



# Technical Package Cover Page

**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. Second notice (NAPD-Notice of Preliminary Decision)
  - English
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4. Application materials \*
5. Draft permit \*
6. Technical summary or fact sheet \*



## 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 [Title 30, Texas Administrative Code \(30 TAC\), Chapter 39, 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 [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 DOMESTIC 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.*

City of Clarendon (CN600703995) operates City of Clarendon WWTP (RN102845880), a Wastewater Treatment Facility that consists of a pond system. Treatment units include a bar screen, three oxidation ponds/storage ponds, one facultative lagoon, and one 75-acre playa lake. The facility includes three storage ponds with a total surface area of 8 acres and a total capacity of 40 acre-feet for disposal of treated effluent via evaporation. The permittee is authorized to dispose of treated domestic wastewater effluent at a daily average flow not to exceed 0.28 million gallons per day (MGD) via evaporation. The facility is located at approximately 4,000 feet northwest of the intersection of U.S. Highway 287 and FM 2162, in Clarendon, Donley County, Texas 79226. For Domestic Wastewater Permit Renewal. This permit will not authorize a discharge of pollutants into water in the state..

Discharges from the facility are expected to contain CBOD, Ammonia Nitrogen, Nitrate Nitrogen, TKN, Sulfate, Chloride, Total Phosphorus, pH, DO, Chlorine Residual, E. Coli, TDS, Oil & Grease, and Alkalinity. Domestic and municipal is treated by (Final) Facultative

Lagoon/Evaporation Pond System-Effluent flows to facultative lagoon where the solids collect and decompose via aerobic and anaerobic process. The effluent proceeds through three oxidation ponds and finally into a large playa lake to complete the treatment process.

## 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.*

1. Introduzca el nombre del solicitante aquí (2. Introduzca el número de cliente aquí (es decir, CN6#####).) 3. Elija del menú desplegable 4. Introduzca el nombre de la instalación aquí 5. Introduzca el número de entidad regulada aquí (es decir, RN1#####), 6. Elija del menú desplegable 7. Introduzca la descripción de la instalación aquí. La instalación 8. Elija del menú desplegable. ubicada en 9. Introduzca la ubicación aquí, en 10. Introduzca el nombre de la ciudad aquí, Condado de 11. Introduzca el nombre del condado aquí, Texas 12. Introduzca el código postal aquí. 13. Introduzca el resumen de la petición de solicitud aquí. <<Para las solicitudes de TLAP incluya la siguiente oración, de lo contrario, elimine:>> Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan 14. Liste todos los contaminantes esperados aquí. 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

## INSTRUCTIONS

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Choose “operates” in this section for existing facility applications or choose “proposes to operate” for new facility applications.
4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
8. Choose “is” for an existing facility or “will be” for a new facility.
9. Enter the location of the facility in this section.
10. Enter the City nearest the facility in this section.
11. Enter the County nearest the facility in this section.
12. Enter the zip code for the facility address in this section.
13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at [WQ-ARPTeam@tceq.texas.gov](mailto:WQ-ARPTeam@tceq.texas.gov) or by phone at (512) 239-4671.

## Example

### Individual Industrial Wastewater Application

*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 are not federal enforceable representations of the permit application.*

ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a two-unit gas-fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred to as “previously monitored effluents” (low-volume wastewater, metal-cleaning waste, and stormwater (from diked oil storage area yards and storm drains)) via Outfall 001. Low-volume waste sources, metal-cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low-volume waste and metal-cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility’s potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010007001

**APPLICATION.** City of Clarendon, P.O. Box 1089, Clarendon, Texas 79226, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew the Texas Land Application Permit (TLAP) No. WQ0010007001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 280,000 gallons per day via evaporation. The domestic wastewater treatment facility and disposal area are located approximately 4,000 feet northeast of the intersection of U.S. Highway 287 and Farm-to-Market Road 2162, in the city of Clarendon, in Donley County, Texas 79226. TCEQ received this application on April 15, 2025. The permit application will be available for viewing and copying at Clarendon City Hall, 313 South Sully Street, Clarendon, in Donley 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=-100.881944,34.947222&level=18>

**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 county-wide 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](http://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](http://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 City of Clarendon at the address stated above or by calling Mr. Brian Barboza, City Manager, at 806-874-3438.

Issuance Date: April 22, 2025

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



## NOTICE OF APPLICATION AND PRELIMINARY DECISION FOR WATER QUALITY LAND APPLICATION PERMIT FOR MUNICIPAL WASTEWATER

### RENEWAL

**PERMIT NO. WQ0010007001**

**APPLICATION AND PRELIMINARY DECISION.** City of Clarendon, P.O. Box 1089, Clarendon, Texas 79226, has applied to the Texas Commission on Environmental Quality (TCEQ) for a renewal of TCEQ Permit No. WQ0010007001 which authorizes the disposal of treated domestic wastewater at a daily average flow not to exceed 280,000 gallons per day via evaporation. This permit will not authorize the discharge of pollutants into water in the state. TCEQ received this application on April 15, 2025.

The wastewater treatment facility and disposal site are located approximately 4,000 feet northeast of the intersection of U.S. Highway 287 and Farm-to-Market Road 2162, in the City of Clarendon, Donley County, Texas 79226. The wastewater treatment facility and disposal site are located in the drainage basin of Salt Fork Red River in Segment No. 0222 of the Red River Basin. This link to an electronic map of the site or facility's general location is provided as a public courtesy and is not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-100.881944,34.947222&level=18>

The TCEQ Executive Director has completed the technical review of the application and prepared a draft permit. The draft permit, if approved, would establish the conditions under which the facility must operate. The Executive Director has made a preliminary decision that this permit, if issued, meets all statutory and regulatory requirements. The permit application, Executive Director's preliminary decision, and draft permit are available for viewing and copying at Clarendon City Hall, 313 South Sully Street, Clarendon, in Donley County, Texas. 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>.

**PUBLIC COMMENT / PUBLIC MEETING.** The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ holds 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 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 a contested case hearing or reconsideration of the Executive Director's decision.** A contested case hearing is a legal proceeding similar to a civil trial in a 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.**

**EXECUTIVE DIRECTOR ACTION.** The Executive Director may issue final approval of the application unless a timely contested case hearing request or request for reconsideration is filed. If a timely hearing request or request for reconsideration is filed, the Executive Director will not issue final approval of the permit and will forward the application and request to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

**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.

**All written public comments and public meeting requests must be submitted to the Office of the Chief Clerk, MC 105, Texas Commission on Environmental Quality, P.O. Box 13087, Austin, TX 78711-3087 or electronically at [www.tceq.texas.gov/goto/comment](http://www.tceq.texas.gov/goto/comment) within 30 days from the date of newspaper publication of this notice.**

**INFORMATION AVAILABLE ONLINE.** For details about the status of the application, visit the Commissioners' Integrated Database at [www.tceq.texas.gov/goto/cid](http://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.** Public comments and requests must be submitted either electronically at [www.tceq.texas.gov/goto/comment](http://www.tceq.texas.gov/goto/comment), 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. Any personal information you submit to the TCEQ will become part of the agency's record; this includes email addresses. 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](http://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 City of Clarendon at the address stated above or by calling Mr. Brian Barboza, City Manager, at 806-874-3438.

Issuance Date: June 6, 2025



PERMIT NO. WQ0010007001

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
P.O. Box 13087  
Austin, Texas 78711-3087

This is a renewal of Permit No.  
WQ0010007001 issued on  
January 19, 2016.

PERMIT TO DISCHARGE WASTES  
under provisions of Chapter 26  
of the Texas Water Code

City of Clarendon

whose mailing address is

P.O. Box 1089  
Clarendon, Texas 79226

Nature of Business Producing Waste: Domestic wastewater treatment operation, SIC Code 4952.

General Description and Location of Waste Disposal System:

Description: The City of Clarendon Wastewater Treatment Facility consists of a pond system. Treatment units include a bar screen, an Imhoff tank, three oxidation ponds/storage ponds, a facultative lagoon with a surface area of 4 acres and volume of 40 acre-feet, and a 75-acre playa lake. The facility includes Three storage ponds with a total surface area of 8 acres and total capacity of 40 acre-feet for disposal of treated effluent via evaporation. The permittee is authorized to dispose of treated domestic wastewater effluent at a daily average flow not to exceed 0.28 million gallons per day (MGD) via evaporation.

Location: The wastewater treatment facility and disposal site are located approximately 4,000 feet northeast of the intersection of U.S. Highway 287 and Farm-to-Market Road 2162, in the City of Clarendon, Donley County, Texas 79226. (See Attachment A.)

Drainage Area: The wastewater treatment facility and disposal site are located in the drainage basin of Salt Fork Red River in Segment No. 0222 of the Red River Basin. No discharge of pollutants into water in the state is authorized by this permit.

This permit and the authorization contained herein shall expire at midnight, **ten years from the date of issuance.**

ISSUED DATE:

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For the Commission

**EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

**Conditions of the Permit: No discharge of pollutants into water in the state is authorized.**

A. Effluent Limitations

Character: Treated Domestic Sewage Effluent

Volume: Daily Average Flow – 0.28 MGD from the treatment system

Quality: The following effluent limitations are required:

<u>Parameter</u>	<u>Effluent Concentrations</u>	
	(Not to Exceed)	
	<u>Daily Average</u> mg/l	<u>Single Grab</u> mg/l
Biochemical Oxygen Demand (5-day)	N/A	100

The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units.

B. Monitoring Requirements:

<u>Parameter</u>	<u>Monitoring Frequency</u>	<u>Sample Type</u>
Flow	Five/week	Instantaneous
Biochemical Oxygen Demand (5-day)	One/month	Grab
pH	One/month	Grab

The monitoring shall be done after the final treatment unit and prior to storage of the treated effluent. If the effluent is land applied directly from the treatment system, monitoring shall be done after the final treatment unit and prior to land application. These records shall be maintained on a monthly basis and be available at the plant site for inspection by authorized representatives of the Commission for at least three years.

**STANDARD PERMIT CONDITIONS**

This permit is granted in accordance with the Texas Water Code and the rules and other Orders of the Commission and the laws of the State of Texas.

**DEFINITIONS**

All definitions in Section 26.001 of the Texas Water Code and 30 TAC Chapter 305 shall apply to this permit and are incorporated by reference. Some specific definitions of words or phrases used in this permit are as follows:

**1. Flow Measurements**

- a. Daily average flow - the arithmetic average of all determinations of the daily flow within a period of one calendar month. The daily average flow determination shall consist of determinations made on at least four separate days. If instantaneous measurements are used to determine the daily flow, the determination shall be the arithmetic average of all instantaneous measurements taken during that month. Daily average flow determination for intermittent discharges shall consist of a minimum of three flow determinations on days of discharge.
- b. Annual average flow - the arithmetic average of all daily flow determinations taken within the preceding 12 consecutive calendar months. The annual average flow determination shall consist of daily flow volume determinations made by a totalizing meter, charted on a chart recorder and limited to major domestic wastewater discharge facilities with a 1 million gallons per day or greater permitted flow.
- c. Instantaneous flow - the measured flow during the minimum time required to interpret the flow measuring device.

**2. Concentration Measurements**

- a. Daily average concentration - the arithmetic average of all effluent samples, composite or grab as required by this permit, within a period of one calendar month, consisting of at least four separate representative measurements.
  - i. For domestic wastewater treatment plants - When four samples are not available in a calendar month, the arithmetic average (weighted by flow) of all values in the previous four consecutive month period consisting of at least four measurements shall be utilized as the daily average concentration.
  - ii. For all other wastewater treatment plants - When four samples are not available in a calendar month, the arithmetic average (weighted by flow) of all values taken during the month shall be utilized as the daily average concentration.
- b. 7-day average concentration - the arithmetic average of all effluent samples, composite or grab as required by this permit, within a period of one calendar week, Sunday through Saturday.
- c. Daily maximum concentration - the maximum concentration measured on a single day, by the sample type specified in the permit, within a period of one calendar month.

### 3. Sample Type

- a. Composite sample - For domestic wastewater, a composite sample is a sample made up of a minimum of three effluent portions collected in a continuous 24-hour period or during the period of daily discharge if less than 24 hours, and combined in volumes proportional to flow, and collected at the intervals required by 30 TAC § 319.9 (a). For industrial wastewater, a composite sample is a sample made up of a minimum of three effluent portions collected in a continuous 24-hour period or during the period of daily discharge if less than 24 hours, and combined in volumes proportional to flow, and collected at the intervals required by 30 TAC § 319.9 (b).
  - b. Grab sample - an individual sample collected in less than 15 minutes.
4. Treatment Facility (facility) - wastewater facilities used in the conveyance, storage, treatment, recycling, reclamation and/or disposal of domestic sewage, industrial wastes, agricultural wastes, recreational wastes, or other wastes including sludge handling or disposal facilities under the jurisdiction of the Commission.
  5. The term "sewage sludge" is defined as solid, semi-solid, or liquid residue generated during the treatment of domestic sewage in 30 TAC Chapter 312. This includes the solids which have not been classified as hazardous waste separated from wastewater by unit processes.
  6. The term "biosolids" is defined as sewage sludge that has been tested or processed to meet Class A, Class AB, or Class B pathogen standards in 30 TAC Chapter 312 for beneficial use.
  7. Bypass - the intentional diversion of a waste stream from any portion of a treatment facility.

## MONITORING REQUIREMENTS

### 1. Monitoring Requirements

Monitoring results shall be collected at the intervals specified in the permit. Unless otherwise specified in this permit or otherwise ordered by the Commission, the permittee shall conduct effluent sampling in accordance with 30 TAC §§ 319.4 - 319.12.

As provided by state law, the permittee is subject to administrative, civil and criminal penalties, as applicable, for negligently or knowingly violating the Texas Water Code, Chapters 26, 27, and 28, and Texas Health and Safety Code, Chapter 361, including but not limited to knowingly making any false statement, representation, or certification on any report, record or other document submitted or required to be maintained under this permit, including monitoring reports, records or reports of compliance or noncompliance, or falsifying, tampering with or knowingly rendering inaccurate any monitoring device or method required by this permit or violating any other requirement imposed by state or federal regulations.

### 2. Test Procedures

- a. Unless otherwise specified in this permit, test procedures for the analysis of pollutants shall comply with procedures specified in 30 TAC §§ 319.11 - 319.12. Measurements, tests and calculations shall be accurately accomplished in a representative manner.

- b. All laboratory tests submitted to demonstrate compliance with this permit must meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.

### 3. Records of Results

- a. Monitoring samples and measurements shall be taken at times and in a manner so as to be representative of the monitored activity.
- b. Except for records of monitoring information required by this permit related to the permittee's sewage sludge or biosolids use and disposal activities, which shall be retained for a period of at least five years, monitoring and reporting records, including strip charts and records of calibration and maintenance, copies of all records required by this permit, and records of all data used to complete the application for this permit shall be retained at the facility site, or shall be readily available for review by a TCEQ representative for a period of three years from the date of the record or sample, measurement, report, or application. This period shall be extended at the request of the Executive Director.
- c. Records of monitoring activities shall include the following:
  - i. date, time and place of sample or measurement;
  - ii. identity of individual who collected the sample or made the measurement.
  - iii. date and time of analysis;
  - iv. identity of the individual and laboratory who performed the analysis;
  - v. the technique or method of analysis; and
  - vi. the results of the analysis or measurement and quality assurance/quality control records.

The period during which records are required to be kept shall be automatically extended to the date of the final disposition of any administrative or judicial enforcement action that may be instituted against the permittee.

### 4. Additional Monitoring by Permittee

If the permittee monitors any pollutant at the location(s) designated herein more frequently than required by this permit using approved analytical methods as specified above, all results of such monitoring shall be included in determining compliance with permit requirements.

### 5. Calibration of Instruments

All automatic flow measuring or recording devices and all totalizing meters for measuring flows shall be accurately calibrated by a trained person at plant start-up and as often thereafter as necessary to ensure accuracy, but not less often than annually unless authorized by the Executive Director for a longer period. Such person shall verify in writing that the device is operating properly and giving accurate results. Copies of the verification shall be retained at the facility site and/or shall be readily available for review by a TCEQ representative for a period of three years.

### 6. Compliance Schedule Reports

Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of the permit shall be submitted no later than 14 days following each schedule date to the Regional Office and the Enforcement Division (MC 224).

7. Noncompliance Notification

- a. In accordance with 30 TAC § 305.125(9), any noncompliance which may endanger human health or safety, or the environment shall be reported by the permittee to the TCEQ. Except as allowed by 30 TAC § 305.132, report of such information shall be provided orally or by facsimile transmission (FAX) to the Regional Office within 24 hours of becoming aware of the noncompliance. A written submission of such information shall also be provided by the permittee to the Regional Office and the Enforcement Division (MC 224) within five working days of becoming aware of the noncompliance. The written submission shall contain a description of the noncompliance and its cause; the potential danger to human health or safety, or the environment; the period of noncompliance, including exact dates and times; if the noncompliance has not been corrected, the time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance, and to mitigate its adverse effects.
- b. The following violations shall be reported under Monitoring and Reporting Requirement 7.a.:
  - i. Unauthorized discharges as defined in Permit Condition 2(g).
  - ii. Any unanticipated bypass which exceeds any effluent limitation in the permit.
- c. In addition to the above, any effluent violation which deviates from the permitted effluent limitation by more than 40% shall be reported by the permittee in writing to the Regional Office and the Enforcement Division (MC 224) within 5 working days of becoming aware of the noncompliance.
- d. Any noncompliance other than that specified in this section, or any required information not submitted or submitted incorrectly, shall be reported to the Enforcement Division (MC 224) as promptly as possible.

8. In accordance with the procedures described in 30 TAC §§ 35.301 - 35.303 (relating to Water Quality Emergency and Temporary Orders) if the permittee knows in advance of the need for a bypass, it shall submit prior notice by applying for such authorization.

9. Changes in Discharges of Toxic Substances

All existing manufacturing, commercial, mining, and silvicultural permittees shall notify the Regional Office, orally or by facsimile transmission within 24 hours, and both the Regional Office and the Enforcement Division (MC 224) in writing within five (5) working days, after becoming aware of or having reason to believe:

- a. That any activity has occurred or will occur which would result in the discharge, on a routine or frequent basis, of any toxic pollutant listed at 40 CFR Part 122, Appendix D, Tables II and III (excluding Total Phenols) which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels":

- i. One hundred micrograms per liter (100 µg/L);
  - ii. Two hundred micrograms per liter (200 µg/L) for acrolein and acrylonitrile; five hundred micrograms per liter (500 µg/L) for 2,4-dinitrophenol and for 2-methyl-4,6-dinitrophenol; and one milligram per liter (1 mg/L) for antimony;
  - iii. Five (5) times the maximum concentration value reported for that pollutant in the permit application; or
  - iv. The level established by the TCEQ.
- b. That any activity has occurred or will occur which would result in any discharge, on a nonroutine or infrequent basis, of a toxic pollutant which is not limited in the permit, if that discharge will exceed the highest of the following “notification levels”:
- i. Five hundred micrograms per liter (500 µg/L);
  - ii. One milligram per liter (1 mg/L) for antimony;
  - iii. Ten (10) times the maximum concentration value reported for that pollutant in the permit application; or
  - iv. The level established by the TCEQ.

#### 10. Signatories to Reports

All reports and other information requested by the Executive Director shall be signed by the person and in the manner required by 30 TAC § 305.128 (relating to Signatories to Reports).

### PERMIT CONDITIONS

#### 1. General

- a. When the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in an application or in any report to the Executive Director, it shall promptly submit such facts or information.
- b. This permit is granted on the basis of the information supplied and representations made by the permittee during action on an application, and relying upon the accuracy and completeness of that information and those representations. After notice and opportunity for a hearing, this permit may be modified, suspended, or revoked, in whole or in part, in accordance with 30 TAC Chapter 305, Subchapter D, during its term for good cause including, but not limited to, the following:
  - i. Violation of any terms or conditions of this permit;
  - ii. Obtaining this permit by misrepresentation or failure to disclose fully all relevant facts; or
  - iii. A change in any condition that requires either a temporary or permanent reduction or elimination of the authorized discharge.
- c. The permittee shall furnish to the Executive Director, upon request and within a reasonable time, any information to determine whether cause exists for amending, revoking, suspending or terminating the permit. The permittee shall also furnish to the Executive Director, upon request, copies of records required to be kept by the permit.

#### 2. Compliance

- a. Acceptance of the permit by the person to whom it is issued constitutes acknowledgment and agreement that such person will comply with all the terms and conditions embodied in the permit, and the rules and other orders of the Commission.
  - b. The permittee has a duty to comply with all conditions of the permit. Failure to comply with any permit condition constitutes a violation of the permit and the Texas Water Code or the Texas Health and Safety Code, and is grounds for enforcement action, for permit amendment, revocation or suspension, or for denial of a permit renewal application or an application for a permit for another facility.
  - c. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of the permit.
  - d. The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal or other permit violation which has a reasonable likelihood of adversely affecting human health or the environment.
  - e. Authorization from the Commission is required before beginning any change in the permitted facility or activity that may result in noncompliance with any permit requirements.
  - f. A permit may be amended, suspended and reissued, or revoked for cause in accordance with 30 TAC §§ 305.62 and 305.66 and Texas Water Code Section 7.302. The filing of a request by the permittee for a permit amendment, suspension and reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.
  - g. There shall be no unauthorized discharge of wastewater or any other waste. For the purpose of this permit, an unauthorized discharge is considered to be any discharge of wastewater into or adjacent to water in the state at any location not permitted as an outfall or otherwise defined in the Special Provisions section of this permit.
  - h. The permittee is subject to administrative, civil, and criminal penalties, as applicable, under Texas Water Code §§ 7.051 - 7.075 (relating to Administrative Penalties), 7.101 - 7.111 (relating to Civil Penalties), and 7.141 - 7.202 (relating to Criminal Offenses and Penalties).
3. Inspections and Entry
- a. Inspection and entry shall be allowed as prescribed in the Texas Water Code Chapters 26, 27, and 28, and Texas Health and Safety Code Chapter 361.
  - b. The members of the Commission and employees and agents of the Commission are entitled to enter any public or private property at any reasonable time for the purpose of inspecting and investigating conditions relating to the quality of water in the state or the compliance with any rule, regulation, permit or other order of the Commission. Members, employees, or agents of the Commission and Commission contractors are entitled to enter public or private property at any reasonable time to investigate or monitor or, if the responsible party is not responsive or there is an immediate danger to public health or the

environment, to remove or remediate a condition related to the quality of water in the state. Members, employees, Commission contractors, or agents acting under this authority who enter private property shall observe the establishment's rules and regulations concerning safety, internal security, and fire protection, and if the property has management in residence, shall notify management or the person then in charge of his presence and shall exhibit proper credentials. If any member, employee, Commission contractor, or agent is refused the right to enter in or on public or private property under this authority, the Executive Director may invoke the remedies authorized in Texas Water Code Section 7.002. The statement above, that Commission entry shall occur in accordance with an establishment's rules and regulations concerning safety, internal security, and fire protection, is not grounds for denial or restriction of entry to any part of the facility, but merely describes the Commission's duty to observe appropriate rules and regulations during an inspection.

