 400-471)				
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	□ \$1,250	□ \$1,250	□ \$1,215	□ \$150
Major facility	N/A ²	□ \$2,050	□ \$2,015	□ \$450

h. Payment Information

Mailed

Check or money order No.: <u>Click to enter text.</u> Check or money order amt.: Click to enter text.

Named printed on check or money order: Click to enter text.

Epay

Voucher number: <u>757626/757627</u> Copy of voucher attachment: <u>F</u>

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: <u>CN600612758</u> **Note:** Locate the customer number using the <u>TCEQ's Central Registry Customer Search</u>³.

b. Legal name of the entity (applicant) applying for this permit: Webb County

Note: The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: Click to enter text.

Full Name (Last/First Name): Gonzalez, Javier

Title: Interim Director

Credential: Click to enter text.

d. Will the applicant have overall financial responsibility for the facility?

X	Yes	No

² All facilities are designated as minors until formally classified as a major by EPA.

³ https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch

Note: The entity with overall financial responsibility for the facility must apply as a coapplicant, if not the facility owner.

Item 3. Co-applicant Information (Instructions, Page 27)

Public Accounts, County, or in the legal documents forming the entity.

☑ Check this box if there is no co-applicant.; otherwise, complete the below questions.

a. Legal name of the entity (co-applicant) applying for this permit: <u>Click to enter text.</u>
 Note: The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of

b. Customer Number (if applicant is an existing customer): <u>CNClick to enter text.</u>

Note: Locate the customer number using the TCEQ's Central Registry Customer Search.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: Click to enter text. Full Name (La

Full Name (Last/First Name): Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

d. Will the co-applicant have overall financial responsibility for the facility?

☐ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a coapplicant, if not the facility owner.

Item 4. Core Data Form (Instructions, Pages 27)

a. Complete and attach one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)). If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: <u>D</u>

Item 5. Application Contact Information (Instructions, Page 27)

Provide names of two individuals who can be contacted about this application. Indicate if the individual can be contacted about administrative or technical information, or both.

a. ⊠ Administrative Contact . ☐ Technical Contact

Prefix: Ms. Full Name (Last/First Name): Landsman, Stephanie

Title: Click to enter text. Credential: Click to enter text.

Organization Name: <u>Landsman Environmental</u>, <u>LLC</u>
Mailing Address: <u>9597 Jones Road #962</u>

City/State/Zip: Jersey Village, TX 77065

Phone No: 281-658-5899 Email: stephanie@landsmanenviro.com

b. ☐ Administrative Contact ☐ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Hernandez, Jaime

Title: <u>Customer Service Technician</u> Credential: <u>Click to enter text.</u>

Organization Name: Webb County

Mailing Address: 515 Martha Drive City/State/Zip: Rio Bravo, TX 78046

TCEQ-10411 (09/13/2024) Industrial Wastewater Application Administrative Report

Page 6 of 20

Phone No: <u>956-480-8214</u> Email: <u>jjhernandez@webbcountytx.gov</u>

Attachment: Click to enter text.

Item 6: Permit Contact Information (Instructions, Page 28)

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

a. Prefix: Mr. Full Name (Last/First Name): Gonzalez, Javier

Title: Interim Director Credential: Click to enter text.

Organization Name: Webb County

Mailing Address: 515 Martha Drive City/State/Zip: Rio Bravo, TX 78046

Phone No: 956-480-8214 Email: javierg@webbcountytx.gov

b. Prefix: Mr. Full Name (Last/First Name): Chapa, Diego

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Webb County

Mailing Address: 515 Martha Drive City/State/Zip: Rio Bravo, TX 78046

Phone No: 956-480-8214 Email: dchapa@webbcountytx.gov

Attachment: Click to enter text.

Item 7. Billing Contact Information (Instructions, Page 28)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for 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 (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

Prefix: Mr. Full Name (Last/First Name): Diaz, Enrique

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Webb County

Mailing Address: 515 Martha Drive City/State/Zip: Rio Bravo, TX 78046

Phone No: 956-480-8214 Email: endiaz@webbcountytx.gov

Item 8. DMR/MER Contact Information (Instructions, Page 28)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

Prefix: Mr. Full Name (Last/First Name): Diaz, Enrique

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Webb County

Mailing Address: 515 Martha Drive City/State/Zip: Rio Bravo, TX 78046

TCEQ-10411 (09/13/2024) Industrial Wastewater Application Administrative Report

Page 7 of 20

Phone No: <u>956-480-8214</u> Email: <u>endiaz@webbcountytx.gov</u>

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Ms. Full Name (Last/First Name): Landsman, Stephanie

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City/State/Zip: Jersey Village, TX 77065

Phone No: 281-658-5899

Email: stephanie@landsmanenviro.com

- b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)
 - ⊠ E-mail: <u>stephanie@landsmanenviro.com</u>
 - ☐ Fax: Click to enter text.
 - 🗀 Regular Mail (USPS)

Mailing Address: Click to enter text.

City/State/Zip Code: Click to enter text.

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Gonzalez, Javier

Title: Interim Director

Credential: Click to enter text.

Organization Name: Webb County

Phone No: 956-480-8214

Email: javierg@webbcountytx.gov

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.

Public building name: Webb County Courthouse Location within the building: Click to enter text.

Physical Address of Building: 1000 Housto St.

City: Rio Bravo County: Webb

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.

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s) is 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 Item 8 (Regulated Entity and Permitted Site Information.)
	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 □ N/A
	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? $\underline{\text{Spanish}}$
f.	Ap	mmary of Application in Plain Language Template – Complete and attach the Summary of plication in Plain Language Template (TCEQ Form 20972), also known as the plain aguage summary or PLS. Attachment: $\underline{\mathbf{E}}$
g.		mplete and attach one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each plication for a new permit or major amendment. Attachment: N/A
	NEW TOWN	
Ite	m	10. Regulated Entity and Permitted Site Information (Instructions
Ite	m	10. Regulated Entity and Permitted Site Information (Instructions Page 29)
	TC No ma	Page 29)
a.	TC No ma the reg	Page 29) EQ issued Regulated Entity Number (RN), if available: RN101613073 Ite: If your business site is part of a larger business site, a Regulated Entity Number (RN) by already be assigned for the larger site. Use the RN assigned for the larger site. Search at TCEQ's Central Registry to determine the RN or to see if the larger site may already be
a.	TC No ma the reg Na Co	Page 29) EQ issued Regulated Entity Number (RN), if available: RN101613073 Sete: If your business site is part of a larger business site, a Regulated Entity Number (RN) by already be assigned for the larger site. Use the RN assigned for the larger site. Search at TCEQ's Central Registry to determine the RN or to see if the larger site may already be gistered as a Regulated Entity. If the site is found, provide the assigned RN. The project or site (name known by the community where located): Webb County
a.	TC No ma the reg	Page 29) EQ issued Regulated Entity Number (RN), if available: RN101613073 Ite: If your business site is part of a larger business site, a Regulated Entity Number (RN) by already be assigned for the larger site. Use the RN assigned for the larger site. Search at TCEQ's Central Registry to determine the RN or to see if the larger site may already be gistered as a Regulated Entity. If the site is found, provide the assigned RN. Ime of project or site (name known by the community where located): Webb County lorado Acres Water Plant Ithe location address of the facility in the existing permit the same?
a.	TC No mather regular No William N	Page 29) EQ issued Regulated Entity Number (RN), if available: RN101613073 Ste: If your business site is part of a larger business site, a Regulated Entity Number (RN) by already be assigned for the larger site. Use the RN assigned for the larger site. Search at TCEQ's Central Registry to determine the RN or to see if the larger site may already be gistered as a Regulated Entity. If the site is found, provide the assigned RN. The project or site (name known by the community where located): Webb County lorado Acres Water Plant
a. b.	TCO No ma the reg Na Co Is the With ma	Page 29) EQ issued Regulated Entity Number (RN), if available: RN101613073 Ate: If your business site is part of a larger business site, a Regulated Entity Number (RN) by already be assigned for the larger site. Use the RN assigned for the larger site. Search at TCEQ's Central Registry to determine the RN or to see if the larger site may already be gistered as a Regulated Entity. If the site is found, provide the assigned RN. The of project or site (name known by the community where located): Webb County lorado Acres Water Plant The location address of the facility in the existing permit the same? Yes No N/A (new permit) The facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Illiamson County, additional information concerning protection of the Edwards Aquifer
a. b.	TCO No ma the reg Na Co Is No Wi ma	Page 29) EQ issued Regulated Entity Number (RN), if available: RN101613073 Interest of the larger street of a larger business site, a Regulated Entity Number (RN) and already be assigned for the larger site. Use the RN assigned for the larger site. Search of TCEQ's Central Registry to determine the RN or to see if the larger site may already be distered as a Regulated Entity. If the site is found, provide the assigned RN. Interest of project or site (name known by the community where located): Webb County lorado Acres Water Plant Interest of the facility in the existing permit the same? Yes No N/A (new permit) Interest of the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or liliamson County, additional information concerning protection of the Edwards Aquifer by be required.
a. b.	TCO No mather regular No William Own Pro	Page 29) EQ issued Regulated Entity Number (RN), if available: RN101613073 Ate: If your business site is part of a larger business site, a Regulated Entity Number (RN) and already be assigned for the larger site. Use the RN assigned for the larger site. Search are TCEQ's Central Registry to determine the RN or to see if the larger site may already be gistered as a Regulated Entity. If the site is found, provide the assigned RN. The of project or site (name known by the community where located): Webb County lorado Acres Water Plant The location address of the facility in the existing permit the same? Yes No N/A (new permit) Attention of the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or liamson County, additional information concerning protection of the Edwards Aquifer by be required.
a. b.	TC No mather regular No Co William Own Preform	Page 29) EQ issued Regulated Entity Number (RN), if available: RN101613073 Ate: If your business site is part of a larger business site, a Regulated Entity Number (RN) by already be assigned for the larger site. Use the RN assigned for the larger site. Search at TCEQ's Central Registry to determine the RN or to see if the larger site may already be gistered as a Regulated Entity. If the site is found, provide the assigned RN. The of project or site (name known by the community where located): Webb County lorado Acres Water Plant The location address of the facility in the existing permit the same? Yes No N/A (new permit) Ate: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or liamson County, additional information concerning protection of the Edwards Aquifer by be required. The provided Hays is located in the Edwards Aquifer and the Edward
a. b.	TC No mather regular No William Over Or Mather than 19 Mather than	Page 29) EQ issued Regulated Entity Number (RN), if available: RN101613073 Ite: If your business site is part of a larger business site, a Regulated Entity Number (RN) by already be assigned for the larger site. Use the RN assigned for the larger site. Search of TCEQ's Central Registry to determine the RN or to see if the larger site may already be gistered as a Regulated Entity. If the site is found, provide the assigned RN. Ime of project or site (name known by the community where located): Webb County lorado Acres Water Plant Ithe location address of the facility in the existing permit the same? Yes No N/A (new permit) Inte: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or liliamson County, additional information concerning protection of the Edwards Aquifer by be required. Interest Click to enter text. Full Name (Last/First Name): Click to enter text. Organization Name: Webb County

e.	Ownership of facility: 🛛 Public] Private	☐ Both	☐ Federal
f.	Owner of land where treatment facility is	or will be: Cl	ick to enter tex	st.
	Prefix: Click to enter text. Full Name (Last/First Na	me): Click to e	nter text.
	or Organization Name: Webb County			
	Mailing Address: 515 Martha Drive	City	/State/Zip: <u>Ric</u>	Bravo, TX 78046
	Phone No: <u>956-480-8214</u> Email: <u>jjher</u>	nandez@web	bcountytx.gov	
	Note: If not the same as the facility owner at least six years (In some cases, a lease notice to enter text.			
g.	Owner of effluent TLAP disposal site (if a	pplicable): <u>N</u> /	<u>A</u>	
	Prefix: Click to enter text. Full Name (Last/First Na	me): <u>Click to e</u>	nter text.
	or Organization Name: Webb County			
	Mailing Address: 515 Martha Drive	City	/State/Zip: <u>Rio</u>	Bravo, TX 7046
			bcountytx.gov	
	Note: If not the same as the facility owner at least six years. Attachment: <u>Click to en</u>		g-term lease a	greement in effect for
h.	Owner of sewage sludge disposal site (if a	pplicable):		
	Prefix: N/A Full Name (Last/First	Name): Click	to enter text.	
	or Organization Name: Click to enter text.			
	Mailing Address: Click to enter text.	City	/State/Zip: Cli	ck to enter text.
	Phone No: Click to enter text. Email: Click			
	Note: If not the same as the facility owner at least six years. Attachment: <u>Click to enter</u>		g-term lease a	greement in effect for
Ite	em 11. TDPES Discharge/TLAP I Page 31)	Disposal I	nformation	(Instructions,
a.	Is the facility located on or does the treate	ed effluent cr	oss Native Am	erican Land?
	☐ Yes ☐ No			
b.	Attach an original full size USGS Topogray renewal or amendment applications) with each item below to confirm it has been in	all required	nformation. C	
	One-mile radius	☐ Three-m	iles downstrea	m information
	☐ Applicant's property boundaries	☐ Treatme	nt facility bou	ndaries
	Labeled point(s) of discharge	Highligh	ted discharge	route(s)
	☐ Effluent disposal site boundaries	All wast	ewater ponds	
	Sewage sludge disposal site	□ New and	future constr	uction
	Attachment: Click to enter text.			

C.	Is the location of the sewage sludge disposal site in the existing permit accurate? Yes No or New Permit
	If no, or a new application, provide an accurate location description: Click to enter text.
d.	Are the point(s) of discharge in the existing permit correct?
	Yes No or New Permit
	If no, or a new application, provide an accurate location description: Click to enter text.
e.	Are the discharge route(s) in the existing permit correct?
	⊠ Yes □ No or New Permit
	If no, or a new permit, provide an accurate description of the discharge route: <u>Click to enter text.</u>
f.	City nearest the outfall(s): Click to enter text.
g.	County in which the outfalls(s) is/are located: Click to enter text.
h.	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, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: Click to enter text.
	For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Click to enter text.
i.	For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
	If no, or a new application, provide an accurate location description: Click to enter text.
j.	City nearest the disposal site: Rio Bravo
k.	County in which the disposal site is located: Webb County
1.	For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: <u>via pipe</u>
m.	For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: <u>Pond 2</u>

a. 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: Click to enter text.
b. Do you owe any fees to the TCEQ?
☐ Yes ☒ No
If yes, provide the following information:

Account no.: Click to enter text.

c. Do you owe any penalties to the TCEQ?☐ Yes ☒ No


If yes, provide the following information:

Total amount due: Click to enter text.