#### 4. Permit Amendment and/or Renewal

- a. The permittee shall give notice to the Executive Director as soon as possible of any planned physical alterations or additions to the permitted facility if such alterations or additions would require a permit amendment or result in a violation of permit requirements. Notice shall also be required under this paragraph when:
  - i. The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements in Monitoring and Reporting Requirements No. 9;
  - ii. The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan.
- b. Prior to any facility modifications, additions, or expansions that will increase the plant capacity beyond the permitted flow, the permittee must apply for and obtain proper authorization from the Commission before commencing construction.
- c. The permittee must apply for an amendment or renewal at least 180 days prior to expiration of the existing permit in order to continue a permitted activity after the expiration date of the permit. If an application is submitted prior to the expiration date of the permit, the existing permit shall remain in effect until the application is approved, denied, or returned. If the application is returned or denied, authorization to continue such activity shall terminate upon the effective date of the action. If an application is not submitted prior to the expiration date of the permit, the permit shall expire and authorization to continue such activity shall terminate.
- d. Prior to accepting or generating wastes which are not described in the permit application or which would result in a significant change in the quantity or quality of the existing discharge, the permittee must report the proposed changes to the Commission. The permittee must apply for a permit amendment reflecting any necessary changes in permit conditions, including effluent limitations for pollutants not identified and limited by this permit.

- e. In accordance with the Texas Water Code § 26.029(b), after a public hearing, notice of which shall be given to the permittee, the Commission may require the permittee, from time to time, for good cause, in accordance with applicable laws, to conform to new or additional conditions.

#### 5. Permit Transfer

- a. Prior to any transfer of this permit, Commission approval must be obtained. The Commission shall be notified in writing of any change in control or ownership of facilities authorized by this permit. Such notification should be sent to the Applications Review and Processing Team (MC 148) of the Water Quality Division.
- b. A permit may be transferred only according to the provisions of 30 TAC § 305.64 (relating to Transfer of Permits) and 30 TAC § 50.133 (relating to Executive Director Action on Application or WQMP update).

#### 6. Relationship to Hazardous Waste Activities

This permit does not authorize any activity of hazardous waste storage, processing, or disposal which requires a permit or other authorization pursuant to the Texas Health and Safety Code.

#### 7. Property Rights

A permit does not convey any property rights of any sort, or any exclusive privilege.

#### 8. Permit Enforceability

The conditions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstances, is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

#### 9. Relationship to Permit Application

The application pursuant to which the permit has been issued is incorporated herein; provided, however, that in the event of a conflict between the provisions of this permit and the application, the provisions of the permit shall control.

#### 10. Notice of Bankruptcy.

- a. Each permittee shall notify the Executive Director, in writing, immediately following the filing of a voluntary or involuntary petition for bankruptcy under any chapter of Title 11 (Bankruptcy) of the United States Code (11 USC) by or against:
  - i. the permittee;
  - ii. an entity (as that term is defined in 11 USC, § 101(14)) controlling the permittee or listing the permit or permittee as property of the estate; or
  - iii. an affiliate (as that term is defined in 11 USC, § 101(2)) of the permittee.

- b. This notification must indicate:
- i. the name of the permittee;
  - ii. the permit number(s);
  - iii. the bankruptcy court in which the petition for bankruptcy was filed; and
  - iv. the date of filing of the petition.

## **OPERATIONAL REQUIREMENTS**

1. The permittee shall at all times ensure that the facility and all of its systems of collection, treatment, and disposal are properly operated and maintained. This includes, but is not limited to, the regular, periodic examination of wastewater solids within the treatment plant by the operator in order to maintain an appropriate quantity and quality of solids inventory as described in the various operator training manuals and according to accepted industry standards for process control. Process control, maintenance, and operations records shall be retained at the facility site, or shall be readily available for review by a TCEQ representative, for a period of three years.
2. Upon request by the Executive Director, the permittee shall take appropriate samples and provide proper analysis in order to demonstrate compliance with Commission rules. Unless otherwise specified in this permit or otherwise ordered by the Commission, the permittee shall comply with all applicable provisions of 30 TAC Chapter 312 concerning sewage sludge or biosolids use and disposal and 30 TAC §§ 319.21 - 319.29 concerning the discharge of certain hazardous metals.
3. Domestic wastewater treatment facilities shall comply with the following provisions:
  - a. The permittee shall notify the Municipal Permits Team, Wastewater Permitting Section (MC 148) of the Water Quality Division, in writing, of any facility expansion at least 90 days prior to conducting such activity.
  - b. The permittee shall submit a closure plan for review and approval to the Municipal Permits Team, Wastewater Permitting Section (MC 148) of the Water Quality Division, for any closure activity at least 90 days prior to conducting such activity. Closure is the act of permanently taking a waste management unit or treatment facility out of service and includes the permanent removal from service of any pit, tank, pond, lagoon, surface impoundment and/or other treatment unit regulated by this permit.
4. The permittee is responsible for installing prior to plant start-up, and subsequently maintaining, adequate safeguards to prevent the discharge of untreated or inadequately treated wastes during electrical power failures by means of alternate power sources, standby generators, and/or retention of inadequately treated wastewater.
5. Unless otherwise specified, the permittee shall provide a readily accessible sampling point and, where applicable, an effluent flow measuring device or other acceptable means by which effluent flow may be determined.
6. The permittee shall remit an annual water quality fee to the Commission as required by 30 TAC Chapter 21. Failure to pay the fee may result in revocation of this permit under Texas Water Code § 7.302(b)(6).
7. Documentation

For all written notifications to the Commission required of the permittee by this permit, the permittee shall keep and make available a copy of each such notification under the same conditions as self-monitoring data are required to be kept and made available. Except for information specified as not confidential in 30 TAC § 1.5(d), any information submitted pursuant to this permit may be claimed as confidential by the submitter. Any such claim must be asserted in the manner prescribed in the application form or by stamping the words "confidential business information" on each page containing such information. If no claim is made at the time of submission, information may be made available to the public without further notice. If the Commission or Executive Director agrees with the designation of confidentiality, the TCEQ will not provide the information for public inspection unless required by the Texas Attorney General or a court pursuant to an open records request. If the Executive Director does not agree with the designation of confidentiality, the person submitting the information will be notified.

8. Facilities which generate domestic wastewater shall comply with the following provisions; domestic wastewater treatment facilities at permitted industrial sites are excluded.

- a. Whenever flow measurements for any domestic sewage treatment facility reach 75 percent of the permitted daily average or annual average flow for three consecutive months, the permittee must initiate engineering and financial planning for expansion and/or upgrading of the domestic wastewater treatment and/or collection facilities. Whenever the flow reaches 90 percent of the permitted daily average or annual average flow for three consecutive months, the permittee shall obtain necessary authorization from the Commission to commence construction of the necessary additional treatment and/or collection facilities. In the case of a domestic wastewater treatment facility which reaches 75 percent of the permitted daily average or annual average flow for three consecutive months, and the planned population to be served or the quantity of waste produced is not expected to exceed the design limitations of the treatment facility, the permittee shall submit an engineering report supporting this claim to the Executive Director of the Commission.

If in the judgement of the Executive Director the population to be served will not cause permit noncompliance, then the requirement of this section may be waived. To be effective, any waiver must be in writing and signed by the Director of the Enforcement Division (MC 219) of the Commission, and such waiver of these requirements will be reviewed upon expiration of the existing permit; however, any such waiver shall not be interpreted as condoning or excusing any violation of any permit parameter.

- b. The plans and specifications for domestic sewage collection and treatment works associated with any domestic permit must be approved by the Commission and failure to secure approval before commencing construction of such works or making a discharge is a violation of this permit and each day is an additional violation until approval has been secured.
- c. Permits for domestic wastewater treatment plants are granted subject to the policy of the Commission to encourage the development of area-wide waste collection, treatment and disposal systems. The Commission reserves the right to amend any domestic wastewater permit in accordance with applicable procedural requirements to require the system covered by this permit to be integrated into an area-wide system, should such be developed; to require the delivery of the wastes authorized to be collected in, treated by or discharged from said system, to such area-wide system; or to amend this permit in any

other particular to effectuate the Commission's policy. Such amendments may be made when the changes required are advisable for water quality control purposes and are feasible on the basis of waste treatment technology, engineering, financial, and related considerations existing at the time the changes are required, exclusive of the loss of investment in or revenues from any then existing or proposed waste collection, treatment or disposal system.

9. Domestic wastewater treatment plants shall be operated and maintained by sewage plant operators holding a valid certificate of competency at the required level as defined in 30 TAC Chapter 30.
10. Facilities which generate industrial solid waste as defined in 30 TAC § 335.1 shall comply with these provisions:
  - a. Any solid waste, as defined in 30 TAC § 335.1 (including but not limited to such wastes as garbage, refuse, sludge from a waste treatment, water supply treatment plant or air pollution control facility, discarded materials, discarded materials to be recycled, whether the waste is solid, liquid, or semisolid), generated by the permittee during the management and treatment of wastewater, must be managed in accordance with all applicable provisions of 30 TAC Chapter 335, relating to Industrial Solid Waste Management.
  - b. Industrial wastewater that is being collected, accumulated, stored, or processed before discharge through any final discharge outfall, specified by this permit, is considered to be industrial solid waste until the wastewater passes through the actual point source discharge and must be managed in accordance with all applicable provisions of 30 TAC Chapter 335.
  - c. The permittee shall provide written notification, pursuant to the requirements of 30 TAC § 335.8(b)(1), to the Corrective Action Section (MC 127) of the Remediation Division informing the Commission of any closure activity involving an Industrial Solid Waste Management Unit, at least 90 days prior to conducting such an activity.
  - d. Construction of any industrial solid waste management unit requires the prior written notification of the proposed activity to the Registration and Reporting Section (MC 129) of the Permitting and Remediation Support Division. No person shall dispose of industrial solid waste, including sludge or other solids from wastewater treatment processes, prior to fulfilling the deed recordation requirements of 30 TAC § 335.5.
  - e. The term "industrial solid waste management unit" means a landfill, surface impoundment, waste-pile, industrial furnace, incinerator, cement kiln, injection well, container, drum, salt dome waste containment cavern, or any other structure vessel, appurtenance, or other improvement on land used to manage industrial solid waste.
  - f. The permittee shall keep management records for all sludge (or other waste) removed from any wastewater treatment process. These records shall fulfill all applicable requirements of 30 TAC Chapter 335 and must include the following, as it pertains to wastewater treatment and discharge:
    - i. Volume of waste and date(s) generated from treatment process;
    - ii. Volume of waste disposed of on-site or shipped off-site;
    - iii. Date(s) of disposal;

- iv. Identity of hauler or transporter;
- v. Location of disposal site; and
- vi. Method of final disposal.

The above records shall be maintained on a monthly basis. The records shall be retained at the facility site, or shall be readily available for review by authorized representatives of the TCEQ for at least five years.

- 11. For industrial facilities to which the requirements of 30 TAC Chapter 335 do not apply, sludge and solid wastes, including tank cleaning and contaminated solids for disposal, shall be disposed of in accordance with Chapter 361 of the Texas Health and Safety Code.

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## SLUDGE PROVISIONS

The permittee is authorized to dispose of sludge or biosolids only at a Texas Commission on Environmental Quality (TCEQ) authorized land application site, co-disposal landfill, wastewater treatment facility, or facility that further processes sludge. **The disposal of sludge or biosolids by land application on property owned, leased or under the direct control of the permittee is a violation of the permit unless the site is authorized with the TCEQ. This provision does not authorize Distribution and Marketing of Class A or Class AB Biosolids. This provision does not authorize the permittee to land apply biosolids on property owned, leased or under the direct control of the permittee.**

### SECTION I. REQUIREMENTS APPLYING TO ALL SEWAGE SLUDGE OR BIOSOLIDS LAND APPLICATION

#### A. General Requirements

1. The permittee shall handle and dispose of sewage sludge or biosolids in accordance with 30 TAC § 312 and all other applicable state and federal regulations in a manner that protects public health and the environment from any reasonably anticipated adverse effects due to any toxic pollutants that may be present in the sludge or biosolids.
2. In all cases, if the person (permit holder) who prepares the sewage sludge or biosolids supplies the sewage sludge or biosolids to another person for land application use or to the owner or lease holder of the land, the permit holder shall provide necessary information to the parties who receive the sludge or biosolids to assure compliance with these regulations.
3. The land application of processed or unprocessed chemical toilet waste, grease trap waste, grit trap waste, milk solids, or similar non-hazardous municipal or industrial solid wastes, or any of the wastes listed in this provision combined with biosolids, WTP residuals or domestic septage is prohibited unless the grease trap waste is added at a fats, oil and grease (FOG) receiving facility as part of an anaerobic digestion process.

#### B. Testing Requirements

1. Sewage sludge or biosolids shall be tested prior to sludge disposal in accordance with the method specified in both 40 CFR Part 261, Appendix II and 40 CFR Part 268, Appendix I [Toxicity Characteristic Leaching Procedure (TCLP)] or other method that receives the prior approval of the TCEQ for the contaminants listed in 40 CFR Part 261.24, Table 1. Sewage sludge or biosolids failing this test shall be managed according to RCRA standards for generators of hazardous waste, and the waste's disposition must be in accordance with all applicable requirements for hazardous waste processing, storage, or disposal. Following failure of any TCLP test, the management or disposal of sewage sludge or biosolids at a facility other than an authorized hazardous waste processing, storage, or disposal facility shall be prohibited until such time as the permittee can demonstrate the sewage sludge or biosolids no longer exhibits the hazardous waste toxicity characteristics (as demonstrated by the results of the TCLP tests). A written report shall be provided to both the TCEQ Registration and Reporting Section (MC 129) of the Permitting and Registration Support Division and the Regional Director (MC Region 1) within seven (7) days after failing the TCLP Test.

The report shall contain test results, certification that unauthorized waste management has stopped, and a summary of alternative disposal plans that comply with RCRA standards for the management of hazardous waste. The report shall be addressed to: Director, Permitting and Registration Support Division (MC 129), Texas Commission on Environmental Quality, P.O. Box 13087, Austin, Texas 78711-3087. In addition, the permittee shall prepare an annual report on the results of all sludge toxicity testing. The permittee shall submit the following information in an annual report to the TCEQ by September 30<sup>th</sup> of each year. The permittee must submit this annual report using the online electronic reporting system available through TCEQ's website. If the permittee requests and obtains an electronic reporting waiver, the annual report can be submitted in hard copy to the TCEQ Regional Office (MC Region 1) and the Enforcement Division (MC 224).

2. Biosolids shall not be applied to the land if the concentration of the pollutants exceeds the pollutant concentration criteria in Table 1. The frequency of testing for pollutants in Table 1 is found in Section I.C. of this permit.

TABLE 1

<u>Pollutant</u>	<u>Ceiling Concentration</u> <u>(Milligrams per kilogram)*</u>
Arsenic	75
Cadmium	85
Chromium	3000
Copper	4300
Lead	840
Mercury	57
Molybdenum	75
Nickel	420
PCBs	49
Selenium	100
Zinc	7500

\* Dry weight basis

3. Pathogen Control

All sewage sludge that is applied to agricultural land, forest, a public contact site, or a reclamation site must be treated by one of the following methods to ensure that the sludge meets either the Class A, Class AB or Class B biosolids pathogen requirements.

- a. For sewage sludge to be classified as Class A biosolids with respect to pathogens, the density of fecal coliform in the sewage sludge must be less than 1,000 most probable number (MPN) per gram of total solids (dry weight basis), or the density of Salmonella sp. bacteria in the sewage sludge must be less than three MPN per four grams of total solids (dry weight basis) at the time the sewage sludge is used or disposed. In addition, one of the alternatives listed below must be met:

Alternative 1 - The temperature of the sewage sludge that is used or disposed shall be maintained at or above a specific value for a period of time. See 30 TAC § 312.82(a)(3)(A) for specific information;

Alternative 5 (PFRP) - Sewage sludge that is used or disposed of must be treated in one of the Processes to Further Reduce Pathogens (PFRP) described in 40 CFR Part 503, Appendix B. PFRP include composting, heat drying, heat treatment, and thermophilic aerobic digestion; or

Alternative 6 (PFRP Equivalent) - Sewage sludge that is used or disposed of must be treated in a process that has been approved by the U. S. Environmental Protection Agency as being equivalent to those in Alternative 5.

- b. For sewage sludge to be classified as Class AB biosolids with respect to pathogens, the density of fecal coliform in the sewage sludge must be less than 1,000 MPN per gram of total solids (dry weight basis), or the density of *Salmonella* sp. bacteria in the sewage sludge be less than three MPN per four grams of total solids (dry weight basis) at the time the sewage sludge is used or disposed. In addition, one of the alternatives listed below must be met:

Alternative 2 - The pH of the sewage sludge that is used or disposed shall be raised to above 12 std. units and shall remain above 12 std. units for 72 hours.

The temperature of the sewage sludge shall be above 52° Celsius for 12 hours or longer during the period that the pH of the sewage sludge is above 12 std. units.

At the end of the 72-hour period during which the pH of the sewage sludge is above 12 std. units, the sewage sludge shall be air dried to achieve a percent solids in the sewage sludge greater than 50%; or

Alternative 3 - The sewage sludge shall be analyzed for enteric viruses prior to pathogen treatment. The limit for enteric viruses is less than one Plaque-forming Unit per four grams of total solids (dry weight basis) either before or following pathogen treatment. See 30 TAC § 312.82(a)(2)(C)(i-iii) for specific information. The sewage sludge shall be analyzed for viable helminth ova prior to pathogen treatment. The limit for viable helminth ova is less than one per four grams of total solids (dry weight basis) either before or following pathogen treatment. See 30 TAC § 312.82(a)(2)(C)(iv-vi) for specific information; or

Alternative 4 - The density of enteric viruses in the sewage sludge shall be less than one Plaque-forming Unit per four grams of total solids (dry weight basis) at the time the sewage sludge is used or disposed. The density of viable helminth ova in the sewage sludge shall be less than one per four grams of total solids (dry weight basis) at the time the sewage sludge is used or disposed.

- c. Sewage sludge that meets the requirements of Class AB biosolids may be classified a Class A biosolids if a variance request is submitted in writing that is supported by substantial documentation demonstrating equivalent methods for reducing odors and written approval is granted by the executive director. The executive director may deny the variance request or revoke that approved variance if it is determined that the variance may potentially endanger human health or the environment, or create nuisance odor conditions.
- d. Three alternatives are available to demonstrate compliance with Class B biosolids criteria.

Alternative 1

- i. A minimum of seven random samples of the sewage sludge shall be collected within 48 hours of the time the sewage sludge is used or disposed of during each monitoring episode for the sewage sludge.
- ii. The geometric mean of the density of fecal coliform in the samples collected shall be less than either 2,000,000 MPN per gram of total solids (dry weight basis) or 2,000,000 Colony Forming Units per gram of total solids (dry weight basis).

Alternative 2 - Sewage sludge that is used or disposed of shall be treated in one of the Processes to Significantly Reduce Pathogens (PSRP) described in 40 CFR Part 503, Appendix B, so long as all of the following requirements are met by the generator of the sewage sludge.

- i. Prior to use or disposal, all the sewage sludge must have been generated from a single location, except as provided in paragraph v. below;
- ii. An independent Texas Licensed Professional Engineer must make a certification to the generator of a sewage sludge that the wastewater treatment facility generating the sewage sludge is designed to achieve one of the PSRP at the permitted design loading of the facility. The certification need only be repeated if the design loading of the facility is increased. The certification shall include a statement indicating the design meets all the applicable standards specified in Appendix B of 40 CFR Part 503;
- iii. Prior to any off-site transportation or on-site use or disposal of any sewage sludge generated at a wastewater treatment facility, the chief certified operator of the wastewater treatment facility or other responsible official who manages the processes to significantly reduce pathogens at the wastewater treatment facility for the permittee, shall certify that the sewage sludge underwent at least the minimum operational requirements necessary in order to meet one of the PSRP. The acceptable processes and the minimum operational and record keeping requirements shall be in accordance with established U.S. Environmental Protection Agency final guidance;
- iv. All certification records and operational records describing how the requirements of this paragraph were met shall be kept by the generator for a minimum of three years and be available for inspection by commission staff for review; and
- v. If the sewage sludge is generated from a mixture of sources, resulting from a person who prepares sewage sludge from more than one wastewater treatment facility, the resulting derived product shall meet one of the PSRP, and shall meet the certification, operation, and record keeping requirements of this paragraph.

Alternative 3 - Sewage sludge shall be treated in an equivalent process that has been approved by the U.S. Environmental Protection Agency, so long as all of the following requirements are met by the generator of the sewage sludge.