Enforcement order no.: Click to enter text.

Amount due: Click to enter text.





INDUSTRIAL WASTEWATER PERMIT APPLICATION **WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES**

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

Item 1. Cates	gorical Industries	(Instructions, Pa	ge 53)
Is this facility subje	ect to any 40 CFR categoric	al ELGs outlined on page	2 53 of the instructions?
□ Yes ⊠ N	No		
If no , this workshe	et is not required. If yes , pr	ovide the appropriate in	nformation below.
40 CFR Effluent Guid	deline		
Industry		40	CFR Part
Item 2. Produ	uction/Process Da	ta (Instructions.	Page 54)
of oil and gas explo the state, falling un Worksheet 12.0, Ite		tewater (discharges into	or adjacent to water in
a. Production Data			1 (6)
11 1	e data for effluent guidelin	es with production-base	d effluent limitations.
Production Data	A street Organities / Days	Design Quantity/Day	Units
Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND APPLICATION OF EFFLUENT

This worksheet **is required** for all applications for a permit to disposal of wastewater by land application (i.e., TLAP)).

Item 1. Type of Disposal System (Instructions, Page 69)

Check the box next to the type of land disposal requested by this application:

	Irrigation	Subsurface application
\boxtimes	Evaporation	Subsurface soils absorption
	Evapotranspiration beds	Surface application
	Drip irrigation system	 Other, specify: Click to enter text.

Item 2. Land Application Area (Instructions, Page 69)

Land Application Area Information

Irrigation Acreage (acres)	Describe land use & indicate type(s) of crop(s)	Public Access? (Y/N)
	1	

Item 3. Annual Cropping Plan (Instructions, Page 69)

Attach the required cropping plan that includes each of the following:

- Cool and warm season plant species
- Breakdown of acreage and percent of total acreage for each crop
- Crop growing season
- Harvesting method/number of harvests
- Minimum/maximum harvest height
- · Crop yield goals
- · Soils map
- Nitrogen requirements per crop
- Additional fertilizer requirements
- Supplemental watering requirements
- Crop salt tolerances
- Justification for not removing existing vegetation to be irrigated

Attachment:

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND APPLICATION AND APPLICATION

This worksheet **is required** for all applications for a permit to disposal of wastewater by surface land application or evaporation.

Item 1. Edwards Aquifer (Instructions, Page 73)

a. Is the facility subject to 30 TAC Chapter 213, Edwards Aguifer Rules?

	, , , , , , , , , , , , , , , , , , , ,
	□ Yes ⊠ No
	If no , proceed to Item 2. If yes , complete Items 1.b and 1.c.
b.	Check the box next to the subchapter applicable to the facility.
	□ 30 TAC Chapter 213, Subchapter A
	□ 30 TAC Chapter 213, Subchapter B
c.	If 30 TAC Chapter 213, Subchapter A applies, attach either : 1) a Geologic Assessment (it conducted in accordance with 30 TAC § 213.5) or 2) a report that contains the following:
	• A description of the surface geological units within the proposed land application site and wastewater pond area.

The location and extent of any sensitive recharge features in the land application site

A list of any proposed BMPs to protect the recharge features.

Attachment: Click to enter text.

and wastewater pond area

Item 2. Surface Spray/Irrigation (Instructions, Page 73)

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): Click to enter text.

Design application rate (acre-ft/acre/yr): Click to enter text.

Design application frequency (hours/day): Click to enter text.

Design application frequency (days/week): Click to enter text.

Design total nitrogen loading rate (lbs nitrogen/acre/year): Click to enter text

Average slope of the application area (percent): Click to enter text.

Maximum slope of the application area (percent): Click to enter text.

Irrigation efficiency (percent): Click to enter text.

Effluent conductivity (mmhos/cm): Click to enter text.

Soil conductivity (mmhos/cm): Click to enter text.

Curve number: Click to enter text.

Describe the application method and equipment: Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following information **is required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

Item 1. All POTWs (Instructions, Page 86)

a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial User Information

Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)	
CIU	0		
SIU - Non-categorical	0		
Other IU	0		

	her IU 0	
b.	In the past three years, has the POTW experienced treatment plant interference? □ Yes ⊠ No	
	If yes , identify the date(s), duration, nature of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IU(s) that may have caused the interference: Click to enter text.	2
C.	In the past three years, has the POTW experienced pass-through?	
	□ Yes ⊠ No	
	If yes , identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through: <u>Click to enter text.</u>	f
d.	Does the POTW have, or is it required to develop, an approved pretreatment program?	
	□ Yes ⊠ No	
	If yes , answer all questions in Item 2 and skip Item 3.	
	If no , skip Item 2 and answer all questions in Item 3 for each SIU and CIU.	

Item 2. POTWs With Approved Pretreatment Programs or Those Required To Develop A Pretreatment Program (Instructions, Page 86)

		(Ins	truc	tions, Page 86)	
a.	progra	m that	have r	substantial modifications to the POTW's approved pot been submitted to the Approval Authority (TCEQ) 8 ± 403.18 ?	
		Yes		No	
TC	FO-1005	3 (09/13/	2024) Ii	ndustrial Wastewater Permit Application Technical Report	Page 54 o

	If yes , include an attachme been submitted to the TCE				ons that have not
	Attachment: Click to enter	text.			
b.	Have there been any non-s program that have not bee				
	□ Yes □ No				
	If yes , include an attachmenot been submitted to the	ent which identifies TCEQ and the purp	all non-sub ose of the 1	ostantial modif modification.	ications that have
	Attachment: Click to enter	text.			
	List all parameters measur last three years: Euent Parameters Measured A		n the POTW	7's effluent moi	nitoring during the
	ollutant	Concentration	MAL	Units	Date
					
	Attachment: Click to enter	text.			
d.	Has any SIU, CIU, or other interference or pass-throug	IU caused or contri			ns (excluding
	□ Yes □ No				
	If yes , provide a description problems, and probable positive may have caused or contributions.	llutants. Include th	e name(s) o	of the SIU(s)/CII	J(s)/other IU(s) that
It	em 3. Significant I				
	User Inform	ation (Instru	ctions, I	Pages 88-8	7)
	TWs that do not have an ap llowing information for each		nt program	are required t	o provide the
a.	Mr. or Ms.: N/A First/Last	Name: Click to ent	er text.		
	Organization Name: Click	o enter text. SI	C Code: Clie	ck to enter text	•
	Phone number: Click to en	ter text. Er	nail addres	s: Click to ente	r text.
	Physical Address: Click to	enter text. Ci	ty/State/ZI	P Code: Click to	enter text.
	Attachment: Click to enter	text.			

CIU(s) discharge (e.g., process and non-process wastewater): Click to enter text.

b. Describe the industrial processes or other activities that affect or contribute to the SIU(s) or

Effluent Type		ischarge Day gallons per day)	Discharge I (Continuou	requency s, batch, or intermitter
Process Wastev	vater			
Non-process W	astewater			
Pretreatment	Standards			
 Is the SIU instruction ☐ Yes 		to technology-based l	ocal limits as defin	ed in the application
2. Is the SIU	subject to categ	gorical pretreatment :	standards?	
□ Yes	□ No	,		
Categorical P	retreatment Sta	and subcategory or sundards table. atment Standards	abcategories in the	SIUs Subject To
Category in 40 CFR	Subcategory i 40 CFR		Subcategory in 40 CFR	Subcategory in 40 CFR



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

Renewal	(Core Data	Form shou	ıld be subn	nitted with th	e renewal form,)		Other			
2. Customer Reference Number (if issued) CN 600612758			Follow this link to search		3. Re	gulated Entity	Referen	ce Number (if	issued)		
			for CN or Ri		UII						
ECTIO	N II:	Cust	omei	Infor	mation	1					
4. General C	ustomer lı	nformatio	on	5. Effect	ive Date for C	ustomer	Information	n Updates (mm	/dd/yyyy)		
☐ New Custo ☐Change in I		(Verifiable		•	stomer Informa y of State or Te		-	inge in Regulate lic Accounts)	d Entity Ow	nership	
The Custom	er Name su	ıbmitted	here may	be update	d automatica	lly based	on what is	current and ac	tive with	the Texas Se	cretary of State
(SOS) or Tex	as Comptr	oller of P	ublic Acco	ounts (CPA)							
6. Customer	Legal Nan	ne (If an in	dividual, p	rint last name	e first: eg: Doe, .	John)		If new Custor	ner, enter p	revious Custor	ner below:
Webb County											
7. TX SOS/C	PA Filing N	umber		8. TX Sta 74600115	te Tax ID (11 o	digits)		9. Federal T (9 digits)	ax ID	10. DUNS applicable)	Number (if
11. Type of (Customer:		Corpor	ation			☐ Indivi	dual	Partr	nership: Ge	neral 🔲 Limited
Government:	☐ City 🛛 (County 🗌	Federal	Local S	tate 🗌 Other		Sole F	Proprietorship		ther:	
12. Number ☑ 0-20 ☐	of Employ 21-100		25:	1-500 🔲 5	01 and higher			13. Indeper	dently O	wned and Op	erated?
14. Custome	r Role (Pro	posed or A	Actual) – as	it relates to	the Regulated E	ntity listed	on this form	. Please check o	ne of the fo	llowing	
Owner Occupation	al Licensee	☐ Oper	ator sponsible P		Owner & Opera			Ot	ner:		, , , , , , , , , , , , , , , , , , , ,
1	515 Mart	ha Drive					il a company of the second			*	
15. Mailing										·····	
Address:	City	Rio Brav	/O		State	TX	ZIP	78046		ZIP + 4	
16. Country	Mailing In	formatio	n (if outsid	le (ISA)		1	I7. F-Mail A	ddress (if appli	cable)		
			(1) 00.0.10	2 00, 17				webbcountytx.g			
18. Telepho	ne Numbe				19. Extension					r (if applicable)
(956) 480-8	214							() -		
ECTIO	N III:	Rea	ulate	ed Ent	ity Info	orma	tion	·····			
										<i>-</i> 1	
14. Camanal	CONTRACTOR OF THE PERSON NAMED IN	dhering's co		ulated Entity				ty Information	iso require	a.)	
and the state of	ated Entity										
21. General New Regulate The Regulate as Inc, LP, or	ed Entity N		mitted m	ay be upda	ted, in order t	to meet T	CEQ Core D	ata Standards	(removal	of organizati	ional endings su

23. Street Addres the Regulated En	_										in a construction of		
(No PO Boxes)	C	ity			State		ZI	P			ZIP +	1	
24. County	w	ebb											******
			If no S	Street A	ddress is prov	ided, fields	25-28	B are re	quired	ı.			
25. Description to Physical Location	lan	proxima			t of the intersect						ear the city o	f Lar	edo.
26. Nearest City									State		ı	lear	est ZIP Code
Laredo									TX		7	8046	i
Latitude/Longitud used to supply co	-							Standa	irds. (C	Geocoding (of the Phys	cal A	Address may be
27. Latitude (N) Ir	Decimal:		27.620455			28.	Longi	tude (V	V) In D	ecimal:	-99.22	2935	5
Degrees	M	inutes		Sec	onds	Deg	rees			Minutes		1	Seconds
29. Primary SIC Co	ode	30	. Secondary	SIC Cod	e	31. Prim	ary N	AICS Co	de	32. \$	econdary N	IAIC	S Code
(4 digits)		(4	digits)			(5 or 6 di	gits)			(5 or 1	6 digits)		
4941						221310		***************************************					
33. What is the Pi		ness of	this entity?	(Do not	repeat the SIC	or NAICS des	criptio	n.)					
Water Treatment Pla	ant				-								
34. Mailing	5	15 Mart	ha Drive										
Address:		City	Rio Bravo		State	тх		ZIP	7804	16	ZIP+	4	
35. E-Mail Addres	ss:	jjh	ernandez@we	bbcount	tytx.gov								
36. Telephone Nu	mber			37	. Extension o	r Code		38. Fa	ax Nui	mber (if app	licable)		
(956) 480-8214					4			() -				
9. TCEQ Programs a					rite in the perm	nits/registrat	ion nu	mbers th	nat will	be affected b	y the update	es su	omitted on this
☐ Dam Safety		Dis	stricts	Ec	dwards Aquifer			Emission	s Inver	itory Air	Indu	strial	Hazardous Waste
Municipal Solid	Waste	☐ Ne	ew Source w Air		SSF			Petroleu	m Stor	age Tank	☐ PWS		
Sludge		□ s+	orm Water	Пп	tle V Air			Tires			ПUsed	l Oil	_
siduge			Jilli Water		LIC V AII		-	11163		-		Oli	
☐ Voluntary Clean	up	⊠ w	astewater	Uw	astewater Agric	culture		Water Rights			Other:		
		WQ00	004184000	1									
SECTION 1	V: Pro	epai	er Inf	orm	<u>ation</u>								
40. Name: Ste	phanie Lands	sman				41. Title	e:	Wastew	water S	pecialist			
42. Telephone Nur	nber	43. Ext	./Code	44. Fax	Number	45. E-	Mail A	ddress					
(281)658-5899				()	-	stepha	nie@la	indsman	enviro.	com			
SECTION V	/: Au	thor	ized S	iana	ture								
6. By my signature be submit this form on	elow, I certify	, to the	best of my kno	wledge,	that the informa	ation provide	ed in th	nis form i	is true a	and complete	e, and that !	nave	signature authorit
Company:	Webb Cou					Job Tit			m Direc				
Name (In Print):	Javier Gon					200 110	-	1		Phone:	(956)480)- 82:	.4
Signature:		Gonzalez						Date:					

TCEQ

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary as required by <u>Title 30. Texas Administrative Code (30 TAC)</u>, <u>Chapter 39.</u> Subchapter H. Applicants may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements.

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Webb County (CN600612758) operates Webb County Colorado Acres Water Treatment Plant (RN101613073), an industrial wastewater treatment facility. The facility is located approximately 0.5 mile northwest of the intersection of Las Lomas Road and U.S. Highway 59, near the city of Laredo, Webb County, Texas 78046. Request for renewal of permit authorizing the evaporation of 9,500 GPD of reverse osmosis water. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain 14. List all expected pollutants here. Reverse osmosis treatment water will be treated by evaporation.

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

AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

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 es una representación ejecutiva fedérale de la solicitud de permiso.