- i. Prior to use or disposal, all the sewage sludge must have been generated from a single location, except as provided in paragraph v. below;

- ii. Prior to any off-site transportation or on-site use or disposal of any sewage sludge generated at a wastewater treatment facility, the chief certified operator of the wastewater treatment facility or other responsible official who manages the processes to significantly reduce pathogens at the wastewater treatment facility for the permittee, shall certify that the sewage sludge underwent at least the minimum operational requirements necessary in order to meet one of the PSRP. The acceptable processes and the minimum operational and record keeping requirements shall be in accordance with established U.S. Environmental Protection Agency final guidance;
- iii. All certification records and operational records describing how the requirements of this paragraph were met shall be kept by the generator for a minimum of three years and be available for inspection by commission staff for review;
- iv. The Executive Director will accept from the U.S. Environmental Protection Agency a finding of equivalency to the defined PSRP; and
- v. If the sewage sludge is generated from a mixture of sources resulting from a person who prepares sewage sludge from more than one wastewater treatment facility, the resulting derived product shall meet one of the Processes to Significantly Reduce Pathogens, and shall meet the certification, operation, and record keeping requirements of this paragraph.

In addition to the Alternatives 1 – 3, the following site restrictions must be met if Class B biosolids are land applied:

- i. Food crops with harvested parts that touch the biosolids /soil mixture and are totally above the land surface shall not be harvested for 14 months after application of biosolids.
- ii. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of biosolids when the biosolids remain the land surface for 4 months or longer prior to incorporation into the soil.
- iii. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of biosolids when the biosolids remain on the land surface for less than 4 months prior to incorporation into the soil.
- iv. Food crops, feed crops, and fiber crops shall not be harvested for 30 days after application of biosolids.
- v. Domestic livestock shall not be allowed to graze on the land for 30 days after application of biosolids.
- vi. Turf grown on land where biosolids are applied shall not be harvested for 1 year after application of the biosolids when the harvested turf is placed on either land with a high potential for public exposure or a lawn.
- vii. Public access to land with a high potential for public exposure shall be restricted for 1 year after application of biosolids.

- viii. Public access to land with a low potential for public exposure shall be restricted for 30 days after application of biosolids.
- ix. Land application of biosolids shall be in accordance with the buffer zone requirements found in 30 TAC § 312.44.
4. Vector Attraction Reduction Requirements
- All bulk sewage sludge that is applied to agricultural land, forest, a public contact site, or a reclamation site shall be treated by one of the following Alternatives 1 through 10 for vector attraction reduction.
- Alternative 1 - The mass of volatile solids in the sewage sludge shall be reduced by a minimum of 38%.
- Alternative 2 - If Alternative 1 cannot be met for an anaerobically digested sludge, demonstration can be made by digesting a portion of the previously digested sludge anaerobically in the laboratory in a bench-scale unit for 40 additional days at a temperature between 30° and 37° Celsius. Volatile solids must be reduced by less than 17% to demonstrate compliance.
- Alternative 3 - If Alternative 1 cannot be met for an aerobically digested sludge, demonstration can be made by digesting a portion of the previously digested sludge with percent solids of two percent or less aerobically in the laboratory in a bench-scale unit for 30 additional days at 20° Celsius. Volatile solids must be reduced by less than 15% to demonstrate compliance.
- Alternative 4 - The specific oxygen uptake rate (SOUR) for sewage sludge treated in an aerobic process shall be equal to or less than 1.5 milligrams of oxygen per hour per gram of total solids (dry weight basis) at a temperature of 20° Celsius.
- Alternative 5 - Sewage sludge shall be treated in an aerobic process for 14 days or longer. During that time, the temperature of the sewage sludge shall be higher than 40° Celsius and the average temperature of the sewage sludge shall be higher than 45° Celsius.
- Alternative 6 - The pH of sewage sludge shall be raised to 12 or higher by alkali addition and, without the addition of more alkali shall remain at 12 or higher for two hours and then remain at a pH of 11.5 or higher for an additional 22 hours at the time the sewage sludge is prepared for sale or given away in a bag or other container.
- Alternative 7 - The percent solids of sewage sludge that does not contain unstabilized solids generated in a primary wastewater treatment process shall be equal to or greater than 75% based on the moisture content and total solids prior to mixing with other materials. Unstabilized solids are defined as organic materials in sewage sludge that have not been treated in either an aerobic or anaerobic treatment process.

Alternative 8 - The percent solids of sewage sludge that contains unstabilized solids generated in a primary wastewater treatment process shall be equal to or greater than 90% based on the moisture content and total solids prior to mixing with other materials at the time the sludge is used. Unstabilized solids are defined as organic materials in sewage sludge that have not been treated in either an aerobic or anaerobic treatment process.

Alternative 9 -

- i. Sewage sludge shall be injected below the surface of the land.
- ii. No significant amount of the sewage sludge shall be present on the land surface within one hour after the sewage sludge is injected.
- iii. When sewage sludge that is injected below the surface of the land is Class A or Class AB with respect to pathogens, the biosolids shall be injected below the land surface within eight hours after being discharged from the pathogen treatment process.

Alternative 10 -

- i. Biosolids applied to the land surface or placed on a surface disposal site shall be incorporated into the soil within six hours after application to or placement on the land.
- ii. When biosolids that are incorporated into the soil is Class A or Class AB with respect to pathogens, the sewage sludge shall be applied to or placed on the land within eight hours after being discharged from the pathogen treatment process.

### C. Monitoring Requirements

Toxicity Characteristic Leaching Procedure (TCLP) Test	- prior to sludge disposal
PCBs	- prior to sludge disposal

All metal constituents and fecal coliform or *Salmonella* sp. bacteria shall be monitored at the appropriate frequency shown below, pursuant to 30 TAC § 312.46(a)(1):

<u>Amount of biosolids (*) metric tons per 365-day period</u>	<u>Monitoring Frequency</u>
0 to less than 290	Once/Year
290 to less than 1,500	Once/Quarter
1,500 to less than 15,000	Once/Two Months
15,000 or greater	Once/Month

(\*) *The amount of bulk biosolids applied to the land (dry wt. basis).*

Representative samples of sewage sludge shall be collected and analyzed in accordance with the methods referenced in 30 TAC § 312.7

Identify each of the analytic methods used by the facility to analyze enteric viruses, fecal coliforms, helminth ova, *Salmonella* sp., and other regulated parameters.

Identify in the following categories (as applicable) the sewage sludge or biosolids treatment process or processes at the facility: preliminary operations (e.g., sludge or biosolids grinding and degritting), thickening (concentration), stabilization, anaerobic digestion, aerobic digestion, composting, conditioning, disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization), dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons), heat drying, thermal reduction, and methane or biogas capture and recovery.

Identify the nature of material generated by the facility (such as a biosolid for beneficial use or land-farming, sewage sludge or biosolids for disposal at a landfill) and whether the material is ultimately conveyed off-site in bulk or in bags.

**SECTION II. REQUIREMENTS SPECIFIC TO BULK SEWAGE SLUDGE FOR APPLICATION TO THE LAND MEETING CLASS A, CLASS AB or B BIOSOLIDS PATHOGEN REDUCTION AND THE CUMULATIVE LOADING RATES IN TABLE 2, OR CLASS B PATHOGEN REDUCTION AND THE POLLUTANT CONCENTRATIONS IN TABLE 3**

For those permittees meeting Class A, Class AB or B pathogen reduction requirements and that meet the cumulative loading rates in Table 2 below, or the Class B pathogen reduction requirements and contain concentrations of pollutants below listed in Table 3, the following conditions apply:

**A. Pollutant Limits**

Table 2

<u>Pollutant</u>	Cumulative Pollutant Loading Rate (pounds per acre)*
Arsenic	36
Cadmium	35
Chromium	2677
Copper	1339
Lead	268
Mercury	15
Molybdenum	Report Only
Nickel	375
Selenium	89
Zinc	2500

Table 3

<u>Pollutant</u>	Monthly Average Concentration (milligrams per kilogram)*
Arsenic	41
Cadmium	39
Chromium	1200
Copper	1500
Lead	300
Mercury	17
Molybdenum	Report Only
Nickel	420
Selenium	36
Zinc	2800

\*Dry weight basis

**B. Pathogen Control**

All bulk sewage sludge that is applied to agricultural land, forest, a public contact site, a reclamation site, shall be treated by either Class A, Class AB or Class B biosolids pathogen reduction requirements as defined above in Section I.B.3.

**C. Management Practices**

1. Bulk biosolids shall not be applied to agricultural land, forest, a public contact site, or a reclamation site that is flooded, frozen, or snow-covered so that the bulk sewage sludge or biosolids enters a wetland or other waters in the State.
2. Bulk sewage sludge not meeting Class A biosolids requirements shall be land applied in a manner which complies with Applicability in accordance with 30 TAC § 312.41 and the Management Requirements in accordance with 30 TAC § 312.44.
3. Bulk biosolids shall be applied at or below the agronomic rate of the cover crop.
4. An information sheet shall be provided to the person who receives bulk Class A or AB biosolids sold or given away. The information sheet shall contain the following information:
  - a. The name and address of the person who prepared the Class A or AB biosolids that are sold or given away in a bag or other container for application to the land.
  - b. A statement that application of the Class A or AB biosolids to the land is prohibited except in accordance with the instruction on the label or information sheet.
  - c. The annual whole sludge application rate for the sewage sludge application rate for the biosolids that does not cause any of the cumulative pollutant loading rates in Table 2 above to be exceeded, unless the pollutant concentrations in Table 3 found in Section II above are met.

**D. Notification Requirements**

1. If bulk biosolids are applied to land in a State other than Texas, written notice shall be provided prior to the initial land application to the permitting authority for the State in which the bulk biosolids are proposed to be applied. The notice shall include:
  - a. The location, by street address, and specific latitude and longitude, of each land application site.
  - b. The approximate time period bulk biosolids will be applied to the site.
  - c. The name, address, telephone number, and National Pollutant Discharge Elimination System permit number (if appropriate) for the person who will apply the bulk biosolids.
2. The permittee shall give 180 days prior notice to the Executive Director in care of the Wastewater Permitting Section (MC 148) of the Water Quality Division of any change planned in the biosolids disposal practice.

**E. Record Keeping Requirements**

The documents will be retained at the facility site and/or shall be readily available for review by a TCEQ representative. The person who prepares bulk sewage sludge or a biosolids material shall develop the following information and shall retain the information at the facility site and/or shall be readily available for review by a TCEQ representative for a period

of five years. If the permittee supplies the sludge to another person who land applies the sludge, the permittee shall notify the land applier of the requirements for record keeping found in 30 TAC § 312.47 for persons who land apply.

1. The concentration (mg/kg) in the sludge of each pollutant listed in Table 3 above and the applicable pollutant concentration criteria (mg/kg), or the applicable cumulative pollutant loading rate and the applicable cumulative pollutant loading rate limit (lbs/ac) listed in Table 2 above.
2. A description of how the pathogen reduction requirements are met (including site restrictions for Class AB and Class B biosolids, if applicable).
3. A description of how the vector attraction reduction requirements are met.
4. A description of how the management practices listed above in Section II.C are being met.
5. The following certification statement:

“I certify, under penalty of law, that the applicable pathogen requirements in 30 TAC § 312.82(a) or (b) and the vector attraction reduction requirements in 30 TAC § 312.83(b) have been met for each site on which bulk biosolids are applied. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the management practices have been met. I am aware that there are significant penalties for false certification including fine and imprisonment.”

6. The recommended agronomic loading rate from the references listed in Section II.C.3. above, as well as the actual agronomic loading rate shall be retained. The person who applies bulk biosolids shall develop the following information and shall retain the information at the facility site and/or shall be readily available for review by a TCEQ representative indefinitely. If the permittee supplies the sludge to another person who land applies the sludge, the permittee shall notify the land applier of the requirements for record keeping found in 30 TAC § 312.47 for persons who land apply:
  - a. A certification statement that all applicable requirements (specifically listed) have been met, and that the permittee understands that there are significant penalties for false certification including fine and imprisonment. See 30 TAC § 312.47(a)(4)(A)(ii) or 30 TAC § 312.47(a)(5)(A)(ii), as applicable, and to the permittee’s specific sludge or biosolids treatment activities.
  - b. The location, by street address, and specific latitude and longitude, of each site on which sludge or biosolids are applied.
  - c. The number of acres in each site on which bulk sludge or biosolids are applied.
  - d. The date and time sludge or biosolids are applied to each site.
  - e. The cumulative amount of each pollutant in pounds/acre listed in Table 2 applied to each site.
  - f. The total amount of sludge applied to each site in dry tons.

The above records shall be maintained on-site on a monthly basis and shall be made available to the Texas Commission on Environmental Quality upon request.

## **F. Reporting Requirements**

The permittee shall submit the following information in an annual report to the TCEQ by September 30<sup>th</sup> of each year. The permittee must submit this annual report using the online electronic reporting system available through TCEQ's website. If the permittee requests and obtains an electronic reporting waiver, the annual report can be submitted in hard copy to the TCEQ Regional Office (MC Region 1) and the Enforcement Division (MC 224).

1. Identify in the following categories (as applicable) the sewage sludge or biosolids treatment process or processes at the facility: preliminary operations (e.g., sludge or biosolids grinding and degritting), thickening (concentration), stabilization, anaerobic digestion, aerobic digestion, composting, conditioning, disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization), dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons), heat drying, thermal reduction, and methane or biogas capture and recovery.
2. Identify the nature of material generated by the facility (such as a biosolid for beneficial use or land-farming, or sewage sludge for disposal at a monofill) and whether the material is ultimately conveyed off-site in bulk or in bags.
3. Results of tests performed for pollutants found in either Table 2 or 3 as appropriate for the permittee's land application practices.
4. The frequency of monitoring listed in Section I.C. that applies to the permittee.
5. Toxicity Characteristic Leaching Procedure (TCLP) results.
6. PCB concentration in sludge or biosolids in mg/kg.
7. Identity of hauler(s) and TCEQ transporter number.
8. Date(s) of transport.
9. Texas Commission on Environmental Quality registration number, if applicable.
10. Amount of sludge or biosolids disposal dry weight (lbs/acre) at each disposal site.
11. The concentration (mg/kg) in the sludge or biosolids of each pollutant listed in Table 1 (defined as a monthly average) as well as the applicable pollutant concentration criteria (mg/kg) listed in Table 3 above, or the applicable pollutant loading rate limit (lbs/acre) listed in Table 2 above if it exceeds 90% of the limit.
12. Level of pathogen reduction achieved (Class A, Class AB or Class B).
13. Alternative used as listed in Section I.B.3.(a. or b.). Alternatives describe how the pathogen reduction requirements are met. If Class B biosolids, include information on how site restrictions were met.
14. Identify each of the analytic methods used by the facility to analyze enteric viruses, fecal coliforms, helminth ova, *Salmonella* sp., and other regulated parameters.
15. Vector attraction reduction alternative used as listed in Section I.B.4.

16. Amount of sludge or biosolids transported in dry tons/year.
17. The certification statement listed in either 30 TAC § 312.47(a)(4)(A)(ii) or 30 TAC § 312.47(a)(5)(A)(ii) as applicable to the permittee's sludge or biosolids treatment activities, shall be attached to the annual reporting form.
18. When the amount of any pollutant applied to the land exceeds 90% of the cumulative pollutant loading rate for that pollutant, as described in Table 2, the permittee shall report the following information as an attachment to the annual reporting form.
  - a. The location, by street address, and specific latitude and longitude.
  - b. The number of acres in each site on which bulk biosolids are applied.
  - c. The date and time bulk biosolids are applied to each site.
  - d. The cumulative amount of each pollutant (i.e., pounds/acre) listed in Table 2 in the bulk biosolids applied to each site.
  - e. The amount of biosolids (i.e., dry tons) applied to each site.

The above records shall be maintained on a monthly basis and shall be made available to the Texas Commission on Environmental Quality upon request.

**SECTION III. REQUIREMENTS APPLYING TO ALL SEWAGE SLUDGE OR BIOSOLIDS DISPOSED IN A MUNICIPAL SOLID WASTE LANDFILL**

- A. The permittee shall handle and dispose of sewage sludge or biosolids in accordance with 30 TAC § 330 and all other applicable state and federal regulations to protect public health and the environment from any reasonably anticipated adverse effects due to any toxic pollutants that may be present. The permittee shall ensure that the sewage sludge or biosolids meet the requirements in 30 TAC § 330 concerning the quality of the sludge disposed in a municipal solid waste landfill.
- B. If the permittee generates sewage sludge or biosolids and supplies that sewage sludge or biosolids to the owner or operator of a municipal solid waste landfill (MSWLF) for disposal, the permittee shall provide to the owner or operator of the MSWLF appropriate information needed to be in compliance with the provisions of this permit.
- C. The permittee shall give 180 days prior notice to the Executive Director in care of the Wastewater Permitting Section (MC 148) of the Water Quality Division of any change planned in the sewage sludge or biosolids disposal practice.
- D. Sewage sludge or biosolids shall be tested prior to sludge disposal in accordance with the method specified in both 40 CFR Part 261, Appendix II and 40 CFR Part 268, Appendix I (Toxicity Characteristic Leaching Procedure) or other method, which receives the prior approval of the TCEQ for contaminants listed in Table 1 of 40 CFR § 261.24. Sewage sludge or biosolids failing this test shall be managed according to RCRA standards for generators of hazardous waste, and the waste's disposition must be in accordance with all applicable requirements for hazardous waste processing, storage, or disposal.

Following failure of any TCLP test, the management or disposal of sewage sludge or biosolids at a facility other than an authorized hazardous waste processing, storage, or disposal facility shall be prohibited until such time as the permittee can demonstrate the sewage sludge or biosolids no longer exhibits the hazardous waste toxicity characteristics (as demonstrated by the results of the TCLP tests). A written report shall be provided to both the TCEQ Registration and Reporting Section (MC 129) of the Permitting and Registration Support Division and the Regional Director (MC Region 1) of the appropriate TCEQ field office within 7 days after failing the TCLP Test.

The report shall contain test results, certification that unauthorized waste management has stopped, and a summary of alternative disposal plans that comply with RCRA standards for the management of hazardous waste. The report shall be addressed to: Director, Permitting and Registration Support Division (MC 129), Texas Commission on Environmental Quality, P. O. Box 13087, Austin, Texas 78711-3087. In addition, the permittee shall prepare an annual report on the results of all sludge toxicity testing. This annual report shall be submitted to the TCEQ Regional Office (MC Region 1) and the Enforcement Division (MC 224), by September 30<sup>th</sup> of each year.

- E. Sewage sludge or biosolids shall be tested as needed, in accordance with the requirements of 30 TAC Chapter 330.
- F. Record Keeping Requirements

The permittee shall develop the following information and shall retain the information for five years.

1. The description (including procedures followed and the results) of all liquid Paint Filter Tests performed.
2. The description (including procedures followed and results) of all TCLP tests performed.

The above records shall be maintained on-site on a monthly basis and shall be made available to the Texas Commission on Environmental Quality upon request.

#### G. Reporting Requirements

The permittee shall submit the following information in an annual report to the TCEQ by September 30<sup>th</sup> of each year. The permittee must submit this annual report using the online electronic reporting system available through TCEQ's website. If the permittee requests and obtains an electronic reporting waiver, the annual report can be submitted in hard copy to the TCEQ Regional Office (MC Region 1) and the Enforcement Division (MC224).

1. Identify in the following categories (as applicable) the sewage sludge or biosolids treatment process or processes at the facility: preliminary operations (e.g., sludge or biosolids grinding and degritting), thickening (concentration), stabilization, anaerobic digestion, aerobic digestion, composting, conditioning, disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization), dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons), heat drying, thermal reduction, and methane or biogas capture and recovery.
2. Toxicity Characteristic Leaching Procedure (TCLP) results.
3. Annual sludge or biosolids production in dry tons/year.
4. Amount of sludge or biosolids disposed in a municipal solid waste landfill in dry tons/year.
5. Amount of sludge or biosolids transported interstate in dry tons/year.
6. A certification that the sewage sludge or biosolids meets the requirements of 30 TAC § 330 concerning the quality of the sludge disposed in a municipal solid waste landfill.
7. Identity of hauler(s) and transporter registration number.
8. Owner of disposal site(s).
9. Location of disposal site(s).
10. Date(s) of disposal.

The above records shall be maintained on-site on a monthly basis and shall be made available to the Texas Commission on Environmental Quality upon request.

**SECTION IV. REQUIREMENTS APPLYING TO SLUDGE OR BIOSOLIDS TRANSPORTED TO ANOTHER FACILITY FOR FURTHER PROCESSING**

These provisions apply to sludge or biosolids that is transported to another wastewater treatment facility or facility that further processes sludge or biosolids. These provisions are intended to allow transport of sludge or biosolids to facilities that have been authorized to accept sludge or biosolids. These provisions do not limit the ability of the receiving facility to determine whether to accept the sludge or biosolids, nor do they limit the ability of the receiving facility to request additional testing or documentation.

**A. General Requirements**

1. The permittee shall handle and dispose of sewage sludge or biosolids in accordance with 30 TAC Chapter 312 and all other applicable state and federal regulations in a manner that protects public health and the environment from any reasonably anticipated adverse effects due to any toxic pollutants that may be present in the sludge.
2. Sludge or biosolids may only be transported using a registered transporter or using an approved pipeline.

**B. Record Keeping Requirements**

1. For sludge or biosolids transported by an approved pipeline, the permittee must maintain records of the following:
  - a. the amount of sludge or biosolids transported;
  - b. the date of transport;
  - c. the name and TCEQ permit number of the receiving facility or facilities;
  - d. the location of the receiving facility or facilities;
  - e. the name and TCEQ permit number of the facility that generated the waste; and
  - f. copy of the written agreement between the permittee and the receiving facility to accept sludge or biosolids.
2. For sludge or biosolids transported by a registered transporter, the permittee must maintain records of the completed trip tickets in accordance with 30 TAC § 312.145(a)(1)-(7) and amount of sludge or biosolids transported.
3. The above records shall be maintained on-site on a monthly basis and shall be made available to the TCEQ upon request. These records shall be retained for at least five years.

**C. Reporting Requirements**

The permittee shall submit the following information in an annual report to the TCEQ by September 30<sup>th</sup> of each year. The permittee must submit this annual report using the online electronic reporting system available through TCEQ's website. If the permittee requests and obtains an electronic reporting waiver, the annual report can be submitted in hard copy to the TCEQ Regional Office (MC Region 1) and the Enforcement Division (MC 224).

1. Identify in the following categories (as applicable) the sewage sludge or biosolids treatment process or processes at the facility: preliminary operations (e.g., sludge or biosolids grinding and degritting), thickening (concentration), stabilization, anaerobic digestion, aerobic digestion, composting, conditioning, disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization), dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons), heat drying, thermal reduction, and methane or biogas capture and recovery.
2. the annual sludge or biosolids production;
3. the amount of sludge or biosolids transported;
4. the owner of each receiving facility;
5. the location of each receiving facility; and
6. the date(s) of disposal at each receiving facility.

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**SPECIAL PROVISIONS:**

1. This permit is granted subject to the policy of the Commission to encourage the development of area-wide waste collection, treatment, and disposal systems. The Commission reserves the right to amend this permit in accordance with applicable procedural requirements to require the system covered by this permit to be integrated into an area-wide system, if an area-wide system is developed; to require the delivery of the wastes authorized to be collected in, treated by, or discharged from the system, to an area-wide system; or to amend this permit in any other particular to effectuate the Commission's policy. Such amendments may be made when the changes required are advisable for water quality control purposes and are feasible on the basis of waste treatment technology, engineering, financial, and related considerations existing at the time the changes are required, exclusive of the loss of investment in or revenues from any then existing or proposed waste collection, treatment, or disposal system.
2. The permittee shall employ or contract with one or more licensed wastewater treatment facility operators or wastewater system operations companies holding a valid license or registration according to the requirements of 30 TAC Chapter 30, Occupational Licenses and Registrations, and in particular 30 TAC Chapter 30, Subchapter J, Wastewater Operators and Operations Companies.

This Category D facility must be operated by a chief operator or an operator holding a Class D license or higher. The facility must be operated a minimum of five days per week by the licensed chief operator or an operator holding the required level of license or higher. The licensed chief operator or operator holding the required level of license or higher must be available by telephone or pager seven days per week. Where shift operation of the wastewater treatment facility is necessary, each shift which does not have the on-site supervision of the licensed chief operator must be supervised by an operator in charge who is licensed not less than one level below the category for the facility.

3. The permittee shall maintain and operate the treatment facility in order to achieve optimum efficiency of treatment capability. This shall include required monitoring of effluent flow and quality as well as appropriate grounds and building maintenance.
4. Holding ponds shall conform to the Texas Commission on Environmental Quality "Design Criteria for Sewerage Systems" requirements for stabilization ponds with regard to construction and levee design, and a minimum of 2 feet of freeboard shall be maintained.
5. Facilities for the retention or storage of treated or untreated wastewater shall be adequately lined to control seepage. The following methods of pond lining are acceptable:
  - a. In-situ clay soils or placed and compacted clay soils meeting the following requirements:
    1. More than 30% passing a No. 200 mesh sieve
    2. Liquid limit greater than 30%
    3. Plasticity index greater than 15%
    4. A minimum thickness of 2 feet
  - b. Membrane lining with a minimum thickness of 20 mils, and an underdrain leak detection system.

- c. An alternate method of pond lining may be utilized with prior approval from the Executive Director.

The permittee has furnished certification by a Texas Licensed Professional Engineer that the completed pond lining meets the appropriate criteria above. The certification shall be made available for the TCEQ Regional Office (MC Region 1), the Enforcement Division (MC 224), and the Water Quality Assessment Team of the Water Quality Division (MC 150).

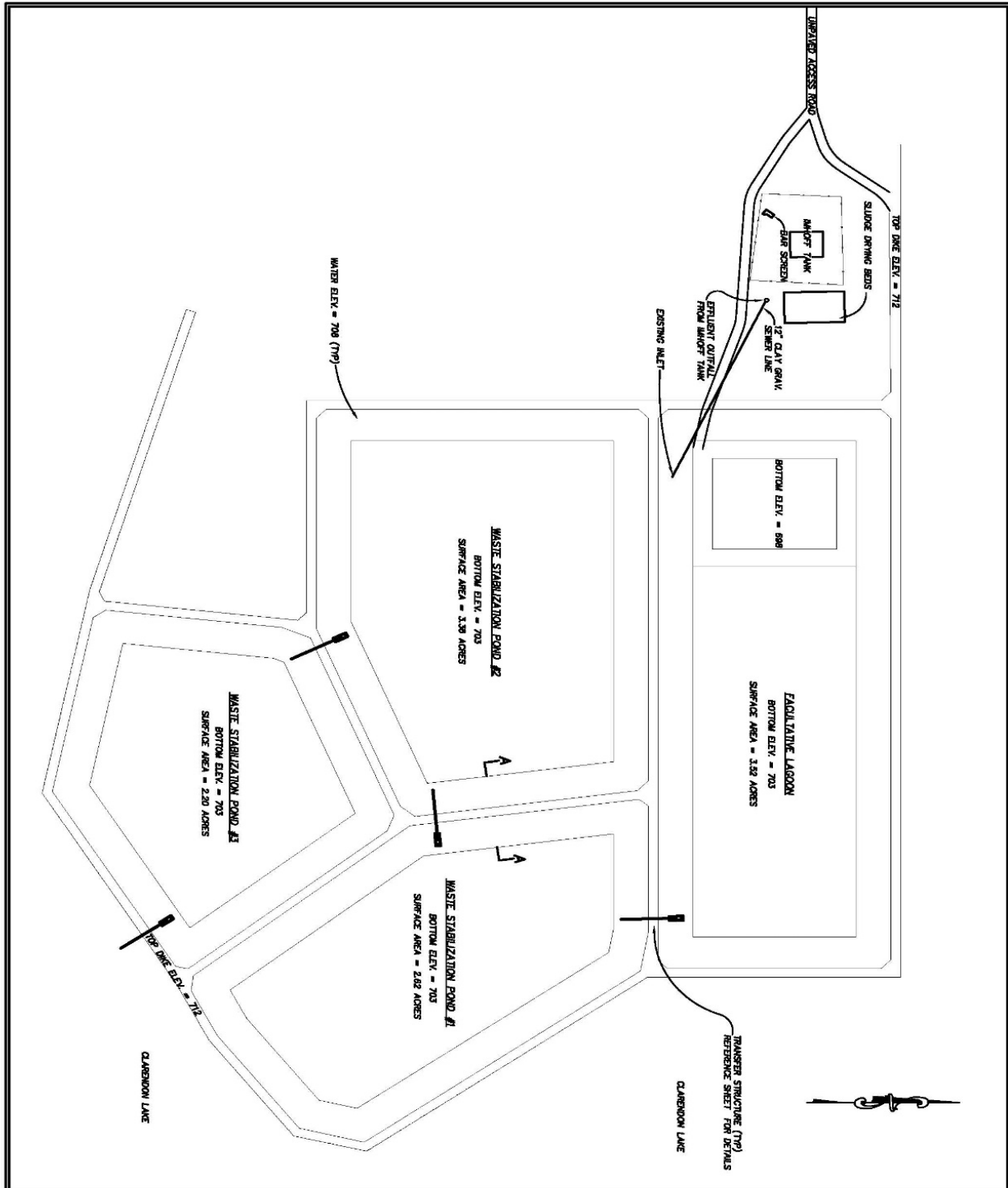
6. Any new or modified wastewater pond shall be adequately lined to control seepage in accordance with 30 TAC § 217.203 and 30 TAC § 309.13(d) since the facility overlies the recharge zone of an aquifer. The Permittee shall submit the liner certification for a newly-constructed or modified wastewater pond to the Water Quality Assessment Team (MC-150), the TCEQ Regional Office (MC-Region 1), and the TCEQ Enforcement Division (MC-224) within 30 days of completion and prior to use. The certification shall be signed and sealed by a Texas-licensed professional engineer and include a description of how the liner meets the requirements of 30 TAC § 217.203 and 30 TAC § 309.13(d) since the facility is located on the recharge zone of an aquifer.
7. The existing wastewater ponds shall be maintained and operated in a manner that prevents unauthorized discharge to water in the state and contamination of groundwater.
8. Facilities for the retention of treated or untreated wastewater shall be adequately managed and lined to control seepage. At least once per month, the Permittee shall inspect the sides and bottom (if visible) of all wastewater ponds for signs of damage and leakage, and any pond leak detection systems that are in service. Leaking ponds shall be removed from service, or operated in a manner to prevent discharge, until repairs are made or replacement ponds are constructed. A record of the monthly inspections shall be maintained in a field log and kept onsite for TCEQ inspection.
9. Pond liner certifications and all liner construction and repair documentation shall be maintained by the Permittee for the life of the facility and be made available for TCEQ personnel for inspection and review.
10. The discharge of untreated wastewater and/or raw sewage into playa lake is prohibited.
11. The discharge into playa lake shall be limited by fencing or "no trespassing" signs.
12. Public access to the playa lake shall be limited by fencing or "no trespassing" signs.
13. The discharge into playa lake shall not create nuisance or otherwise impair public health, nor cause contamination of groundwater.
14. The permittee shall comply with the requirements of 30 TAC § 309.13(a) through (d). In addition, by ownership of the required buffer zone area, the permittee shall comply with the requirements of 30 TAC § 309.13(e).
15. The permittee shall provide facilities for the protection of its wastewater treatment facility from a 100-year flood.
16. The permittee shall implement the groundwater monitoring plan (GWMP) with modifications approved by the Water Quality Assessment Team on January 9, 2006. The

approved GWMP requires monitoring of three wells--monitoring well 1 (MW 1), monitoring well 2 (MW 2) and upgradient well private well (PW). The MW 1 will be modified as described in the approved 2001GWMP. Groundwater shall be analyzed from each monitoring well according to the schedule below:

<b>Parameter</b>	<b>Units</b>	<b>Sampling Frequency</b>
Water Level	feet (*)	One/12 months
Total Nitrogen	mg/l	One/12 months
Nitrate Nitrogen	mg/l	One/12 months
Ammonia Nitrogen	mg/l	One/12 months
Phosphorus	mg/l	One/12 months
Total Dissolved Solids	mg/l	One/12 months
Fecal Coliform	Colonies 100/ml	One/12 months

The results of the groundwater analyses and annual potentiometric surface map shall be submitted to the Water Quality Assessment Team (MC 150), TCEQ Regional Office (MC Region 1) and the Water Quality Compliance Monitoring Team (MC 224) of the Enforcement Division by September 30th of each year.

**Attachment A**  
**Site Map**  
**City of Clarendon – Permit No. WQ0010007001**



Drawn By: CCG Checked By: MGS Scale: 1" = 100' Sheet: 1	<b>CITY OF CLARENDON</b>  <b>WASTEWATER TREATMENT PLANT</b> <b>SITE PLAN</b>	<div style="display: flex; align-items: center;"> <div> <b>OJD Engineering, LLC</b>  <i>The Benchmark</i>            Amarillo   Wolforth  <a href="http://www.OJDEngineering.com">www.OJDEngineering.com</a> </div> <div style="margin-left: 20px;">             F-4393           </div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <div> <b>WOLFFORTH</b>            500 N. Twisted Road, Ste 102            Wolforth, TX 79382            (806) 791-2300         </div> <div> <b>AMARILLO</b>            2420 Laveen Drive            Amarillo, TX 79106            (806) 352-7117         </div> </div>
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## **TECHNICAL SUMMARY AND EXECUTIVE DIRECTOR'S PRELIMINARY DECISION**

### DESCRIPTION OF APPLICATION

Applicant:	City of Clarendon TCEQ Permit No. WQ0010007001
Regulated Activity:	Domestic Wastewater Permit
Type of Application:	Renewal
Request:	Renewal with no changes
Authority:	Texas Water Code (TWC) § 26.027; 30 Texas Administrative Code (TAC) Chapters 305, 309, 312, 319, and 30; and Commission policies.

### EXECUTIVE DIRECTOR RECOMMENDATION

The Executive Director has made a preliminary decision that this permit, if issued, meets all statutory and regulatory requirements. The draft permit includes an expiration date of **ten years from the date of issuance**, according to 30 TAC Section 305.127(1)(C)(ii)(III), Conditions to be Determined for Individual Permits.

### REASON FOR PROJECT PROPOSED

City of Clarendon has applied to the Texas Commission on Environmental Quality (TCEQ) for a renewal of Permit No. WQ0010007001 to authorize the disposal of treated domestic wastewater at a daily average flow not to exceed 0.28 million gallons per day (MGD) via evaporation. The facility includes Three storage ponds with a total surface area of 8 acres and total capacity of 40 acre-feet for disposal of treated effluent via evaporation. The existing wastewater treatment facility serves the City of Clarendon.

### PROJECT DESCRIPTION AND LOCATION

The City of Clarendon Wastewater Treatment Facility consists of a pond system. Treatment units include a bar screen, an Imhoff tank, three oxidation ponds/storage ponds, a facultative lagoon, and a 75-acre playa lake.

The draft permit authorizes the disposal of sludge at a TCEQ-authorized land application site, co-disposal landfill, wastewater treatment facility, or facility that further processes sludge.

The wastewater treatment facility and disposal site are located approximately 4,000 feet northeast of the intersection of U.S. Highway 287 and Farm-to-Market Road 2162, in the City of Clarendon, Donley County, Texas 79226.

The wastewater treatment facility and disposal site are located in the drainage basin of Salt Fork Red River in Segment No. 0222 of the Red River Basin. No discharge of pollutants into water in the state is authorized by this permit.

City of Clarendon

Permit No. WQ0010007001

Statement of Basis/Technical Summary and Executive Director's Preliminary Decision

#### SUMMARY OF EFFLUENT DATA

The following is a summary of the applicant's effluent monitoring data for the period March 2023 through February 2025. The average of Daily Average value is computed by averaging of all 30-day average values for the reporting period for each parameter: flow, five-day biochemical oxygen demand (BOD<sub>5</sub>), and pH

<u>Parameter</u>	<u>Average of Daily Average</u>
Flow, MGD	0.048
BOD <sub>5</sub> , mg/l	32
pH, SU	8.6

#### DRAFT PERMIT CONDITIONS

The draft permit authorizes the disposal of treated domestic wastewater effluent at a daily average flow not to exceed 0.28 MGD via evaporation. The facility includes Three storage ponds with a total surface area of 8 acres and total capacity of 40 acre-feet for disposal of treated effluent via evaporation.

The effluent limitations in the draft permit, based on a single grab, is 100 mg/l biochemical oxygen demand (BOD<sub>5</sub>).

The permittee shall comply with the requirements of 30 TAC § 309.13(a) through (d). In addition, by ownership of the required buffer zone area, the permittee shall comply with the requirements of 30 TAC § 309.13(e).

The draft permit includes Sludge Provisions according to the requirements of 30 TAC Chapter 312, Sludge Use, Disposal, and Transportation.

#### SUMMARY OF CHANGES FROM APPLICATION

None.

#### SUMMARY OF CHANGES FROM EXISTING PERMIT

Effluent limitations and monitoring requirements in the draft permit remain the same as the existing permit effluent limitations and monitoring requirements. The Sludge Provisions, Special Provisions, and Standard Provisions have been revised in the draft permit.

Special Provision No.5 in the existing permit has been revised in the draft permit.

Special Provisions No. 6, 7, 8 and 9 have been added to the draft permit based on recommendations from the Water Quality Assessment Team.

Certain accidental discharges or spills of treated or untreated wastewater from wastewater treatment facilities or collection systems owned or operated by a local government may be reported on a monthly basis in accordance with 30 TAC § 305.132.

The draft permit includes all updates based on the 30 TAC 312 rule change effective April 23,

City of Clarendon

Permit No. WQ0010007001

Statement of Basis/Technical Summary and Executive Director's Preliminary Decision

2020.

#### BASIS FOR DRAFT PERMIT

The following items were considered in developing the draft permit:

1. Application received on April 15, 2025, and additional information received on April 21, 2025 and May 6, 2025.
2. Existing TCEQ permit: Permit No. WQ0010007001 issued on January 19, 2016.
3. Interoffice Memorandum from the Water Quality Assessment Team, Water Quality Assessment & Standards Section, Water Quality Division.

#### PROCEDURES FOR FINAL DECISION

When an application is declared administratively complete, the Chief Clerk sends a letter to the applicant advising the applicant to publish the Notice of Receipt of Application and Intent to Obtain Permit in the newspaper. In addition, the Chief Clerk instructs the applicant to place a copy of the application in a public place for review and copying in the county where the facility is or will be located. This application will be in a public place throughout the comment period. The Chief Clerk also mails this notice to any interested persons and, if required, to landowners identified in the permit application. This notice informs the public about the application and provides that an interested person may file comments on the application or request a contested case hearing or a public meeting.

Once a draft permit is completed, it is sent, along with the Executive Director's preliminary decision, as contained in the technical summary or fact sheet, to the Chief Clerk. At that time, the Notice of Application and Preliminary Decision will be mailed to the same people and published in the same newspaper as the prior notice. This notice sets a deadline for making public comments. The applicant must place a copy of the Executive Director's preliminary decision and draft permit in the public place with the application.

Any interested person may request a public meeting on the application until the deadline for filing public comments. A public meeting is intended for the taking of public comment and is not a contested case proceeding.

After the public comment deadline, the Executive Director prepares a response to all significant public comments on the application or the draft permit raised during the public comment period. The Chief Clerk then mails the Executive Director's response to comments and final decision to people who have filed comments, requested a contested case hearing, or requested to be on the mailing list. This notice provides that if a person is not satisfied with the Executive Director's response and decision, they can request a contested case hearing or file a request to reconsider the Executive Director's decision within 30 days after the notice is mailed.

The Executive Director will issue the permit unless a written hearing request or request for reconsideration is filed within 30 days after the Executive Director's response to comments and final decision is mailed. If a hearing request or request for reconsideration is filed, the Executive Director will not issue the permit and will forward the application and request to the TCEQ

City of Clarendon

Permit No. WQ0010007001

Statement of Basis/Technical Summary and Executive Director's Preliminary Decision

Commissioners for their consideration at a scheduled Commission meeting. If a contested case hearing is held, it will be a legal proceeding similar to a civil trial in state district court.

If the Executive Director calls a public meeting or the Commission grants a contested case hearing as described above, the Commission will give notice of the date, time, and place of the meeting or hearing. If a hearing request or request for reconsideration is made, the Commission will consider all public comments in making its decision and shall either adopt the Executive Director's response to public comments or prepare its own response.

For additional information about this application, contact Paula Palmar at (512) 239-4561.

*Paula Palmar*

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Paula Palmar  
Municipal Permits Team  
Wastewater Permitting Section (MC 148)

May 9, 2025

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Date



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Clarendon

PERMIT NUMBER (If new, leave blank): WQ00 10007001

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

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

### For TCEQ Use Only

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
Permit Number \_\_\_\_\_



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

For any questions about this form, please contact the Applications Review and Processing Team at 512-239-4671.

### Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

#### Payment Information:

Mailed      Check/Money Order Number: 31601  
Check/Money Order Amount: \$1,215.00  
Name Printed on Check: City of Clarendon  
EPAY      Voucher Number: Click to enter text.  
Copy of Payment Voucher enclosed?      Yes ☐

### Section 2. Type of Application (Instructions Page 26)

a. Check the box next to the appropriate authorization type.

- ☐ Publicly-Owned Domestic Wastewater  
☐ Privately-Owned Domestic Wastewater  
☒ Conventional Wastewater Treatment

b. Check the box next to the appropriate facility status.

- ☒ Active      ☐ Inactive

c. Check the box next to the appropriate permit type.

- ☒ TPDES Permit  
☐ TLAP  
☐ TPDES Permit with TLAP component

☐ Subsurface Area Drip Dispersal System (SADDS)

d. Check the box next to the appropriate application type

☐ New

☐ Major Amendment with Renewal

☐ Minor Amendment with Renewal

☐ Major Amendment without Renewal

☐ Minor Amendment without Renewal

☒ Renewal without changes

☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: [Click to enter text.](#)

f. For existing permits:

Permit Number: WQ00 10007001

EPA I.D. (TPDES only): TX [Click to enter text.](#)

Expiration Date: 12/1/2025

### Section 3. Facility Owner (Applicant) and Co-Applciant Information (Instructions Page 26)

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

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

City of Clarendon

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

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

CN: 600703995

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

Prefix: [Click to enter text.](#)

Last Name, First Name: Jacob Fangman

Title: Mayor

Credential: [Click to enter text.](#)

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

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

[Click to enter text.](#)

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

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

CN: [Click to enter text.](#)

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

Prefix: [Click to enter text.](#)

Last Name, First Name: [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Provide a brief description of the need for a co-permittee: [Click to enter text.](#)

### C. Core Data Form

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

## Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: [Click to enter text.](#) Last Name, First Name: Shadle, Che  
Title: P.E./President Credential: [Click to enter text.](#)  
Organization Name: OD Engineering, LLC  
Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, Texas 79109  
Phone No.: 806.352.7117 E-mail Address: che.shadle@ojdengineering.com  
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: [Click to enter text.](#) Last Name, First Name: Barboza, Brian  
Title: City Manager Credential: [Click to enter text.](#)  
Organization Name: City of Clarendon  
Mailing Address: P.O. Box 1089 City, State, Zip Code: Clarendon, Texas 79226  
Phone No.: 806.874.3438 E-mail Address: b.barboza@cityofclarendontx.com  
Check one or both: ☒ Administrative Contact ☐ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 27)

Provide the names and contact information for two individuals that can be contacted throughout the permit term.