El Condado de Webb (CN600612758) opera la Planta de Tratamiento de Agua Colorado Acres del Condado de Webb (RN101613073), una instalación de tratamiento de aguas residuales industriales. La instalación está ubicada aproximadamente a 0.5 milla al noroeste de la intersección de Las Lomas Road y U.S. Highway 59, cerca de la ciudad de Laredo, Condado de Webb, Texas 78046. Solicitud de renovación de permiso que autoriza la evaporación de 9,500 GPD de agua por ósmosis inversa. Este permiso no autorizará una descarga de contaminantes al agua del estado.

Se espera que las descargas de la instalación contengan 14. Enumere aquí todos los contaminantes esperados. El agua del tratamiento por ósmosis inversa será tratada por evaporación.

TCEQ ePay Voucher Receipt

Transaction Information -

Voucher Number: 757626

Trace Number: 582EA000659448 **Date:** 03/14/2025 09:19 AM

Payment Method: CC - Authorization 0000071910

Voucher Amount: \$300.00

Fee Type: WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - RENEWAL

ePay Actor: STEPHANIE LANDSMAN

- Payment Contact Information -

Name: STEPHANIE LANDSMAN

Company: LANDSMAN ENVIRONMENTAL LLC

Address: 9597 JONES ROAD 962, JERSEY VILLAGE, TX 77065

Phone: 281-658-5899

-Site Information -

 Site Name:
 WEBB COUNTY COLORADO ACRES WATER TREATMENT PLANT

 Site Address:
 NORTH OF SH 59 APPROXIMATELY, LAREDO TX, TX 78046

Site Location: NORTH OF SH 59 APPROXIMATELY 15 MILES EAST OF LAREDO TX

-Customer Information -

Customer Name: WEBB COUNTY

Customer Address: 515 MARTHA DRIVE, RIO BRAVO, TX 78046

-Other Information-

Program Area ID: 0004184000

TCEQ ePay Voucher Receipt

- Transaction Information -

Voucher Number: 757627

Trace Number:

582EA000659448

Date:

03/14/2025 09:19 AM

Payment Method: **Voucher Amount:**

CC - Authorization 0000071910

Fee Type:

30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE

ePay Actor:

STEPHANIE LANDSMAN

-Payment Contact Information -

Name:

STEPHANIE LANDSMAN

Company: Address:

LANDSMAN ENVIRONMENTAL LLC 9597 JONES ROAD 962, JERSEY VILLAGE, TX 77065

Phone:

281-658-5899

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For **additional information** or clarification on the requested information, please refer to the <u>Instructions for Completing the Industrial Wastewater Permit Application</u> available on the TCEQ website. Please contact the Industrial Permits Team at 512-239-4671 with any questions about this form.

If more than one outfall is included in the application, provide applicable information for each individual outfall. **If an item does not apply to the facility, enter N/A** to indicate that the item has been considered. Include separate reports or additional sheets as **clearly cross-referenced attachments** and provide the attachment number in the space provided for the item the attachment addresses.

NOTE: This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

Item 1. Facility/Site Information (Instructions, Page 39)

a. Describe the general nature of the business and type(s) of industrial and commercial

Proce	ess potable wa	ter with a reverse	e osmosis sy:	stem and reje	cted brine water	
Descri	ibe all waste	water-generatin	ng processes	s at the facil	ity.	
	acility process aporation por		through a re	verse osmosis	s system and reje	cted brine water to

https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

w Materials ll water	Filter water	Final Products Drinking water
ll water	Filter water	Drinking water
		,
	·	
Attachment: Click to en	nter text.	
Attach a facility map (d	rawn to scale) with the following	information:
		ing areas, waste-disposal areas,
Attachment: <u>F</u>		
s this a new permit ap	plication for an existing facility?	
□ Yes ⊠ N	0	
If yes , provide back	ground discussion: Click to enter	text.
s/will the treatment fa evel.	cility/disposal site be located abo	ve the 100-year frequency flood
⊠ Yes □ N	0	
ist source(s) used to d	etermine 100-year frequency floo	d plain: <u>FEMA</u>
protective measures are	e used/proposed to prevent flood	ing (including tail water and
Attachment: Click to en	nter text.	
		any construction operations resul
	Production areas, mand water intake strand water intake water int	and water intake structures. The location of each unit of the WWTP including the I sumps, impoundments, outfalls, and sampling points outfall locations. Attachment: F Is this a new permit application for an existing facility? Yes No If yes, provide background discussion: Click to enter s/will the treatment facility/disposal site be located aboveel. Yes No ist source(s) used to determine 100-year frequency floor of no, provide the elevation of the 100-year frequency floor or otective measures are used/proposed to prevent flood ainfall run-on controls) of the treatment facility and dispatchment: Click to enter text. For new or major amendment permit applications, will an a discharge of fill material into a water in the state?

h.	If yes to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?
	□ Yes □ No
	If yes , provide the permit number: Click to enter text.
	If ${f no}$, provide an approximate date of application submittal to the USACE: Click to enter text.
It	em 2. Treatment System (Instructions, Page 40)
a.	List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.
	N/A
b.	Attach a flow schematic with a water balance showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.
	Attachment: Click to enter text.
Ite	em 3. Impoundments (Instructions, Page 40)
Do	es the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)
	⊠ Yes □ No
3.6	no, proceed to Item 4. If yes, complete Item 3.a for existing impoundments and Items 3.a - e for new or proposed impoundments. NOTE: See instructions, Pages 40-42, for additional formation on the attachments required by Items 3.a – 3.e.
a.	Complete the table with the following information for each existing, new, or proposed impoundment. Attach additional copies of the Impoundment Information table, if needed.
	Use Designation: Indicate the use designation for each impoundment as Treatment (T), Disposal (D), Containment (C), or Evaporation (E).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (**C**), In-situ clay liner (**I**), Synthetic/plastic/rubber liner (**S**), or Alternate liner (**A**). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (**A**) is selected, include an attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter Y for yes. Otherwise, enter N for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter Y for yes. Otherwise, enter N for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)	E			
Associated Outfall Number	N/A			
Liner Type (C) (I) (S) or (A)	С			
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment	***************************************			
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)	200			
Width (ft)	200			
Max Depth From Water Surface (ft), Not Including Freeboard	3			
Freeboard (ft)	3			
Surface Area (acres)	2.75			
Storage Capacity (gallons)	897			
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment: Click to enter text.

The following information (Items 3.b - 3.e) is required only for new or proposed impoundments.
b. For new or proposed impoundments, attach any available information on the following items. If attached, check yes in the appropriate box. Otherwise, check no or not yet designed.

1. Liner data Yes No Not yet designed 2. Leak detection system or groundwater monitoring data Yes No Not yet designed 3. Groundwater impacts Yes Not yet designed No **NOTE:** Item b.3 is required if the bottom of the pond is not above the seasonal highwater table in the shallowest water-bearing zone.

Attachment: Click to enter text.

For TLAP applications: Items 3.c - 3.e are not required, continue to Item 4.

c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within ½-mile of the impoundments.

Attachment: Click to enter text.

d. Attach copies of State Water Well Reports (e.g., driller's logs, completion data, etc.), and data on depths to groundwater for all known water supply wells including a description of how the depths to groundwater were obtained.

Attachment: Click to enter text.

e. Attach information pertaining to the groundwater, soils, geology, pond liner, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

Attachment: Click to enter text.

Item 4. Outfall/Disposal Method Information (Instructions, Page 42)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge, and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/0r numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

For TLAP applications: Indicate the disposal method and each individual irrigation area I, evaporation pond E, or subsurface drainage system S by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall** number (e.g. E1 for evaporation pond 1, I2 for irrigation area No. 2, etc.).

Outfall No.	Latitude (De	cimal Deg	grees)	L	ongit	ude (De	cimal D	egree	es)
10/	the state of the s								
1 200 200 200 200 200 200 200 200 200 20	1					47			
			100					,	11.54.
		V 94		1		. w			A Committee of the Comm
Outfall Location Outfall No.	on Description	orintion							
Outlan No.	Location Des	scripuon							
		to do any to							
Description of	Sampling Point				ocatio	n)			
Outfall No.	Description	of sampli	ng poir	ıt					
12 110									
Outfall Flow I	oformation - Per	mitted an	d Propo	has					de de la complèta de la completa de
Outfall Flow I	nformation - Per Permitted	mitted an			d	Propo	sed	Ant	icipated
Outfall Flow II	Permitted Daily Avg	Permit Daily	tted Max	Propose Daily Av	vg	Daily	Max	Dis	charge Date
	Permitted	Permit	tted Max	Propose	vg		Max	Dis	icipated charge Date n/dd/yy)
	Permitted Daily Avg	Permit Daily	tted Max	Propose Daily Av	vg	Daily	Max	Dis	charge Date
	Permitted Daily Avg	Permit Daily	tted Max	Propose Daily Av	vg	Daily	Max	Dis	charge Date
	Permitted Daily Avg	Permit Daily	tted Max	Propose Daily Av	vg	Daily	Max	Dis	charge Date
Outfall No.	Permitted Daily Avg	Permit Daily I Flow (tted Max MGD)	Propose Daily Av	vg	Daily	Max	Dis	charge Date
Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an	Permit Daily Flow (tted Max MGD) ement Gravit	Propose Daily Av	vg GD)	Daily Flow (Max MGD) of Flow	Dise (mr	charge Date
Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an	Permit Daily Flow (tted Max MGD)	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD)	Dise (mr	charge Date n/dd/yy)
Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an	Permit Daily Flow (tted Max MGD) ement Gravit	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD) of Flow	Dise (mr	charge Date n/dd/yy)
Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an	Permit Daily Flow (tted Max MGD) ement Gravit	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD) of Flow	Dise (mr	charge Date n/dd/yy)
Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an	Permit Daily Flow (tted Max MGD) ement Gravit	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD) of Flow	Dise (mr	charge Date n/dd/yy)
Outfall No. Outfall Discha Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an	Permit Daily Flow (ement Gravit	Propose Daily Av Flow (M	vg GD)	Daily Flow (Max MGD) of Flow	Dise (mr	charge Date n/dd/yy)
Outfall No. Outfall Discha Outfall No.	Permitted Daily Avg Flow (MGD) rge - Method an Pumped Disc Y/N	Permit Daily Flow (ement Gravit Y/N	Propose Daily Av Flow (M	ge?	Daily Flow (Max MGD) of Flow	Disc (mr	charge Date n/dd/yy)

Outfall Wastestream Contributions

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
· · · · · · · · · · · · · · · · · · ·		

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
444		

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
		Arms .
The second secon		
Annual Commence of the Commenc		

Attachment: Click to enter text.

Item 5. Blowdown and Once-Through Cooling Water Discharges (Instructions, Page 43)

a.	Indicate if	the facility	currently	y or	proposes to:	
----	-------------	--------------	-----------	------	--------------	--

 \square Yes \boxtimes No Use cooling towers that discharge blowdown or other wastestreams

☐ Yes ☒ No Use boilers that discharge blowdown or other wastestreams

☐ Yes ☒ No Discharge once-through cooling water

NOTE: If the facility uses or plans to use cooling towers or once-through cooling water, Item 12 **is required**.

- b. If **yes** to any of the above, attach an SDS with the following information for each chemical additive.
 - Manufacturers Product Identification Number
 - Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
 - · Chemical composition including CASRN for each ingredient
 - Classify product as non-persistent, persistent, or bioaccumulative
 - · Product or active ingredient half-life
 - Frequency of product use (e.g., 2 hours/day once every two weeks)
 - Product toxicity data specific to fish and aquatic invertebrate organisms
 - Concentration of whole product or active ingredient, as appropriate, in wastestream.

In addition to each SDS, attach a summary of the above information for each specific wastestream and the associated chemical additives. Specify which outfalls are affected.

Attachment: Click to enter text.

c. Cooling Towers and Boilers

If the facility currently or proposes to use cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s), complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Cooling Towers			
Boilers			

Item 6. Stormwater Management (Instructions, Page 44)

Will any existing/proposed outfalls discharge stormwater associated with industrial activities, as defined at 40 CFR § 122.26(b)(14), commingled with any other wastestream?

	Yes	\boxtimes	No
--	-----	-------------	----

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in a manner which may result in exposure of the activities or materials to stormwater: Click to enter text.

Item 7. Domestic Sewage, Sewage Sludge, and Septage Management and Disposal (Instructions, Page 44)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

a.	Check the box next to the appropriate method of dor sludge treatment or disposal. Complete Worksheet 5.	
	☑ Domestic sewage is routed (i.e., connected to or tra- receive domestic sewage for treatment, disposal, o	-
	☐ Domestic sewage disposed of by an on-site septic t Item 7.b.	ank and drainfield system. Complete
	☐ Domestic and industrial treatment sludge ARE com	imingled prior to use or disposal.
	☐ Industrial wastewater and domestic sewage are tre sludge IS NOT commingled prior to sludge use or o	
	☐ Facility is a POTW. Complete Worksheet 5.0.	
	☐ Domestic sewage is not generated on-site.	
	☐ Other (e.g., portable toilets), specify and Complete	Item 7.b: Click to enter text.
b.	Provide the name and TCEQ, NPDES, or TPDES Permit which receives the domestic sewage/septage. If haule name and TCEQ Registration No. of the hauler.	
	omestic Sewage Plant/Hauler Name	
P	lant/Hauler Name	Permit/Registration No.
T+	em 8. Improvements or Compliance	/Fnforcement
11	Requirements (Instructions, P.	
	Requirements (matueuons, 1	age 43)
a.	Is the permittee currently required to meet any imple enforcement?	ementation schedule for compliance or
	□ Yes ⊠ No	
b.	Has the permittee completed or planned for any impr	rovements or construction projects?
	□ Yes ⊠ No	
c.	If yes to either 8.a or 8.b, provide a brief summary of update: Click to enter text.	f the requirements and a status

	ive any biological tests for acute or chronic toxicity been made on any of the discharges or a receiving water in relation to the discharge within the last three years?
	□ Yes ⊠ No
If y	yes, identify the tests and describe their purposes: Click to enter text.
	lditionally, attach a copy of all tests performed which have not been submitted to the TCEQ EPA. Attachment: Click to enter text.
It	em 10. Off-Site/Third Party Wastes (Instructions, Page 45)
a.	Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?
	□ Yes ⊠ No
	If yes, provide responses to Items 10.b through 10.d below.
	If no , proceed to Item 11.
b.	Attach the following information to the application:
	• List of wastes received (including volumes, characterization, and capability with on-site wastes).
	 Identify the sources of wastes received (including the legal name and addresses of the generators).
	 Description of the relationship of waste source(s) with the facility's activities.
	Attachment: Click to enter text.
C.	Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?
	□ Yes □ No
	If yes , provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.
	Attachment: Click to enter text.
d.	Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?
	□ Yes □ No
If	yes, Worksheet 6.0 of this application is required.
It	em 11. Radioactive Materials (Instructions, Page 46)
a.	Are/will radioactive materials be mined, used, stored, or processed at this facility?
	□ Yes ⊠ No
	If yes , use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Item 9. Toxicity Testing (Instructions, Page 45)