- A. Prefix: [Click to enter text.](#) Last Name, First Name: Green, Clint  
Title: Engineering Technician/Designer Credential: [Click to enter text.](#)  
Organization Name: OJD Engineering, LLC  
Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, Texas 79109  
Phone No.: 806.352.7117 E-mail Address: clint.green@ojdengineering.com
- B. Prefix: [Click to enter text.](#) Last Name, First Name: Shadle, Che  
Title: P.E./President Credential: [Click to enter text.](#)  
Organization Name: OJD Engineering, LLC  
Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, Texas 79109  
Phone No.: 806.352.7117 E-mail Address: che.shadle@ojdengineering.com

## Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: [Click to enter text.](#) Last Name, First Name: Barboza, Brian  
Title: City Manager Credential: [Click to enter text.](#)  
Organization Name: City of Clarendon  
Mailing Address: P.O. Box 1089 City, State, Zip Code: Clarendon, TX 79226  
Phone No.: 806.874.3438 E-mail Address: b.barboza@cityofclarendontx.com

## Section 7. DMR/MER Contact Information (Instructions Page 27)

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

Prefix: [Click to enter text.](#) Last Name, First Name: Barboza, Brian  
Title: City Manager Credential: [Click to enter text.](#)  
Organization Name: City of Clarendon  
Mailing Address: P.O. Box 1089 City, State, Zip Code: Clarendon, Texas 79226  
Phone No.: 806.874.3438 E-mail Address: b.barboza@cityofclarendontx.com

## Section 8. Public Notice Information (Instructions Page 27)

### A. Individual Publishing the Notices

Prefix: [Click to enter text.](#) Last Name, First Name: Barboza, Brian  
Title: City Manager Credential: [Click to enter text.](#)  
Organization Name: City of Clarendon  
Mailing Address: P.O. Box 1089 City, State, Zip Code: Clarendon, Texas 79226  
Phone No.: 806.874.3438 E-mail Address: b.barboza@cityofclarendontx.com

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

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

- ☐ E-mail Address  
☐ Fax  
☒ Regular Mail

### C. Contact permit to be listed in the Notices

Prefix: [Click to enter text.](#) Last Name, First Name: Barboza, Brian  
Title: City Manager Credential: [Click to enter text.](#)

Organization Name: City of Clarendon

Mailing Address: P.O. 1089

City, State, Zip Code: Clarendon, TX 79226

Phone No.: 806.874.3438

E-mail Address: b.barboza@cityofclarendontx.com

#### D. Public Viewing Information

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

Public building name: Clarendon City Hall

Location within the building: Front Desk

Physical Address of Building: 313 S. Sully Street

City: Clarendon

County: Donley

Contact (Last Name, First Name): Barboza, Brian

Phone No.: 806.874.3438 Ext.: Click to enter text.

#### E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

#### F. Plain Language Summary Template

Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment.

**Attachment:** [Click to enter text.](#)

#### G. Public Involvement Plan Form

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

**Attachment:** [Click to enter text.](#)

### Section 9. Regulated Entity and Permitted Site Information (Instructions Page 29)

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102845880

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

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

City of Clarendon WWTP

- C. Owner of treatment facility: City of Clarendon

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

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

Prefix: [Click to enter text.](#)

Last Name, First Name: Barboza, Brian

Title: City Manger

Credential: [Click to enter text.](#)

Organization Name: City of Clarendon

Mailing Address: P.O. Box 1089

City, State, Zip Code: Clarendon, Texas 79226

Phone No.: 806.874.3438

E-mail Address: b.barboza@cityofclarendontx.com

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

**Attachment:** [Click to enter text.](#)

- E. Owner of effluent disposal site:

Prefix: [Click to enter text.](#)

Last Name, First Name: [Click to enter text.](#)

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 Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

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

**Attachment:** [Click to enter text.](#)

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

Prefix: [Click to enter text.](#)

Last Name, First Name: Barboza, Brian

Title: City Manager

Credential: [Click to enter text.](#)

Organization Name: Cit of Clarendon

Mailing Address: P.O. Box 1089

City, State, Zip Code: Clarendon, Texas 79226

Phone No.: 806.874.3438

E-mail Address: b.barboza@cityofclarendontx.com

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

Attachment: [Click to enter text.](#)

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

City nearest the outfall(s): Clarendon

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: [Click to enter text.](#)

D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: [Click to enter text.](#)

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

☒ Yes ☐ No

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

Click to enter text.

- B. City nearest the disposal site: Clarendon
- C. County in which the disposal site is located: Donley
- D. For TLAPs, describe the routing of effluent from the treatment facility to the disposal site:

The effluent flows from the collection system into a facultative lagoon, thence into 3 oxidation ponds. From the last oxidation pond the effluent is piped into a 75 acre playa lake where the effluent is disposed by evaporation.

- E. For TLAPs, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Salt Fork Red River in Segment No. 0222 of the Red River Basin

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If yes, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

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

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

## Section 13. Attachments (Instructions Page 33)

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

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

## Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010007001

Applicant: City of Clarendon

Certification:

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

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

Signatory name (typed or printed): Jacob Fangman

Signatory title: Mayor

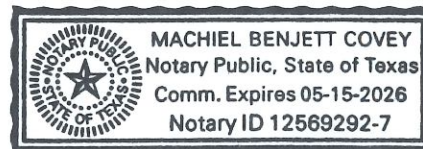
Signature: *Jacob Fangman* Date: 3-20-25  
(Use blue ink)

Subscribed and Sworn to before me by the said Jacob Fangman  
on this 20 day of March, 20 25.  
My commission expires on the 15 day of MAY, 20 26.

*Machiel Benjett Covey*  
Notary Public

[SEAL]

*Dorley*  
County, Texas



# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

## Section 1. Affected Landowner Information (Instructions Page 36)

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

If **yes**, provide the location and foreseeable impacts and effects this application has on the

land(s):

Click to enter text.

## Section 2. Original Photographs (Instructions Page 38)

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

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

## Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☐ Yes      ☐ No

# DOMESTIC WASTEWATER PERMIT APPLICATION

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

**Attachment:** [Click to enter text.](#)

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

**Fee Code: WQP      Waste Permit No: WQ0010007001**

1. Check or Money Order Number: 31601
2. Check or Money Order Amount: \$1,215.00
3. Date of Check or Money Order: 3/20/2025
4. Name on Check or Money Order: City of Clarendon
5. APPLICATION INFORMATION

Name of Project or Site: City of Clarendon WWTP

Physical Address of Project or Site: Click to enter text.

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

**Staple Check or Money Order in This Space**

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Section 1. Individual Information (Instructions Page 41)

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

Prefix (Mr., Ms., Miss): [Click to enter text.](#)

Full legal name (Last Name, First Name, Middle Initial): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#) Fax Number: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

CN: [Click to enter text.](#)

#### **For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

## **Things to Know:**

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

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

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

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

Plain Language Summary ☒ Yes



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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For any questions about this form, please contact the Domestic Wastewater Permitting Team at 512-239-4671.

The following information is required for all renewal, new, and amendment applications.

### Section 1. Permitted or Proposed Flows (Instructions Page 43)

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.28

2-Hr Peak Flow (MGD): 0.84

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### B. Interim II Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### C. Final Phase

Design Flow (MGD): 0.28

2-Hr Peak Flow (MGD): 0.84

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### D. Current Operating Phase

Provide the startup date of the facility: 1954

### Section 2. Treatment Process (Instructions Page 43)

#### A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and

finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of *each* phase must be provided.**

(Final) Facultative Lagoon/Evaporation Pond System-Effluent flows to facultative lagoon where the solids collect and decompose via aerobic and anaerobic process. The effluent proceeds through three oxidation ponds and finally into a large playa lake to complete the treatment process.

## B. Treatment Units

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

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

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Facultative Lagoon	1	650' x 250' x 10'
Oxidation Ponds	3	8 acres x 5' deep

## C. Process Flow Diagram

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

**Attachment:** T-1

## Section 3. Site Information and Drawing (Instructions Page 44)

Provide the TPDES discharge outfall latitude and longitude. Enter N/A if not applicable.

- Latitude: [Click to enter text.](#)
- Longitude: [Click to enter text.](#)

Provide the TLAP disposal site latitude and longitude. Enter N/A if not applicable.

- Latitude: 34.947222
- Longitude: -100.881944

Provide a site drawing for the facility that shows the following:

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and
- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

**Attachment:** T-2

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

City of Clarendon Wastewater Treatment Facility consists of a pond system. Treatment units include a bar screen, an Imhoff tank, three oxidation ponds/storage ponds, a facultative lagoon, and one 75-acre playa lake. The oxidation ponds have a total surface area of 8 acres and total volume of 40 acre-feet for disposal of treated effluent via evaporation.

Collection System Information **for wastewater TPDES permits only:** Provide information for each **uniquely owned** collection system, existing and new, served by this facility, including satellite collection systems. **Please see the instructions for a detailed explanation and examples.**

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

## Section 6. Permit Specific Requirements (Instructions Page 45)

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

### A. Summary transmittal

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

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: Click to enter text.

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

Click to enter text.

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

### C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

### D. Grit and grease treatment

#### 1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

#### 2. Grit and grease processing

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

Click to enter text.

#### 3. Grit disposal

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

☐ Yes ☐ No

**If No**, contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

Click to enter text.

#### 4. Grease and decanted liquid disposal

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.

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

Click to enter text.

### E. Stormwater management

#### 1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

#### 2. MSGP coverage

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

☐ Yes ☒ No

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

TXR05 Click to enter text. or TXRNE Click to enter text.

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

☐ Yes ☐ No

#### 3. Conditional exclusion

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

☐ Yes ☒ No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☒ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☒ No

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

Click to enter text.

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

**6. Request for coverage in individual permit**

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

☐ Yes ☒ No

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

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

[Click to enter text.](#)

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

#### F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

##### 1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click to enter text.](#)

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

## Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 50)

Is the facility in operation?

☒ Yes ☐ No

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

If **yes**, provide effluent analysis data for the listed pollutants. **Wastewater treatment facilities** complete Table 1.0(2). **Water treatment facilities** discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

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

**Table1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	32.1		1	Grab	3/26/25 8:34
Total Suspended Solids, mg/l	N/A	N/A	N/A	N/A	N/A
Ammonia Nitrogen, mg/l	23.0		1	Grab	3/26/25 8:34
Nitrate Nitrogen, mg/l	0.503		1	Grab	3/26/25 8:34
Total Kjeldahl Nitrogen, mg/l	39.7		1	Grab	3/26/25 8:34
Sulfate, mg/l	163		1	Grab	3/26/25 8:34
Chloride, mg/l	230		1	Grab	3/26/25 8:34
Total Phosphorus, mg/l	5.95		1	Grab	3/26/25 8:34
pH, standard units	8.3		1	Grab	3/26/25 8:34
Dissolved Oxygen*, mg/l	N/A	N/A	N/A	N/A	N/A
Chlorine Residual, mg/l	<0.05		1	Grab	3/26/25 8:34
<i>E.coli</i> (CFU/100ml) freshwater	162		1	Grab	3/26/25 8:34
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	1060		1	Grab	3/26/25 8:34
Electrical Conductivity, $\mu$ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	7.32		1	Grab	3/26/25 8:34
Alkalinity (CaCO <sub>3</sub> )*, mg/l	428		1	Grab	3/26/25 8:34

\*TPDES permits only

†TLAP permits only

**Table1.0(3) – Pollutant Analysis for Water Treatment Facilities**

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

## Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: John MolderFacility Operator's License Classification and Level: Wastewater Treatment CFacility Operator's License Number: WW0003222

## Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 51)

### A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

- ☐ Design flow  $\geq$  1 MGD
- ☐ Serves  $\geq$  10,000 people
- ☐ Class I Sludge Management Facility (per 40 CFR § 503.9)
- ☐ Biosolids generator
- ☐ Biosolids end user - land application (onsite)
- ☐ Biosolids end user - surface disposal (onsite)
- ☐ Biosolids end user - incinerator (onsite)

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage ( $< 2$  years)
- ☐ Long Term Storage ( $\geq 2$  years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

### C. Biosolids Management

Provide information on the *intended* biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

## Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If “Other” is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): [Click to enter text.](#)

### D. Disposal site

Disposal site name: [Click to enter text.](#)

TCEQ permit or registration number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

### E. Transportation method

Method of transportation (truck, train, pipe, other): [Click to enter text.](#)

Name of the hauler: [Click to enter text.](#)

Hauler registration number: [Click to enter text.](#)

Sludge is transported as a:

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

## Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 53)

### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

### B. Sludge processing authorization

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

Sludge Composting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marketing and Distribution of sludge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sludge Surface Disposal or Sludge Monofill	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary storage in sludge lagoons	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

☐ Yes ☐ No

## Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

- Original General Highway (County) Map:  
**Attachment:** [Click to enter text.](#)
- USDA Natural Resources Conservation Service Soil Map:  
**Attachment:** [Click to enter text.](#)
- Federal Emergency Management Map:  
**Attachment:** [Click to enter text.](#)
- Site map:  
**Attachment:** [Click to enter text.](#)

Discuss in a description if any of the following exist within the lagoon area. Check all that apply.

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

**Attachment:** [Click to enter text.](#)

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

[Click to enter text.](#)

## B. Temporary storage information

Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in *Section 7 of Technical Report 1.0*.

Nitrate Nitrogen, mg/kg: [Click to enter text.](#)

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

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

Phosphorus, mg/kg: [Click to enter text.](#)

Potassium, mg/kg: [Click to enter text.](#)

pH, standard units: [Click to enter text.](#)

Ammonia Nitrogen mg/kg: [Click to enter text.](#)

Arsenic: [Click to enter text.](#)

Cadmium: [Click to enter text.](#)

Chromium: [Click to enter text.](#)

Copper: [Click to enter text.](#)

Lead: [Click to enter text.](#)

Mercury: [Click to enter text.](#)

Molybdenum: [Click to enter text.](#)

Nickel: [Click to enter text.](#)

Selenium: [Click to enter text.](#)

Zinc: [Click to enter text.](#)

Total PCBs: [Click to enter text.](#)

Provide the following information:

Volume and frequency of sludge to the lagoon(s): [Click to enter text.](#)

Total dry tons stored in the lagoons(s) per 365-day period: [Click to enter text.](#)

Total dry tons stored in the lagoons(s) over the life of the unit: [Click to enter text.](#)

## C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

#### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)  
**Attachment:** [Click to enter text.](#)
- Copy of the closure plan  
**Attachment:** [Click to enter text.](#)
- Copy of deed recordation for the site  
**Attachment:** [Click to enter text.](#)
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons  
**Attachment:** [Click to enter text.](#)
- Description of the method of controlling infiltration of groundwater and surface water from entering the site  
**Attachment:** [Click to enter text.](#)
- Procedures to prevent the occurrence of nuisance conditions  
**Attachment:** [Click to enter text.](#)

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

**Attachment:** [Click to enter text.](#)

## Section 12. Authorizations/Compliance/Enforcement (Instructions)

**A. Additional authorizations**

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

☐ Yes ☒ No

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

Click to enter text.

**B. Permittee enforcement status**

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

**Section 13. RCRA/CERCLA Wastes (Instructions Page 55)****A. RCRA hazardous wastes**

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

☐ Yes ☒ No

**B. Remediation activity wastewater**

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

☐ Yes ☒ No

**C. Details about wastes received**

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

**Attachment:** [Click to enter text.](#)

## Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

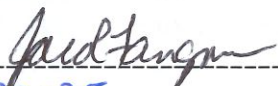
The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

### CERTIFICATION:

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

Printed Name: Jacob Fangman

Title: Mayor

Signature: 

Date: 3-20-25

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

The following information is required for new and amendment major applications.

### Section 1. Justification for Permit (Instructions Page 57)

#### A. Justification of permit need

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

[Click to enter text.](#)

#### B. Regionalization of facilities

For additional guidance, please review [TCEQ's Regionalization Policy for Wastewater Treatment](#)<sup>1</sup>.

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

##### 1. Municipally incorporated areas

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

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

☐ Yes ☐ No ☐ Not Applicable

If yes, within the city limits of: [Click to enter text.](#)

If yes, attach correspondence from the city.

Attachment: [Click to enter text.](#)

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

Attachment: [Click to enter text.](#)

##### 2. Utility CCN areas

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

☐ Yes ☐ No

---

<sup>1</sup> <https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater>

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

**Attachment:** [Click to enter text.](#)

### 3. *Nearby WWTs or collection systems*

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

☐ Yes ☐ No

If **yes**, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems.

**Attachment:** [Click to enter text.](#)

If **yes**, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

**Attachment:** [Click to enter text.](#)

If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.

**Attachment:** [Click to enter text.](#)

## Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☐ Yes ☐ No

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

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

### A. Current organic loading

Facility Design Flow (flow being requested in application): [Click to enter text.](#)

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: [Click to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): [Click to enter text.](#)

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

[Click to enter text.](#)

## B. Proposed organic loading

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

**Table 1.1(1) – Design Organic Loading**

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

## Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 59)

### A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

Ammonia Nitrogen, mg/l: [Click to enter text.](#)

Total Phosphorus, mg/l: [Click to enter text.](#)

Dissolved Oxygen, mg/l: [Click to enter text.](#)

Other: [Click to enter text.](#)

### B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

Ammonia Nitrogen, mg/l: [Click to enter text.](#)

Total Phosphorus, mg/l: [Click to enter text.](#)

Dissolved Oxygen, mg/l: [Click to enter text.](#)

Other: [Click to enter text.](#)

### C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

Ammonia Nitrogen, mg/l: [Click to enter text.](#)

Total Phosphorus, mg/l: [Click to enter text.](#)

Dissolved Oxygen, mg/l: [Click to enter text.](#)

Other: [Click to enter text.](#)

### D. Disinfection Method

Identify the proposed method of disinfection.

- ☐ Chlorine: [Click to enter text.](#) mg/l after [Click to enter text.](#) minutes detention time at peak flow

Dechlorination process: [Click to enter text.](#)

- ☐ Ultraviolet Light: [Click to enter text.](#) seconds contact time at peak flow
- ☐ Other: [Click to enter text.](#)

## Section 4. Design Calculations (Instructions Page 59)

Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.

Attachment: [Click to enter text.](#)

## Section 5. Facility Site (Instructions Page 60)

### A. 100-year floodplain

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

- ☐ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes**, provide the permit number: [Click to enter text.](#)

If **no**, provide the approximate date you anticipate submitting your application to the Corps: [Click to enter text.](#)

## B. Wind rose

Attach a wind rose: [Click to enter text.](#)

# Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

## A. Beneficial use authorization

Are you requesting to include authorization to land apply sewage sludge for beneficial use on property located adjacent to the wastewater treatment facility under the wastewater permit?

☐ Yes ☐ No

If **yes**, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**: [Click to enter text.](#)

## B. Sludge processing authorization

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

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

If **any of the above**, sludge options are selected, attach the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)**: [Click to enter text.](#)

# Section 7. Sewage Sludge Solids Management Plan (Instructions Page 61)

Attach a solids management plan to the application.

**Attachment:** [Click to enter text.](#)

The sewage sludge solids management plan must contain the following information:

- Treatment units and processes dimensions and capacities
- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow
- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

### Section 1. Domestic Drinking Water Supply (Instructions Page 64)

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

☐ Yes ☐ No

If **no**, proceed to Section 2. If **yes**, provide the following:

Owner of the drinking water supply: [Click to enter text.](#)

Distance and direction to the intake: [Click to enter text.](#)

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

Attachment: [Click to enter text.](#)

### Section 2. Discharge into Tidally Affected Waters (Instructions Page 64)

Does the facility discharge into tidally affected waters?

☐ Yes ☐ No

If **no**, proceed to Section 3. If **yes**, complete the remainder of this section. If no, proceed to Section 3.

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [Click to enter text.](#)

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☐ No

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

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

### Section 4. Description of Immediate Receiving Waters (Instructions Page 65)

Name of the immediate receiving waters: [Click to enter text.](#)

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: [Click to enter text.](#)

Average depth of the entire water body, in feet: [Click to enter text.](#)

Average depth of water body within a 500-foot radius of discharge point, in feet: [Click to enter text.](#)

- ☐ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: [Click to enter text.](#)

#### B. Flow characteristics

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

- ☐ Intermittent - dry for at least one week during most years
- ☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
- ☐ Perennial - normally flowing

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

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☐ Personal observation
- ☐ Other, specify: [Click to enter text.](#)

### C. Downstream perennial confluences

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

[Click to enter text.](#)

### D. Downstream characteristics

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

☐ Yes ☐ No

If yes, discuss how.

[Click to enter text.](#)

### E. Normal dry weather characteristics

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

[Click to enter text.](#)

Date and time of observation: [Click to enter text.](#)

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

## Section 5. General Characteristics of the Waterbody (Instructions Page 66)

### A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☐ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify: [Click to enter text.](#)

## B. Waterbody uses

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

- |  |  |
|--|--|
| <input type="checkbox"/> Livestock watering    | <input type="checkbox"/> Contact recreation                                      |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation                                  |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Navigation  |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply                                 |
| <input type="checkbox"/> Park activities       | <input type="checkbox"/> Other(s), specify: <a href="#">Click to enter text.</a> |

## C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

### Section 1. General Information (Instructions Page 66)

Date of study: [Click to enter text.](#) Time of study: [Click to enter text.](#)

Stream name: [Click to enter text.](#)

Location: [Click to enter text.](#)

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

☐ Perennial ☐ Intermittent with perennial pools

### Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: [Click to enter text.](#)

Number of stream bends that are moderately defined: [Click to enter text.](#)

Number of stream bends that are poorly defined: [Click to enter text.](#)

Number of riffles: [Click to enter text.](#)

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

[Click to enter text.](#)

## Stream transects

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

**Table 2.1(1) - Stream Transect Records**

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

## Section 3. Summarize Measurements (Instructions Page 66)

Streambed slope of entire reach, from USGS map in feet/feet: [Click to enter text.](#)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): [Click to enter text.](#)

Length of stream evaluated, in feet: [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width, in feet: [Click to enter text.](#)

Average stream depth, in feet: [Click to enter text.](#)

Average stream velocity, in feet/second: [Click to enter text.](#)

Instantaneous stream flow, in cubic feet/second: [Click to enter text.](#)

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): [Click to enter text.](#)

Size of pools (large, small, moderate, none): [Click to enter text.](#)

Maximum pool depth, in feet: [Click to enter text.](#)

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

The following is required for renewal, new, and amendment permit applications.

## Section 1. Type of Disposal System (Instructions Page 68)

Identify the method of land disposal:

- |   |  |
|---|--|
| <input type="checkbox"/> Surface application  | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system   | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input checked="" type="checkbox"/> Evaporation   | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Other (describe in detail): <a href="#">Click to enter text.</a> |  |

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number: [Click to enter text.](#)

## Section 2. Land Application Site(s) (Instructions Page 68)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

**Table 3.0(1) – Land Application Site Crops**

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

### Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 68)

**Table 3.0(2) – Storage and Evaporation Ponds**

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
Facultative Lagoon	4	40	650' x 250' x 10' deep	Compacted Clay
3 Oxidation Ponds	8	40	8 acres x 5' dep	Compacted Clay

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

**Attachment:** [Click to enter text.](#)

### Section 4. Flood and Runoff Protection (Instructions Page 68)

Is the land application site within the 100-year frequency flood level?