	ctive Material Name	Concentration (pCi/L)
radio	the applicant or anyone at the facility active materials may be present in the active materials in the source waters o	have any knowledge or reason to believe that e discharge, including naturally occurring or on the facility property?
	es □ No	
radio		ne results of one analysis of the effluent for all Provide results in pCi/L. Do not include 1.a.
Radioacti	ve Materials Present in the Discharge	
Radioac	ctive Material Name	Concentration (pCi/L)
Itama 1	12 Cooling Water (Instru	otions Page 46)
Item 1	12. Cooling Water (Instru	ctions, Page 46)
	12. Cooling Water (Instruction of the facility use or propose to use wat	
	the facility use or propose to use wat Yes	
a. Does	the facility use or propose to use wat Yes	er for cooling purposes?
a. Does □ ⊠	the facility use or propose to use wat Yes No Decommissioned: Click to enter tex	er for cooling purposes?
a. Does	the facility use or propose to use wat Yes No Decommissioned: Click to enter tex	er for cooling purposes?
a. Does	the facility use or propose to use wat Yes No Decommissioned: Click to enter tex To Be Decommissioned: Click to en	er for cooling purposes? ct. iter text. , stop here.
a. Does	the facility use or propose to use wat Yes No Decommissioned: Click to enter tex To Be Decommissioned: Click to enter s, complete Items 12.b thru 12.f. If no	er for cooling purposes? ct. iter text. , stop here.
a. Does If yes If dec	the facility use or propose to use wat Yes No Decommissioned: Click to enter tex To Be Decommissioned: Click to enter s, complete Items 12.b thru 12.f. If no commissioned, provide the date operate be decommissioned, provide the date	er for cooling purposes? Att. Atter text. A stop here. Action ceased and stop here. A operation is anticipated to cease and stop here.
a. Does If yes If dec	the facility use or propose to use wat Yes No Decommissioned: Click to enter tex To Be Decommissioned: Click to enter tex s, complete Items 12.b thru 12.f. If no commissioned, provide the date operate decommissioned, provide the date on the decommissioned of the date.	er for cooling purposes? Att. Atter text. A stop here. Action ceased and stop here. A operation is anticipated to cease and stop here.

 c. Cooling Water Supp 	plier
---	-------

1. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water	Intake Structure	s) Owner(s)	and Operator(s)
----------------------	-------------------------	-------------	-----------------

C	WIS	SID										
0	wn	er						-				
0	per	rator										
	2	Caalina	+		alatain	- J C	Dublia	Matar	Committee	(DIAIC)		
	۷.	Cooling wa								(PWS)		
			No			WS No.: C						
		If no , conti	nue. If	yes, p	provide	the PWS	Registrat	tion No	o. and st	op here	2.	
	3.	Cooling wa	ter is/	will be	obtain	ed from a	a reclaim	ed wat	ter sour	ce?		
			No		Yes; A	uth No.:	Click to	enter t	ext.			
		If no , conti	nue. If	yes, p	rovide	the Reus	e Author	ization	n No. an	d stop	here.	
	4.	Cooling wa	ter is/	will be	obtain	ed from a	an Indep	endent	Supplie	er		
			No		Yes; A	IF:_Click t	o enter	text.				
											ne Independent oses and proce	ed.
d.	31	6(b) Genera	l Criter	ia								
	1.	The CWIS(s							s to the	facility	has or will hav	e a
			Yes		No							
	2.	At least 25 exclusively								ll be use	ed at the facility	У
			Yes		No							
	3.	The CWIS(surface was 122.2.	s) witho	draw(s at me)/propo et the do	se(s) to vefinition	vithdraw of Water	water s of th	for coo e United	ling pui l States	rposes from in 40 CFR §	
			Yes		No. Ex	planation	:_Click t	o enter	r text.			
		If no , prov Waters of						ody do	es not n	neet the	e definition of	

If **yes** to all three questions in Item 12.d, the facility **meets** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA. Proceed to **Item 12.f**.

If **no** to any of the questions in Item 12.d, the facility **does not meet** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA; however, a determination is required based upon BPJ. Proceed to **Item 12.e**.

e.	The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) and uses/ proposes to use cooling towers .
	□ Yes □ No
	If yes , stop here. If no , complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ.
f.	Oil and Gas Exploration and Production
	1. The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.
	□ Yes □ No
	If yes , continue. If no , skip to Item 12.g.
	2. The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).
	□ Yes □ No
	If yes , complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ. If no , skip to Item 12.g.3.
g.	Compliance Phase and Track Selection
	1. Phase I - New facility subject to 40 CFR Part 125, Subpart I
	□ Yes □ No
	If yes , check the box next to the compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.
	☐ Track I - AIF greater than 2 MGD, but less than 10 MGD
	 Attach information required by 40 CFR §§ 125.86(b)(2)-(4).
	□ Track I – AIF greater than 10 MGD
	 Attach information required by 40 CFR § 125.86(b).
	□ Track II
	 Attach information required by 40 CFR § 125.86(c).
	Attachment: Click to enter text.
	2. Phase II – Existing facility subject to 40 CFR Part 125, Subpart J
	□ Yes □ No
	If yes, complete Worksheets 11.0 through 11.3, as applicable.
	3. Phase III – New facility subject to 40 CFR Part 125, Subpart N
	□ Yes □ No
	If yes , check the box next to the compliance track selection and provide the requested information.
	□ Track I – Fixed facility
	 Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0. Items 2 and 3, and Worksheet 11.2.

	Track I - Not a fixed facility
	 Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except CWIS latitude/longitude under Item 2.a).
	Track II - Fixed facility
	 Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.
At	tachment: Click to enter text.
Item 1	3. Permit Change Requests (Instructions, Page 48)
This item	is only applicable to existing permitted facilities.
a. Is the	facility requesting a major amendment of an existing permit?
	Yes ⊠ No
inforr	, list each request individually and provide the following information: 1) detailed nation regarding the scope of each request and 2) a justification for each request. h any supplemental information or additional data to support each request.
b. Is the	facility requesting any minor amendments to the permit?
	Yes ⊠ No
If yes	, list and describe each change individually.
Click	to enter text.
c. Is the	facility requesting any minor modifications to the permit?
	Yes □ No
If yes	s, list and describe each change individually.

Leah Whallon

From: Stephanie Landsman < stephanie@landsmanenviro.com>

Sent: Saturday, April 19, 2025 8:21 AM

To: Leah Whallon Subject: Re: WQ0004184000

Attachments: Webb County notice.docx; Webb County(CA) Revised Pages.pdf

Follow Up Flag: Follow up **Flag Status:** Flagged

Here is the info I received from the applicant. The plant is not in operation at this time and outfall may be changed in the future.

On Tue, Apr 15, 2025 at 2:46 PM Leah Whallon < Leah. Whallon@tceq.texas.gov > wrote:

Hi Stephanie,

The technical report I was emailed last week does not have any responses in Item 4, and also is missing the relevant page(s) for the land application worksheets.

Thanks,





Texas Commission on Environmental Quality

Water Quality Division

512-239-0084

leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Stephanie Landsman < stephanie@landsmanenviro.com>

Sent: Tuesday, April 15, 2025 2:36 PM

To: Leah Whallon < Leah. Whallon@Tceq. Texas. Gov >

Subject: Re: WQ0004184000

My copy of the technical report says 9,500 gpd-must have changed it after I sent it in?

On Tue, Apr 15, 2025 at 2:32 PM Stephanie Landsman < stephanie@landsmanenviro.com wrote:

I apologize, these items weren't addressed at last renewal so I will have to ask the applicant. Also, I can get the NORI done today. Send the letter if you need to but I will get this done quickly.

On Tue, Apr 15, 2025 at 12:23 PM Leah Whallon < Leah. Whallon@tceq.texas.gov > wrote:

Thank you, Stephanie.

I've reviewed the response and there are several items still needed at this time. There was no response to items 9-12 of the initial NOD.

9. Technical Report 1.0, Item 4

No response was provided for these items but is required. Please provide responses for the disposal method information.

10. Technical Worksheet 3.1, Item 3

No flow was listed in Item 4 of technical report 1.0, but worksheet 3.1 lists a daily average flow of 13,400 gallons per day which is more than the permitted flow of 9,500 gallons per day. Please confirm the proposed flow and update the item. If an increase in flow is proposed, a major amendment application is required.

11. The following is a portion of the 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. Webb County, 515 Martha Drive, Rio Bravo, Texas 78046 (pending response), which owns a reverse osmosis water treatment facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0004184000 to authorize the disposal of reverse osmosis reject water at a volume not to exceed a daily average flow of 9,500 gallons per day via evaporation. The water treatment facility and disposal area are located approximately 0.5 miles northwest of the intersection of Las Lomas Road and U.S. Highway 59, near the city of Laredo, in Webb County, Texas 78044. TCEQ received this application on March 20, 2025. The permit application will be available for viewing and copying at Webb County Courthouse, 1000 Houston Street, Laredo, in Texas County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications. 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=-99.229722,27.619444&level=18

Further information may also be obtained from Webb County at the address stated above or by calling Mr. Javier Gonzalez, Interim Director, at 956-480-8197.

12. The application 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.

I can send a 30 day extension letter to allow more time to complete the response. Please let me know if you have any questions.

Thanks,

Leah Whallon



Texas Commission on Environmental Quality

Water Quality Division

512-239-0084 leah.whallon@tceq.texas.gov How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Stephanie Landsman < stephanie@landsmanenviro.com>

Sent: Tuesday, April 15, 2025 9:24 AM

To: Leah Whallon < Leah. Whallon@Tceq.Texas.Gov >

Subject: Re: WQ0004184000

On Mon, Apr 14, 2025 at 4:26 PM Leah Whallon < Leah. Whallon@tceq.texas.gov > wrote:

Thank you, Stephanie.

I'm reviewing the response now and do not see the updated Administrative Report. I received 3 emails with the technical report, maps, and other attachments. Can you please send the revised admin report as well?

Thanks,

Leah Whallon



Texas Commission on Environmental Quality

Water Quality Division

512-239-0084 leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

Outfall Lon	ngitude ar	nd Latitude
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Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
E1	27.620455	- 99.229355

Outfall Location Description

Outfall No.	Location Description				
EI					

Description of Sampling Point(s) (if different from Outfall location)

Outfall No.	Description of sampling point	
EI	Pond	

Outfall Flow Information - Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
E1	10095				

Outfall Discharge - Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used	

Outfall Discharge - Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
				•	

b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance. Attachment: Click to enter text.

Item 3. Evaporation Ponds (Instructions, Page 74)

- a. Daily average effluent flow into ponds: 9,500 gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** Click to enter text.

Item 4. Evapotranspiration Beds (Instructions, Page 74)

a. Provide the following information on the evapotranspiration beds:

Number of beds: Click to enter text.

Area of bed(s) (acres): Click to enter text.

Depth of bed(s) (feet): Click to enter text.

Void ratio of soil in the beds: Click to enter text.

Storage volume within the beds (include units): Click to enter text.

Description of any lining to protect groundwater: Click to enter text.

- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. Attachment: Click to enter text.
- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** <u>Click to enter text.</u>

Item 5. Overland Flow (Instructions, Page 74)

a. Provide the following information on the overland flow:

Area used for application (acres): Click to enter text.

Slopes for application area (percent): Click to enter text.

Design application rate (gpm/foot of slope width): Click to enter text.

Slope length (feet): Click to enter text.

Design BOD5 loading rate (lbs BOD5/acre/day): Click to enter text.

Design application frequency (hours/day): Click to enter text.

Design application frequency (days/week): Click to enter text.

b. Attach a separate engineering report with the method of application and design requirements according to *30 TAC § 217.212*. **Attachment:** <u>Click to enter text.</u>

Comisión de Calidad Ambiental del Estado de Texas



AVISO DE RECEPCIÓN DE LA SOLICITUD Y LA INTENCIÓN DE OBTENER CALIDAD DEL AGUA PERMISO RENOVACIÓN

PERMISO NO.	WOoo)
	11 400	•

SOLICITUD. El Condado de Webb, 515 Martha Drive, Rio Bravo, Texas 78046 (respuesta pendiente), que posee una instalación de tratamiento de agua por ósmosis inversa, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) renovar el Permiso de Aplicación en Terrenos de Texas (TLAP) No. WQ0004184000 para autorizar la eliminación de agua rechazada por ósmosis inversa en un volumen que no exceda un flujo promedio diario de 9,500 galones por día a través de la evaporación. La instalación de tratamiento de agua y el área de eliminación están ubicadas aproximadamente a 0.5 millas al noroeste de la intersección de Las Lomas Road y U.S. Highway 59, cerca de la ciudad de Laredo, en el Condado de Webb, Texas 78044. La TCEQ recibió esta solicitud el 20 de marzo de 2025. La solicitud de permiso estará disponible para ver y copiar en Webb County Courthouse, 1000 Houston Street, Laredo, en el Condado de Texas, Texas, antes de la fecha de publicación de este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web:

https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications. 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=-99.229722,27.619444&level=18

Include the following non-italicized sentence if the facility is located in the Coastal Management Program boundary and is an application for a major amendment which will increase the pollutant loads to coastal waters or would result in relocation of an outfall to a critical areas, or a renewal with such a major amendment. 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. If the application is for amendment that does not meet the above description, do not include the sentence: 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. Ademas, puede pedir que la TCEQ ponga su nombre en una or mas 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 especifico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envia por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

CONTACTOS E INFORMACIÓN DE LA TCEQ. Todos los comentarios escritos del público y los para pedidos una reunión deben ser presentados a la Oficina del Secretario Principal, MC 105, TCEQ, P.O. Box 13087, Austin, TX 78711-3087 o por el internet at www.tceq.texas.gov/about/comments.html. 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. Si necesita más información en Español sobre esta solicitud para un permiso o el proceso del permiso, por favor llame a El Programa de Educación Pública de la TCEQ, sin cobro, al 1-800-687-4040. La información general sobre la TCEQ puede ser encontrada en nuestro sitio de la red: www.tceq.texas.gov.

<u> </u>	r información adicional del Condado de Webb a la dirección o al Sr. Javier Gonzalez, Director Interino, at 956-480-8197.
Fecha de emisión	[Date notice issued]