☒ Yes ☐ No

**If yes**, describe how the site will be protected from inundation.

FEMA Flood Insurance Rate Map Community Panel No. 481584-0001-A

Provide the source used to determine the 100-year frequency flood level:

It is protected by dikes that surround the facility above the 100-yr flood plain.

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

N/A

## Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

## Section 6. Well and Map Information (Instructions Page 69)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [T-3](#)

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1-mile radius of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

**Table 3.0(3) – Water Well Data**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
1201610	Irrigation	Unknown	Cased	Buffer

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
1201611	Irrigation	Y	Cased	Buffer
1201618	Pugged or Destroyed	N	Plugged	Buffer
1201623	Irrigation	Unknown	Cased	Buffer, Replaced by Well 1201688
1201688	Observation	Y	Cased	Buffer

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

**Attachment:** T-4

## Section 7. Groundwater Quality (Instructions Page 69)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

**Attachment:** Click to enter text.

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

Do you plan to install ground water monitoring wells or lysimeters around the land application site? ☐ Yes ☐ No

If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.

**Attachment:** Click to enter text.

## Section 8. Soil Map and Soil Analyses (Instructions Page 70)

### A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

**Attachment:** Click to enter text.

### B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

**Attachment:** Click to enter text.

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

**Table 3.0(4) – Soil Data**

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

## Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

☒ Yes ☐ No

If **no**, this section is not applicable and the worksheet is complete.

If **yes**, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

**Table 3.0(5) – Effluent Monitoring Data**

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
2/2025	0.053	36.7	N/A	7.86	N/A	N/A
1/2025	0.044	21.3	N/A	7.9	N/A	N/A
12/2024	0.040	21.5	N/A	8.6	N/A	N/A
11/2024	0.116	31.9	N/A	8.0	N/A	N/A
10/2024	0.032	22.3	N/A	8.6	N/A	N/A
9/2024	0.057	18.4	N/A	8.6	N/A	N/A
8/2024	0.016	18.6	N/A	9.1	N/A	N/A
7/2024	0.023	17.8	N/A	9.2	N/A	N/A
6/2024	0.031	21.8	N/A	9.0	N/A	N/A
5/2024	0.027	103	N/A	8.7	N/A	N/A
4/2024	0.044	42	N/A	8.5	N/A	N/A
3/2024	0.042	58.7	N/A	8.4	N/A	N/A
2/2024	0.073	45.6	N/A	8.3	N/A	N/A
1/2024	0.057	19.3	N/A	8.1	N/A	N/A
12/2023	0.090	20.1	N/A	8.3	N/A	N/A

<b>Date</b>	<b>30 Day Avg Flow MGD</b>	<b>BOD5 mg/l</b>	<b>TSS mg/l</b>	<b>pH</b>	<b>Chlorine Residual mg/l</b>	<b>Acres irrigated</b>
11/2023	0.071	31.1	N/A	8.7	N/A	N/A
10/2023	0.058	26.6	N/A	8.8	N/A	N/A
9/2023	0.048	11.6	N/A	8.5	N/A	N/A
8/2023	0.013	17.8	N/A	8.9	N/A	N/A
7/2023	0.028	18.2	N/A	9.3	N/A	N/A
6/2023	0.052	20.6	N/A	8.8	N/A	N/A
5/2023	0.064	31.7	N/A	8.0	N/A	N/A
4/2023	0.029	49.5	N/A	8.0	N/A	N/A
3/2023	0.037	66.0	N/A	9.1	N/A	N/A

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

[Click to enter text.](#)

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.

### Section 1. Surface Disposal (Instructions Page 72)

Complete the item that applies for the method of disposal being used.

#### A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) And days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

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

Method of application: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

**Attachment:** [Click to enter text.](#)

#### B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations.

**Attachment:** [Click to enter text.](#)

#### C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

Depth of bed(s), in feet: [Click to enter text.](#)

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

**Attachment:** [Click to enter text.](#)

#### D. Overland flow

Area used for application, in acres: [Click to enter text.](#)

Slopes for application area, percent (%): [Click to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click to enter text.](#)

Slope length, in feet: [Click to enter text.](#)

Design BOD<sub>5</sub> loading rate, in lbs BOD<sub>5</sub>/acre/day: [Click to enter text.](#)

Design application frequency:

hours/day: [Click to enter text.](#) **And** days/week: [Click to enter text.](#)

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

**Attachment:** [Click to enter text.](#)

## Section 2. Edwards Aquifer (Instructions Page 73)

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

☐ Yes ☐ No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

☐ Yes ☐ No

If **yes**, attach a geological report addressing potential recharge features.

**Attachment:** [Click to enter text.](#)

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal **MUST** complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **does not meet** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click to enter text.](#)

Application area, in acres: [Click to enter text.](#)

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Area of bed(s), in square feet: [Click to enter text.](#)

Soil Classification: [Click to enter text.](#)

Attach a separate engineering report with the information required in *30 TAC § 309.20*, excluding the requirements of § 309.20 b(3)(A) and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

**Attachment:** [Click to enter text.](#)

### Section 2. Edwards Aquifer (Instructions Page 74)

Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

- ☐ Yes ☐ No

Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?

- ☐ Yes ☐ No

**If yes to either question**, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** subsurface area drip dispersal system permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal **MUST** complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **meets** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Administrative Information (Instructions Page 75)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:

B. [Click to enter text.](#) Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

[Click to enter text.](#)

C. Owner of the subsurface area drip dispersal system: [Click to enter text.](#)

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

☐ Yes ☐ No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

[Click to enter text.](#)

E. Owner of the land where the subsurface area drip dispersal system is located: [Click to enter text.](#)

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

☐ Yes ☐ No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

[Click to enter text.](#)

### Section 2. Subsurface Area Drip Dispersal System (Instructions Page

**A. Type of system**

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: [Click to enter text.](#)

**B. Irrigation operations**

Application area, in acres: [Click to enter text.](#)

Infiltration Rate, in inches/hour: [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.](#)

Storage volume, in gallons: [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

**C. Application rate**

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

☐ Yes ☐ No

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

☐ Yes ☐ No

If **yes**, the facility must use the formula in *30 TAC §222.83* to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: [Click to enter text.](#)

Nitrogen application rate, in lbs/gal/day: [Click to enter text.](#)

**D. Dosing information**

Number of doses per day: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Rest period between doses, in hours: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

☐ Yes ☐ No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

**Attachment:** [Click to enter text.](#)

### Section 3. Required Plans (Instructions Page 75)

#### A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in *30 TAC §222.79*.

**Attachment:** [Click to enter text.](#)

#### B. Soil evaluation

Attach a Soil Evaluation with all information required in *30 TAC §222.73*.

**Attachment:** [Click to enter text.](#)

#### C. Site preparation plan

Attach a Site Preparation Plan with all information required in *30 TAC §222.75*.

**Attachment:** [Click to enter text.](#)

#### D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

**Attachment:** [Click to enter text.](#)

### Section 4. Floodway Designation (Instructions Page 76)

#### A. Site location

Is the existing/proposed land application site within a designated floodway?

☐ Yes ☐ No

#### B. Flood map

Attach either the FEMA flood map or alternate information used to determine the floodway.

**Attachment:** [Click to enter text.](#)

### Section 5. Surface Waters in the State (Instructions Page 76)

#### A. Buffer Map

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

**Attachment:** [Click to enter text.](#)

#### B. Buffer variance request

Do you plan to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If **yes**, then attach the additional information required in *30 TAC § 222.81(c)*.

**Attachment:** [Click to enter text.](#)

## Section 6. Edwards Aquifer (Instructions Page 76)

A. Is the SADDs located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

☐ Yes ☐ No

B. Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

☐ Yes ☐ No

**If yes to either question**, then the SADDs may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

The following **is required** for facilities with a permitted or proposed flow of **1.0 MGD or greater**, facilities with an approved **pretreatment** program, or facilities classified as a **major** facility. See instructions for further details.

This worksheet is not required minor amendments without renewal.

### Section 1. Toxic Pollutants (Instructions Page 78)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(1) – Toxics Analysis**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene				10
Benzidine				50
Benzo(a)anthracene				5
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri) (*1)				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10
Cyanide (*2)				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10
Diuron				0.09
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(\*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

## Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(2)A – Metals, Cyanide, and Phenols**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic				0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)				N/A
Copper				2
Lead				0.5
Mercury				0.005
Nickel				2
Selenium				5
Silver				0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable

**Table 4.0(2)B – Volatile Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane				50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane [Bromodichloromethane]				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
1,2-Dichloropropane				10
1,3-Dichloropropylene [1,3-Dichloropropene]				10
1,2-Trans-Dichloroethylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

**Table 4.0(2)C – Acid Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol				10
2,4-Dichlorophenol				10
2,4-Dimethylphenol				10
4,6-Dinitro-o-Cresol				50
2,4-Dinitrophenol				50
2-Nitrophenol				20
4-Nitrophenol				50
P-Chloro-m-Cresol				10
Pentalchlorophenol				5
Phenol				10
2,4,6-Trichlorophenol				10

**Table 4.0(2)D – Base/Neutral Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo- benzene)				20
Fluoranthene				10
Fluorene				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

**Table 4.0(2)E - Pesticides**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.02
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254				0.2
PCB-1221				0.2
PCB-1232				0.2
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

\* For PCBS, if all are non-detects, enter the highest non-detect preceded by a "<".

### Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

- ☐ 2,4,5-trichlorophenoxy acetic acid  
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid  
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate  
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate  
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol  
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene  
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

[Click to enter text.](#)

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

☐ Yes ☐ No

If yes, provide a brief description of the conditions for its presence.

[Click to enter text.](#)

C. If any of the compounds in Subsection A **or** B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(2)F – Dioxin/Furan Compounds**

Compound	Toxic Equivalenc y Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8 PeCDD	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8 HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See instructions for further details.

This worksheet is not required minor amendments without renewal.

### Section 1. Required Tests (Instructions Page 88)

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application.

7-day Chronic: [Click to enter text.](#)

48-hour Acute: [Click to enter text.](#)

### Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

☐ Yes ☐ No

If **yes**, describe the progress to date, if applicable, in identifying and confirming the toxicant.

[Click to enter text.](#)

### Section 3. Summary of WET Tests

If the required biomonitoring test information has not been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), provide a summary of the testing results for all valid and invalid tests performed over the past four and one-half years. Make additional copies of this table as needed.

**Table 5.0(1) Summary of WET Tests**

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

### Section 1. All POTWs (Instructions Page 89)

#### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

#### C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

#### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If **yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

## Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 90)

#### A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

#### B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

### C. Effluent parameters above the MAL

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

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

### D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

## Section 3. Significant Industrial User (SIU) Information and

### A. General information

Company Name: [Click to enter text.](#)

SIC Code: [Click to enter text.](#)

Contact name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Telephone number: [Click to enter text.](#)

Email address: [Click to enter text.](#)

### B. Process information

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

[Click to enter text.](#)

### C. Product and service information

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

[Click to enter text.](#)

### D. Flow rate information

See the Instructions for definitions of “process” and “non-process wastewater.”

Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

### E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: [Click to enter text.](#)

[Click or tap here to enter text.](#) [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

#### F. Industrial user interruptions

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

☐ Yes ☐ No

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

[Click to enter text.](#)

# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ  
IUC Permits Team  
Radioactive Materials Division  
MC-233  
PO Box 13087  
Austin, Texas 78711-3087  
512-239-6466

For TCEQ Use Only  
Reg. No. \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Authorized \_\_\_\_\_

#### Section 1. General Information (Instructions Page 92)

**1. TCEQ Program Area**

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**2. Agent/Consultant Contact Information**

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**3. Owner/Operator Contact Information**

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**4. Facility Contact Information**

Facility Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**5. Latitude and Longitude, in degrees-minutes-seconds**

Latitude: [Click to enter text.](#)

Longitude: [Click to enter text.](#)

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

**6. Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

**7. Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

**8. Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

## Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

**Table 7.0(1) – Down Hole Design Table**

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

## Section 3. Proposed Trench System, Subsurface Fluid Distribution

## System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

## Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No  
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:  
Name: [Click to enter text.](#)  
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer  
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume  
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.  
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection  
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

## Section 5. Site History

1. Type of Facility: [Click to enter text.](#)
2. Contamination Dates: [Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): [Click to enter text.](#)
4. Previous Remediation (attach results of any previous remediation as attachment M): [Click to enter text.](#)

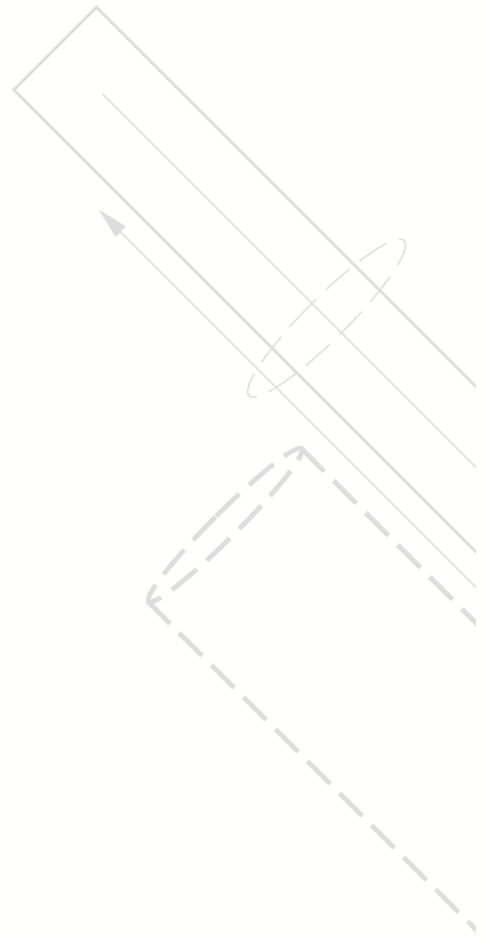
**NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.**

### *Class V Injection Well Designations*

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Storm Water Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTP disposal
- 5W20 Industrial Process Waste Disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)



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**Attachment A1**  
**TCEQ-10400 Core Data Form**

Wolfforth | Amarillo

ph: 806 352.7117

2420 Lakeview Dr. Amarillo, TX. 79109

fax: 806 352.7188

[www.OJDEngineering.com](http://www.OJDEngineering.com)

Engineering Firm # 4393 - Surveying Firm # 10090900



# TCEQ Core Data Form

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

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	3. Regulated Entity Reference Number (if issued)
CN 600703995		RN 102845880

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
City of Clarendon					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
				10. DUNS Number (if applicable)	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		13. Independently Owned and Operated?			
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		P.O. Box 1089			
City		Clarendon		State	TX
				ZIP	79226
				ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	

<b>18. Telephone Number</b> ( 806 ) 874-3438	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> (   ) -
---	------------------------------	--

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

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

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

<b>25. Description to Physical Location:</b>	The treatment and disposal site are located approximately 4,000 feet northeast of the intersection of U.S. Highway 287 and FM 2162 in Donley County, Texas								
<b>26. Nearest City</b>	Clarendon				<b>State</b>	TX		<b>Nearest ZIP Code</b>	79226
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>									
<b>27. Latitude (N) In Decimal:</b>		34.946111°			<b>28. Longitude (W) In Decimal:</b>		-100.880556°		
Degrees	Minutes		Seconds		Degrees	Minutes		Seconds	
34	56		46		100	52		50	
<b>29. Primary SIC Code</b> (4 digits)		<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
4952				221320					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)  									
<b>34. Mailing Address:</b>	P.O. Box 1089								
	City	Clarendon	State	TX	ZIP	79226	ZIP + 4		
<b>35. E-Mail Address:</b>		b.barboza@cityofclarendontx.com							
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>			
( 806 ) 874-3438						(   ) -			

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


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0010007001			

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Clint Green			<b>41. Title:</b>	Engineering Technician/Designer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 806 ) 352-7117		( 806 ) 352-7188	clint.green@ojdengineering.com		

## **SECTION V: Authorized Signature**

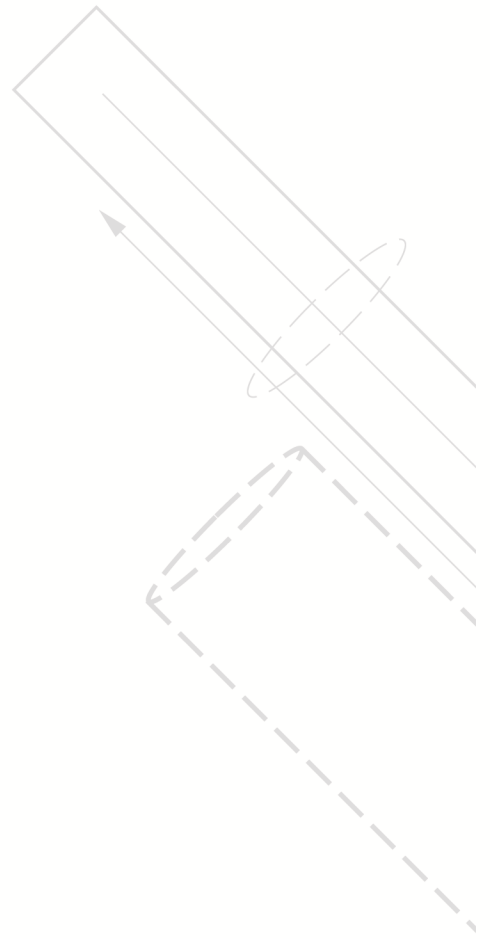
**46.** By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers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

<b>Company:</b>	OJD Engineering, LLC	<b>Job Title:</b>	Engineering Technician/Designer
<b>Name (In Print):</b>	Clint Green	<b>Phone:</b>	( 806 ) 352- 7117
<b>Signature:</b>		<b>Date:</b>	4/14/2025



**OJD Engineering**  
*The Benchmark*

**Attachment T1**  
**Flow Diagram**



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Wolfforth | Amarillo

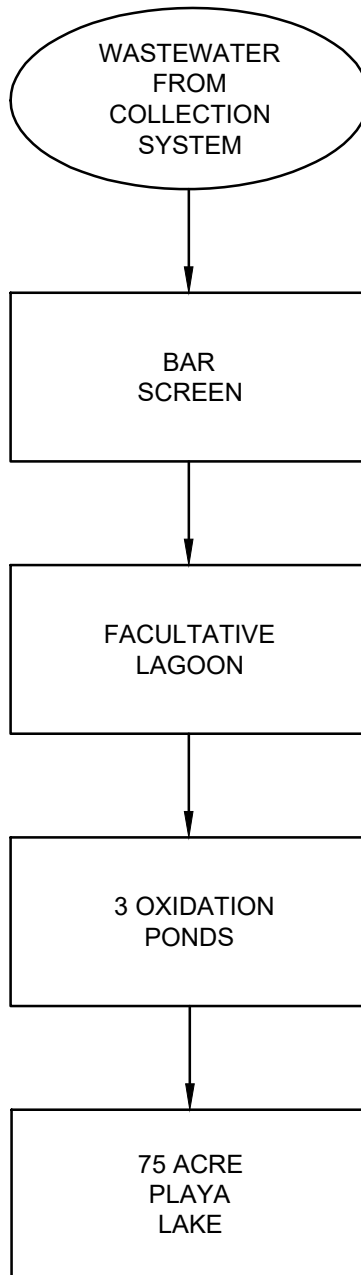
ph: 806 352.7117

2420 Lakeview Dr. Amarillo, TX. 79109

fax: 806 352.7188

[www.OJDEngineering.com](http://www.OJDEngineering.com)

Engineering Firm # 4393 - Surveying Firm # 10090900



CITY OF CLARENDON  
WWTP - WQ0010007001  
FLOW DIAGRAM



OJD Engineering, LLC  
*The Benchmark*

F-4393

Amarillo | Wolforth  
[www.OJDEngineering.com](http://www.OJDEngineering.com)

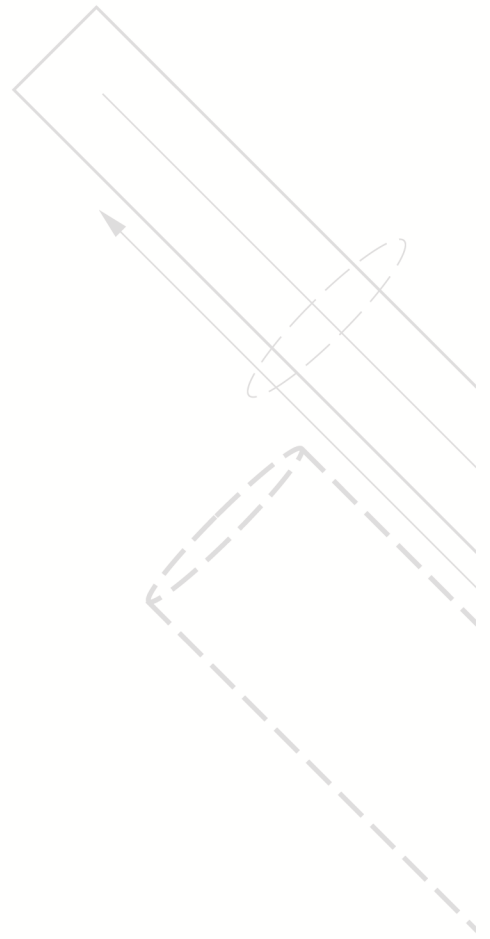
AMARILLO  
2420 Eisenhower Drive  
Amarillo, TX 79109  
(806) 352-7117

WOLFORTH  
502 N. Cowden Road, Ste 102  
Wolforth, TX 79382  
(806) 791-2380



**OJD Engineering**  
*The Benchmark*

**Attachment T2**  
**Site Drawing**



Wolfforth | Amarillo

ph: 806 352.7117

2420 Lakeview Dr. Amarillo, TX. 79109

fax: 806 352.7188

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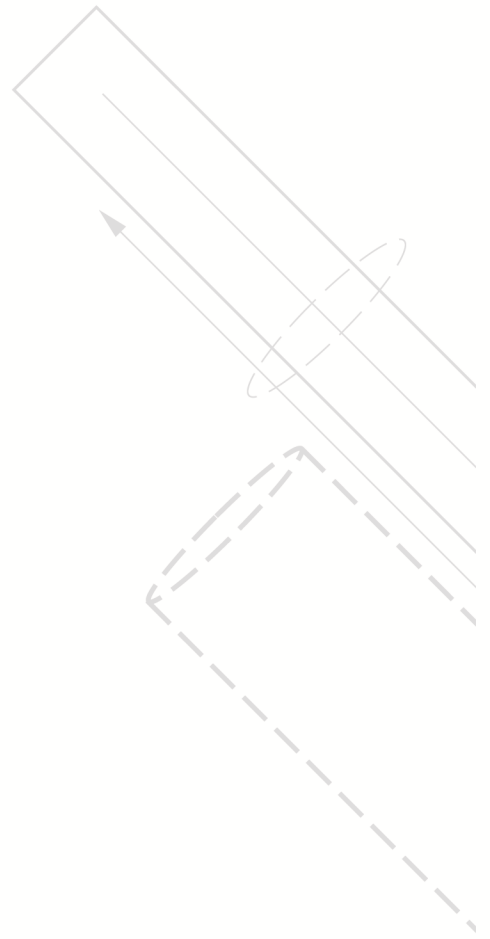
Engineering Firm # 4393 - Surveying Firm # 10090900





**OJD Engineering**  
*The Benchmark*

**Attachment T3**  
**USGS Map**



Wolfforth | Amarillo

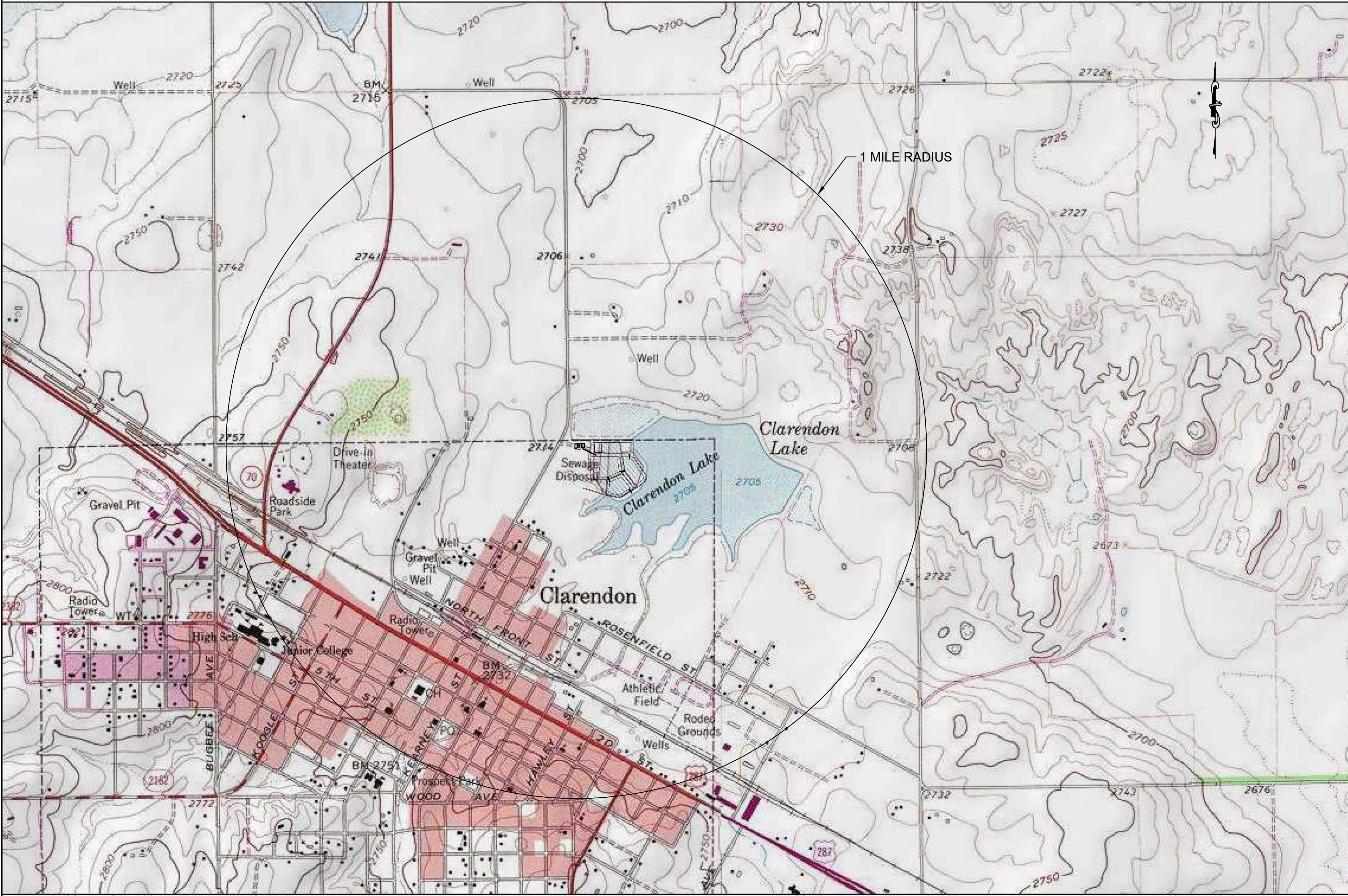
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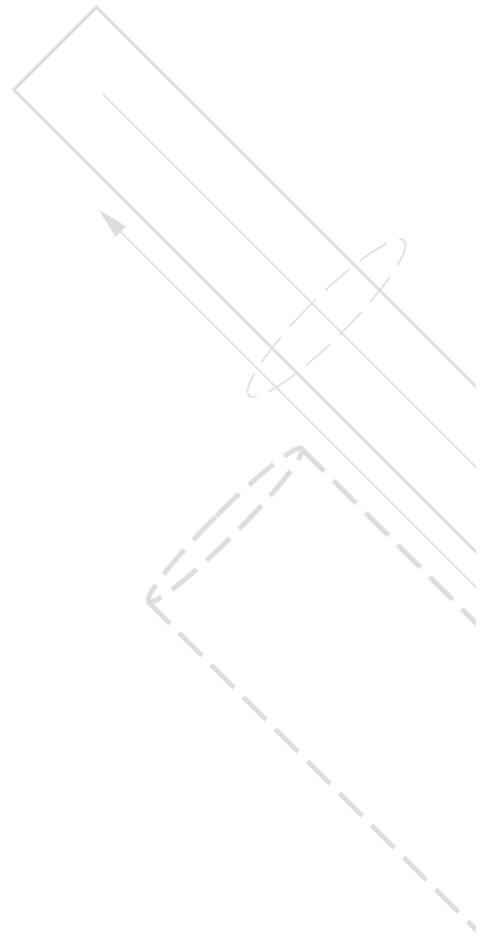


0 0 5 1 MILE  
0 1000 FEET 0 500 1000 METERS  
Map created with TOPO!® ©2003 National Geographic (www.nationalgeographic.com/topo)



**OJD Engineering**  
*The Benchmark*

**Attachment T4**  
**Well Logs**



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Engineering Firm # 4393 - Surveying Firm # 10090900

[GWDB Reports and Downloads](#)
[Well Basic Details](#)
[Scanned Documents](#)

State Well Number	1201610
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.947778
Latitude (degrees minutes seconds)	34° 56' 52" N
Longitude (decimal degrees)	-100.886111
Longitude (degrees minutes seconds)	100° 53' 10" W
Coordinate Source	+/- 5 Seconds
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	2720
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	120
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	7/28/1964
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Gravel Pack w/Perforations

Well Type	Withdrawal of Water
Well Use	Irrigation
Water Level Observation	None
Water Quality Available	No
Pump	Turbine
Pump Depth (feet below land surface)	
Power Type	LP Gas Engine
Annular Seal Method	
Surface Completion	
Owner	Mrs. Lois Robinson
Driller	Green Machinery Co., Inc.
Other Data Available	Drillers Log
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	U.S. Geological Survey
Created Date	
Last Update Date	

Remarks	
---------	--

<b>Casing</b>						
Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
16	Blank	Steel			0	56
16	Screen	Steel			56	120

**Well Tests - No Data**

**Lithology - No Data**

**Annular Seal Range - No Data**

**Borehole - No Data**

**Plugged Back - No Data**

**Filter Pack - No Data**

**Packers - No Data**

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**Water Level Measurements**

No Data Available

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**Water Quality Analysis - No Data Available**

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[GWDB Reports and Downloads](#)
[Well Basic Details](#)
[Scanned Documents](#)

State Well Number	1201611
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.950834
Latitude (degrees minutes seconds)	34° 57' 03" N
Longitude (decimal degrees)	-100.880278
Longitude (degrees minutes seconds)	100° 52' 49" W
Coordinate Source	+/- 1 Second
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	2719
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	143
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	4/28/1964
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Gravel Pack w/Screen

Well Type	Withdrawal of Water
Well Use	Irrigation
Water Level Observation	Miscellaneous Measurements
Water Quality Available	No
Pump	Turbine
Pump Depth (feet below land surface)	
Power Type	LP Gas Engine
Annular Seal Method	
Surface Completion	
Owner	Claude Moore
Driller	Green Machinery Co., Inc.
Other Data Available	Drillers Log
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	U.S. Geological Survey
Created Date	
Last Update Date	

Remarks	
---------	--

Casing						
Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
16	Blank	Steel			0	47
16	Screen	Steel			47	143

**Well Tests - No Data**

**Lithology - No Data**

**Annular Seal Range - No Data**

**Borehole - No Data**

**Plugged Back - No Data**

**Filter Pack - No Data**

**Packers - No Data**

### Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	10/24/1967		66.6		2652.4	1	Other or Source of Measurement Unknown	Unknown		

### Code Descriptions

Status Code	Status Description
P	Publishable

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**Water Quality Analysis - No Data Available**

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[GWDB Reports and Downloads](#)
[Well Basic Details](#)
[Scanned Documents](#)

State Well Number	1201618
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.950834
Latitude (degrees minutes seconds)	34° 57' 03" N
Longitude (decimal degrees)	-100.8825
Longitude (degrees minutes seconds)	100° 52' 57" W
Coordinate Source	+/- 5 Seconds
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	2718
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	
Well Depth Source	
Drilling Start Date	
Drilling End Date	
Drilling Method	
Borehole Completion	

Well Type	Withdrawal of Water
Well Use	Plugged or Destroyed
Water Level Observation	Miscellaneous Measurements
Water Quality Available	Yes
Pump	None
Pump Depth (feet below land surface)	
Power Type	
Annular Seal Method	
Surface Completion	
Owner	
Driller	
Other Data Available	
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	U.S. Geological Survey
Created Date	
Last Update Date	

Remarks	Destroyed windmill well.
---------	--------------------------

<b>Casing</b>						
Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
5	Blank	Steel				

**Well Tests - No Data**

**Lithology - No Data**

**Annular Seal Range - No Data**

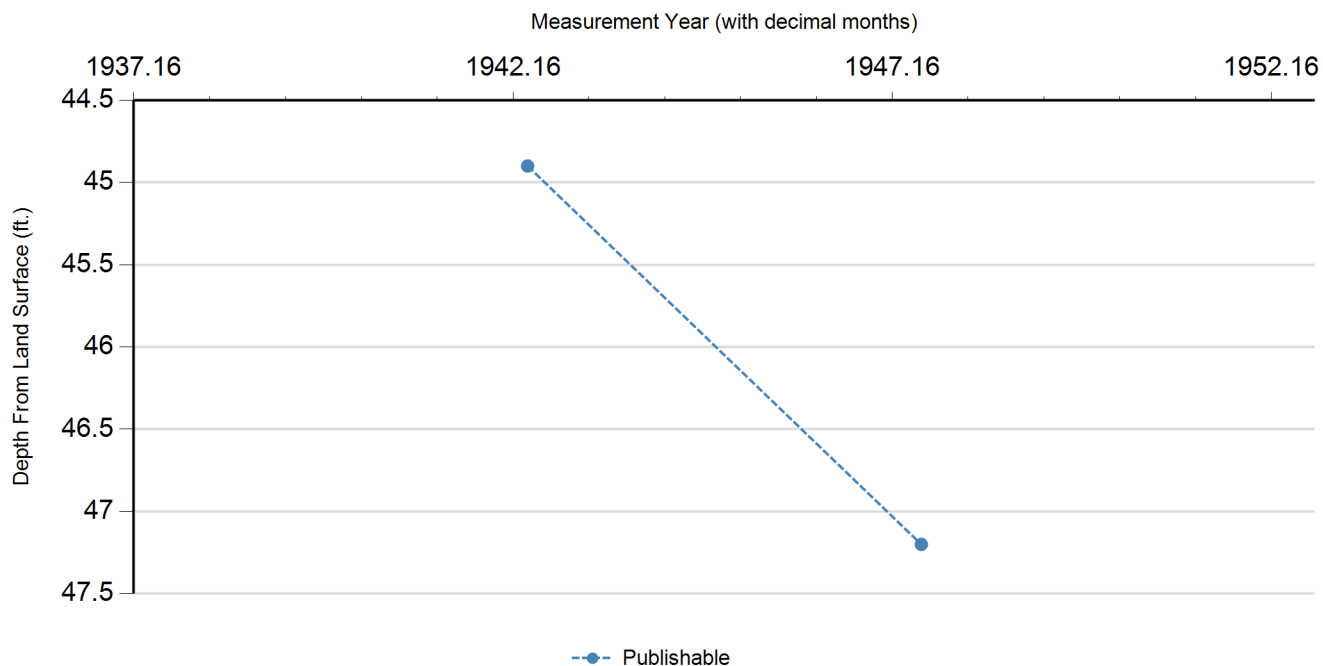
**Borehole - No Data**

**Plugged Back - No Data**

**Filter Pack - No Data**

**Packers - No Data**

### Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	5/9/1942		44.9		2673.1	1	Other or Source of Measurement Unknown	Unknown		
P	7/19/1947		47.2	2.30	2670.8	1	Other or Source of Measurement Unknown	Unknown		

### Code Descriptions

Status Code	Status Description
P	Publishable

### Water Quality Analysis

**Sample Date:** 5/9/1942    **Sample Time:** 0000    **Sample Number:** 1    **Collection Entity:** U.S. Geological Survey

**Sampled Aquifer:** Ogallala Formation

**Analyzed Lab:** U.S. Geological Survey Lab

**Reliability:**

**Collection Remarks:** No Data

Parameter Code	Parameter Description	Flag	Value*	Units	Plus/Minus
00415	ALKALINITY, PHENOLPHTHALEIN (MG/L)		0	mg/L	
00410	ALKALINITY, TOTAL (MG/L AS CaCO3)		240.1	mg/L as CaCO3	
00440	BICARBONATE ION, CALCULATED (MG/L AS HCO3)		293	mg/L	
00910	CALCIUM (MG/L)		79	mg/L	
00445	CARBONATE ION, CALCULATED (MG/L AS CO3)		0	mg/L	
00940	CHLORIDE, TOTAL (MG/L AS CL)		16	mg/L	
00900	HARDNESS, TOTAL, CALCULATED (MG/L AS CaCO3)		230	mg/L as CaCO3	
00920	MAGNESIUM (MG/L)		8	mg/L	
71860	RESIDUAL SODIUM CARBONATE, CALCULATED		0.2		
00931	SODIUM ADSORPTION RATIO, CALCULATED (SAR)		0.66		
00932	SODIUM, CALCULATED, PERCENT		17	PCT	
00929	SODIUM, TOTAL (MG/L AS Na)		23	mg/L	
00945	SULFATE, TOTAL (MG/L AS SO4)		7	mg/L as SO4	
70301	TOTAL DISSOLVED SOLIDS , SUM OF CONSTITUENTS (MG/L)		277	mg/L	

\* Value may not display all significant digits for parameter in results, check Scanned Documents for laboratory paperwork..

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[GWDB Reports and Downloads](#)
[Well Basic Details](#)
[Scanned Documents](#)

State Well Number	1201623
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.9491667
Latitude (degrees minutes seconds)	34° 56' 57" N
Longitude (decimal degrees)	-100.88
Longitude (degrees minutes seconds)	100° 52' 48" W
Coordinate Source	+/- 1 Second
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	2710
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	113
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	6/12/1973
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Gravel Pack w/Perforations

Well Type	Withdrawal of Water
Well Use	Irrigation
Water Level Observation	Historical
Water Quality Available	No
Pump	Turbine
Pump Depth (feet below land surface)	
Power Type	Natural-Gas Engine
Annular Seal Method	
Surface Completion	
Owner	Claude Moore
Driller	Green Machinery Co., Inc.
Other Data Available	Drillers Log
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	Texas Water Development Board
Created Date	9/16/2013
Last Update Date	5/19/2021

Remarks	
---------	--

Casing						
Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
16	Blank	Steel			0	43
16	Screen	Steel			43	113

**Well Tests - No Data**

**Lithology - No Data**

**Annular Seal Range - No Data**

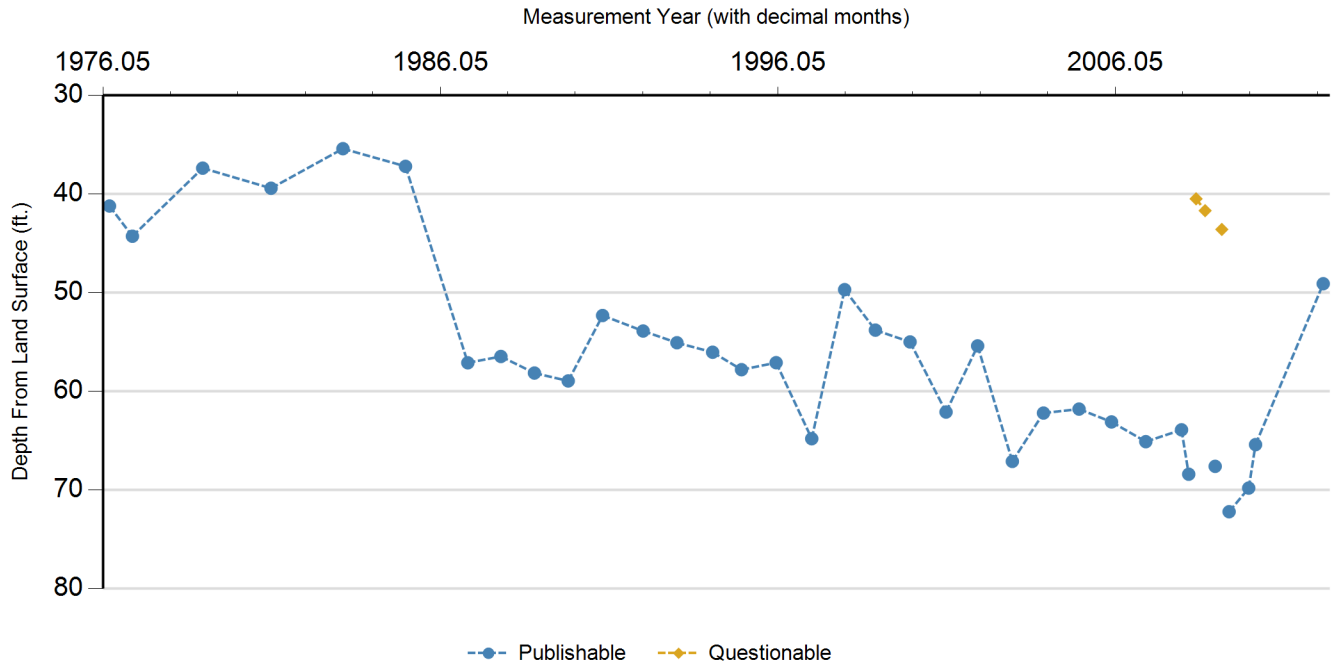
**Borehole - No Data**

**Plugged Back - No Data**

**Filter Pack - No Data**

**Packers - No Data**

### Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	4/2/1976		41.23		2668.77	1	Texas Water Development Board	Steel Tape		
P	12/10/1976		44.29	3.06	2665.71	1	Texas Water Development Board	Steel Tape		
P	1/5/1979		37.39	(6.90)	2672.61	1	Texas Water Development Board	Steel Tape		
P	1/14/1981		39.43	2.04	2670.57	1	Texas Water Development Board	Steel Tape		
P	3/2/1983		35.42	(4.01)	2674.58	1	Texas Water Development Board	Steel Tape		
P	1/9/1985		37.21	1.79	2672.79	1	Texas Water Development Board	Steel Tape		
P	11/18/1986		57.11	19.90	2652.89	1	Texas Water Development Board	Steel Tape		
P	11/11/1987		56.47	(0.64)	2653.53	1	Texas Water Development Board	Steel Tape		
P	11/9/1988		58.15	1.68	2651.85	1	Texas Water Development Board	Steel Tape		
P	11/9/1989		58.95	0.80	2651.05	1	Texas Water Development Board	Steel Tape		
P	11/16/1990		52.32	(6.63)	2657.68	1	Texas Water Development Board	Steel Tape		
P	1/24/1992		53.89	1.57	2656.11	1	Groundwater Conservation District	Steel Tape		
P	1/25/1993		55.08	1.19	2654.92	1	Groundwater Conservation District	Steel Tape		
P	2/16/1994		56.04	0.96	2653.96	1	Groundwater Conservation District	Steel Tape	1	
P	12/29/1994		57.81	1.77	2652.19	1	Groundwater Conservation District	Steel Tape	1	
P	1/3/1996		57.1	(0.71)	2652.9	1	Groundwater Conservation District	Steel Tape		
P	1/23/1997		64.8	7.70	2645.2	1	Groundwater Conservation District	Steel Tape		

**Texas Water Development Board (TWDB)  
Groundwater Database (GWDB)  
Well Information Report for State Well Number  
12-01-623**

Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	1/14/1998		49.7	(15.10)	2660.3	1	Groundwater Conservation District	Steel Tape		
P	12/17/1998		53.8	4.10	2656.2	1	Groundwater Conservation District	Steel Tape		
P	12/27/1999		55	1.20	2655	1	Groundwater Conservation District	Steel Tape		
P	1/16/2001		62.1	7.10	2647.9	1	Groundwater Conservation District	Steel Tape	1	
P	12/28/2001		55.4	(6.70)	2654.6	1	Groundwater Conservation District	Steel Tape		
P	1/3/2003		67.1	11.70	2642.9	1	Groundwater Conservation District	Steel Tape		
P	12/10/2003		62.2	(4.90)	2647.8	1	Groundwater Conservation District	Steel Tape		
P	12/30/2004		61.8	(0.40)	2648.2	1	Groundwater Conservation District	Steel Tape		
P	12/16/2005		63.1	1.30	2646.9	1	Groundwater Conservation District	Steel Tape		
P	12/22/2006		65.1	2.00	2644.9	1	Groundwater Conservation District	Steel Tape		
P	1/8/2008		63.9	(1.20)	2646.1	1	Groundwater Conservation District	Steel Tape		
P	3/26/2008		68.4	4.50	2641.6	1	Groundwater Conservation District	Steel Tape		
Q	6/16/2008		40.5	(27.90)	2669.5	1	Groundwater Conservation District	Electric Line	12	
Q	9/24/2008		41.7	1.20	2668.3	1	Groundwater Conservation District	Steel Tape	12	
P	1/7/2009		67.6	25.90	2642.4	1	Groundwater Conservation District	Steel Tape		
Q	3/19/2009		43.6	(24.00)	2666.4	1	Groundwater Conservation District	Steel Tape	12	
P	6/8/2009		72.2	28.60	2637.8	1	Groundwater Conservation District	Steel Tape		
P	1/5/2010		69.8	(2.40)	2640.2	1	Groundwater Conservation District	Steel Tape		
P	3/19/2010		65.4	(4.40)	2644.6	1	Groundwater Conservation District	Steel Tape		
P	3/21/2012		49.1	(16.30)	2660.9	1	Groundwater Conservation District	Electric Line		

### Code Descriptions

Status Code	Status Description
P	Publishable
Q	Questionable

Remark ID	Remark Description
1	Accurately reflects water level conditions
12	Uncertain of reason for questionable measurement

---

**Water Quality Analysis - No Data Available**

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**Texas Water Development Board (TWDB)**  
**Groundwater Database (GWDB)**  
**Well Information Report for State Well Number**  
**12-01-688**

[GWDB Reports and Downloads](#)

**Well Basic Details**

[Scanned Documents](#)

State Well Number	1201688
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.9488889
Latitude (degrees minutes seconds)	34° 56' 56" N
Longitude (decimal degrees)	-100.8777778
Longitude (degrees minutes seconds)	100° 52' 40" W
Coordinate Source	Global Positioning System - GPS
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	Provided by Groundwater Conservation District
Land Surface Elevation (feet above sea level)	2713
Land Surface Elevation Method	Global Positioning System-GPS
Well Depth (feet below land surface)	110
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	12/12/2006
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Filter Packed; Grouted

Well Type	Observation
Well Use	Monitor
Water Level Observation	Historical
Water Quality Available	No
Pump	Other
Pump Depth (feet below land surface)	100
Power Type	
Annular Seal Method	Mixed & Poured
Surface Completion	Surface Slab Installed
Owner	Fred Chamberlain Est
Driller	Morrow Drilling
Other Data Available	Drillers Log
Well Report Tracking Number	<a href="#">101058</a>
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	1201688
Owner Well Number	1
Other Well Number	DR-276-MW
Previous State Well Number	
Reporting Agency	Groundwater Conservation District
Created Date	2/3/2015
Last Update Date	9/9/2022

Remarks	Type of lift is a sample bailer. Well replaced 1201623.
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<b>Casing</b>						
Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
4	Blank				0	70
4	Screen				70	110

<b>Well Tests</b>				
Test Date	Test Type	Yield (gallons per minute)	Drawdown (ft.)	Test Hours
12/13/2006	Pump	15+	10	3

### **Lithology**

Top Depth (ft.)	Bottom Depth (ft.)	Description
0	3	Brown sandy topsoil
3	19	Fine brown sand
19	24	Caliche clay
24	27	Brown clay
27	32	Green Clay
32	108	Quartz sand & gravel
108	110	Red Clay

### **Annular Seal Range**

Annular Seal Material	Amount	Unit	Top Depth (ft.)	Bottom Depth (ft.)
Unknown	8	Unknown	0	10

### **Borehole**

Diameter (in.)	Top Depth (ft.)	Bottom Depth (ft.)
8.75	0	110

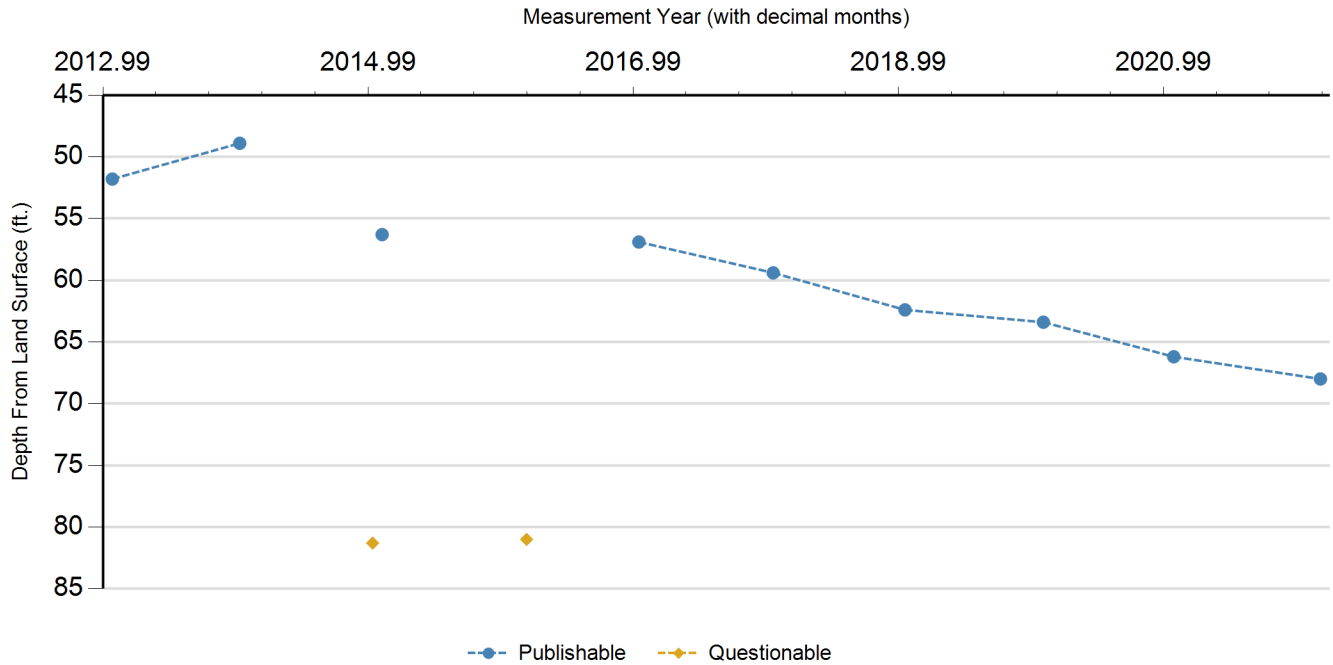
**Plugged Back - No Data**

### **Filter Pack**

Filter Material	Top Depth (ft.)	Bottom Depth (ft.)	Size
Gravel	67	110	

**Packers - No Data**

### Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	1/22/2013		51.8		2661.2	1	Groundwater Conservation District	Electric Line		
P	1/8/2014		48.9	(2.90)	2664.1	1	Groundwater Conservation District	Electric Line		
Q	1/9/2015		81.3	32.40	2631.7	1	Groundwater Conservation District	Electric Line	12	
P	2/5/2015		56.3	(25.00)	2656.7	1	Groundwater Conservation District	Electric Line		
Q	3/8/2016		81	24.70	2632	1	Groundwater Conservation District	Unknown	12	
P	1/12/2017		56.9	(24.10)	2656.1	1	Groundwater Conservation District	Unknown		
P	1/17/2018		59.4	2.50	2653.6	1	Groundwater Conservation District	Electric Line		
P	1/15/2019		62.4	3.00	2650.6	1	Groundwater Conservation District	Electric Line		Abandoned IW, not pumping. Good read with eline. Not sure of the large differences in measurements as I measured a couple of times with same result.

**Texas Water Development Board (TWDB)  
Groundwater Database (GWDB)  
Well Information Report for State Well Number  
12-01-688**

Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	1/31/2020		63.4	1.00	2649.6	1	Groundwater Conservation District	Electric Line		
P	1/25/2021		66.2	2.80	2646.8	1	Groundwater Conservation District	Electric Line		
P	3/4/2022		68	1.80	2645	1	Groundwater Conservation District	Electric Line		

**Code Descriptions**

Status Code	Status Description
P	Publishable
Q	Questionable

Remark ID	Remark Description
12	Uncertain of reason for questionable measurement

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Water Quality Analysis - No Data Available

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GWDB DISCLAIMER: Except where noted, all of the information provided in the Texas Water Development Board (TWDB) Groundwater Database (<https://www.twdb.texas.gov/groundwater/data/gwdb rpt.asp>) is believed to be accurate and reliable; however, the TWDB assumes no responsibility for any errors appearing in rules or otherwise. Further, TWDB assumes no responsibility for the use of the information provided. PLEASE NOTE that users of these data are responsible for checking the accuracy, completeness, currency and/or suitability of all information themselves. TWDB makes no guarantees or warranties as to the accuracy, completeness, currency, or suitability of the information provided via the Groundwater Database (GWDB). TWDB specifically disclaims any and all liability for any claims or damages that may result from providing GWDB data or the information it contains. For additional information or answers to questions concerning the TWDB GWDB, contact the Groundwater Data Team at [GroundwaterData@twdb.texas.gov](mailto:GroundwaterData@twdb.texas.gov).



April 21, 2025

Francesca Findlay, MC-148  
Texas Commission on Environmental Quality  
P.O. Box 13087  
Austin, Texas 78711-3087

Re: Application to Renew, for Permit No.: WQ0010007001  
Applicant Name: City of Clarendon (CN600703995)  
Site Name: City of Clarendon WWTP (RN102845880)  
Type of Application: Renewal without changes

Dear Ms. Findlay,

Below are the responses to the Notice of Deficiency letter that was emailed to Che Shadle on April 17, 2025.

1. Core Data Form: Section II, item 17: Please provide an email address.

An email address has been provided to Core Data Form, Section II, item 17.  
Please see attached revised Core Data Form.

2. Administrative Report 1.0, Section 2, Item A: Please verify that the application is a Conventional Wastewater Treatment.

Administrative Report 1.0, Section 2, Item A has been revised to "Publicly-Owned Domestic Wastewater". Please see attached revised Administrative Report 1.0, Section 2, Item A.

3. Administrative Report 1.0, Section 2, Item C: Please verify that the application is for a TPDES application.

Administrative Report 1.0, Section 2, Item C has been revised. Please see attached revised Administrative Report 1.0, Section 2, Item C.

4. Administrative Report 1.0, Section 4, Item A: Please provide a prefix for the Contact.

Administrative Report 1.0, Section 4, Item A has been revised. Please see attached revised Administrative Report 1.0, Section 4, Item A.

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5. Administrative Report 1.0, Section 9: Please verify that the information is for a TPDES application.

Administrative Report 1.0, Section 9 has been revised. Please see attached revised Administrative Report 1.0, Section 2, Item C.

6. Administrative Report 1.0, Section 11: Please provide the information for a TLAP Application.

Administrative Report 1.0, Section 11 has been revised. Please see attached revised Administrative Report 1.0, Section 11.

7. Please provide new original USGS 7.5 minute topographic maps, (an 8 ½ by 11, reproduced portion of the most current original USGS map may suffice provided they are copies of original quality and have a scale) showing and labeling the applicant's property boundary, location of the treatment facility within the applicant's property boundaries, point of discharge (indicate it with a dot, X, or arrow), a highlighted discharge route (please use a light-colored highlighter) for three miles downstream from the point of discharge, and an area of not less than one mile in all directions from the facility. The required information should be shown and clearly labeled, the stream characteristics must be visible, and the maps must have a scale.

A new original USGS 7.5 minute topographic map, (8 ½ by 11) has been provided with the requested information. Please see attached revised USGS map.

8. 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.** City of Clarendon, P.O. Box 1089, Clarendon, Texas 79226, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0010007001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 280,000 gallons per day via evaporation. The domestic wastewater treatment facility and disposal area are located approximately 4,000 feet northeast of the intersection of U.S. Highway 287 and Farm-to-Market Road 2162, in the city of Clarendon, in Donley County, Texas 79226. TCEQ received this application on April 15, 2025. The permit application will be available for viewing and copying at Clarendon City Hall, 313 South Sully Street, Clarendon, in Donley 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:

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<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=-100.881944,34.947222&level=18>

Further information may also be obtained from City of Clarendon at the address stated above or by calling Mr. Brian Barboza, City Manager, at 806-874-3438.

The NORI has been read and does not contain any errors or omissions.

Sincerely,

Clint Green

Enclosures



# TCEQ Core Data Form

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

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	3. Regulated Entity Reference Number (if issued)
CN 600703995		RN 102845880

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)							
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership									
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)									
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).									
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			If new Customer, enter previous Customer below:						
City of Clarendon									
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)						
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited							
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual							
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:							
12. Number of Employees		13. Independently Owned and Operated?							
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No							
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:									
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant									
15. Mailing Address:	P.O. Box 1089								
	City	Clarendon	State	TX	ZIP	79226	ZIP + 4		
16. Country Mailing Information (if outside USA)					17. E-Mail Address (if applicable)				
					b.barboza@cityofclarendontx.com				

<b>18. Telephone Number</b> ( 806 ) 874-3438	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> (   ) -
---	------------------------------	--

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

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

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

<b>25. Description to Physical Location:</b>	The treatment and disposal site are located approximately 4,000 feet northeast of the intersection of U.S. Highway 287 and FM 2162 in Donley County, Texas						
<b>26. Nearest City</b>	State				Nearest ZIP Code		
Clarendon	TX				79226		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
<b>27. Latitude (N) In Decimal:</b>		34.946111°			<b>28. Longitude (W) In Decimal:</b>		-100.880556°
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
34	56	46	100	52	50		
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4952			221320				
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)  							
<b>34. Mailing Address:</b>	P.O. Box 1089						
	City	Clarendon	State	TX	ZIP	79226	ZIP + 4
<b>35. E-Mail Address:</b>	b.barboza@cityofclarendontx.com						
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>				
( 806 ) 874-3438			(   ) -				

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


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0010007001			

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Clint Green	<b>41. Title:</b>	Engineering Technician/Designer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 806 ) 352-7117		( 806 ) 352-7188	clint.green@ojdengineering.com

## **SECTION V: Authorized Signature**

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

<b>Company:</b>	OJD Engineering, LLC	<b>Job Title:</b>	Engineering Technician/Designer
<b>Name (In Print):</b>	Clint Green	<b>Phone:</b>	( 806 ) 352- 7117
<b>Signature:</b>		<b>Date:</b>	4/17/2025



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

For any questions about this form, please contact the Applications Review and Processing Team at 512-239-4671.

### Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

#### Payment Information:

Mailed      Check/Money Order Number: 31601  
Check/Money Order Amount: \$1,215.00  
Name Printed on Check: City of Clarendon

EPAY      Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed?      Yes ☐

### Section 2. Type of Application (Instructions Page 26)

a. Check the box next to the appropriate authorization type.

- ☒ Publicly-Owned Domestic Wastewater
- ☐ Privately-Owned Domestic Wastewater
- ☐ Conventional Wastewater Treatment

b. Check the box next to the appropriate facility status.

- ☒ Active      ☐ Inactive

c. Check the box next to the appropriate permit type.

- ☐ TPDES Permit
- ☒ TLAP
- ☐ TPDES Permit with TLAP component

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Provide a brief description of the need for a co-permittee: [Click to enter text.](#)

### C. Core Data Form

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

## Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: Shadle, Che  
Title: P.E./President Credential: [Click to enter text.](#)  
Organization Name: OD Engineering, LLC  
Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, Texas 79109  
Phone No.: 806.352.7117 E-mail Address: che.shadle@ojdengineering.com  
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: [Click to enter text.](#) Last Name, First Name: Barboza, Brian  
Title: City Manager Credential: [Click to enter text.](#)  
Organization Name: City of Clarendon  
Mailing Address: P.O. Box 1089 City, State, Zip Code: Clarendon, Texas 79226  
Phone No.: 806.874.3438 E-mail Address: b.barboza@cityofclarendontx.com  
Check one or both: ☒ Administrative Contact ☐ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 27)

Provide the names and contact information for two individuals that can be contacted throughout the permit term.

- A. Prefix: [Click to enter text.](#) Last Name, First Name: Green, Clint  
Title: Engineering Technician/Designer Credential: [Click to enter text.](#)  
Organization Name: OJD Engineering, LLC  
Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, Texas 79109  
Phone No.: 806.352.7117 E-mail Address: clint.green@ojdengineering.com
- B. Prefix: [Click to enter text.](#) Last Name, First Name: Shadle, Che  
Title: P.E./President Credential: [Click to enter text.](#)  
Organization Name: OJD Engineering, LLC  
Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, Texas 79109  
Phone No.: 806.352.7117 E-mail Address: che.shadle@ojdengineering.com

**Attachment:** [Click to enter text.](#)

#### G. Public Involvement Plan Form

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

**Attachment:** [Click to enter text.](#)

### Section 9. Regulated Entity and Permitted Site Information (Instructions Page 29)

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102845880

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

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

City of Clarendon WWTP

- C. Owner of treatment facility: City of Clarendon

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

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

Prefix: [Click to enter text.](#)

Last Name, First Name: Barboza, Brian

Title: City Manger

Credential: [Click to enter text.](#)

Organization Name: City of Clarendon

Mailing Address: P.O. Box 1089

City, State, Zip Code: Clarendon, Texas 79226

Phone No.: 806.874.3438

E-mail Address: b.barboza@cityofclarendontx.com

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

**Attachment:** [Click to enter text.](#)

- E. Owner of effluent disposal site:

Prefix: [Click to enter text.](#)

Last Name, First Name: Barboza, Brian

Title: City Manager

Credential: [Click to enter text.](#)

Organization Name: City of Clarendon

Mailing Address: P.O. Box 1089

City, State, Zip Code: Clarendon, Texas 79226

Phone No.: 806.874.3438

E-mail Address: b.barboza@cityofclarendontx.com

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

**Attachment:** [Click to enter text.](#)

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

Prefix: [Click to enter text.](#)

Last Name, First Name: Barboza, Brian

Title: City Manager

Credential: [Click to enter text.](#)

Organization Name: City of Clarendon

Mailing Address: P.O. Box 1089

City, State, Zip Code: Clarendon, Texas 79226

Phone No.: 806.874.3438

E-mail Address: b.barboza@cityofclarendontx.com

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

**Attachment:** [Click to enter text.](#)

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

City nearest the outfall(s): [Click to enter text.](#)

County in which the outfalls(s) is/are located: [Click to enter text.](#)

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

**Attachment:** [Click to enter text.](#)

D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: N/A

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

☒ Yes ☐ No

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

Click to enter text.

- B. City nearest the disposal site: Clarendon
- C. County in which the disposal site is located: Donley
- D. For TLAPs, describe the routing of effluent from the treatment facility to the disposal site:

The effluent flows from the collection system into a facultative lagoon, thence into 3 oxidation ponds. From the last oxidation pond the effluent is piped into a 75 acre playa lake where the effluent is disposed by evaporation.

- E. For TLAPs, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Salt Fork Red River in Segment No. 0222 of the Red River Basin

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If yes, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

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

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.



## Francesca Findlay

---

**From:** Clint Green <Clint.Green@ojdengineering.com>  
**Sent:** Monday, April 21, 2025 10:51 AM  
**To:** Francesca Findlay  
**Cc:** Che Shadle  
**Subject:** WQ0010007001 City of Clarendon  
**Attachments:** NOD Response.pdf

Good Morning Francesca,

Attached are the responses to the Notice of Deficiency letter that you sent on April 17, 2025.

Please feel free to contact me if you have any questions.

Thank you,

***Clint Green, Engineering Technician/Designer***  
**OJD Engineering, LLC**  
2420 Lakeview Drive  
Amarillo, Texas 79109  
806.352.7117. ext. 105  
806.352.7188 Fax  
806.433.1138 Cell



# Compliance History Report

Compliance History Report for CN600703995, RN102845880, Rating Year 2024 which includes Compliance History (CH) components from September 1, 2019, through August 31, 2024.

<b>Customer, Respondent, or Owner/Operator:</b>	CN600703995, City Of Clarendon	<b>Classification:</b> HIGH	<b>Rating:</b> 0.00
<b>Regulated Entity:</b>	RN102845880, CITY OF CLARENDON	<b>Classification:</b> HIGH	<b>Rating:</b> 0.00
<b>Complexity Points:</b>	6	<b>Repeat Violator:</b>	NO
<b>CH Group:</b>	08 - Sewage Treatment Facilities		
<b>Location:</b>	WWTP AND DISPOSAL SITE ARE LOCATED APPROXIMATELY 4000 FEET NE OF THE INTERSECTION OF US HIGHWAY 287 AND FM ROAD 2162 DONLEY COUNTY TEXAS DONLEY, TX, DONLEY COUNTY		
<b>TCEQ Region:</b>	REGION 01 - AMARILLO		
<b>ID Number(s):</b>			
<b>WASTEWATER PERMIT</b>	WQ0010007001		
<b>Compliance History Period:</b>	September 01, 2019 to August 31, 2024	<b>Rating Year:</b> 2024	<b>Rating Date:</b> 09/01/2024
<b>Date Compliance History Report Prepared:</b>	April 28, 2025		
<b>Agency Decision Requiring Compliance History:</b>	Permit - Issuance, renewal, amendment, modification, denial, suspension, or revocation of a permit.		
<b>Component Period Selected:</b>	April 15, 2020 to April 28, 2025		
<b>TCEQ Staff Member to Contact for Additional Information Regarding This Compliance History.</b>			
<b>Name:</b>	PT	<b>Phone:</b>	(512) 239-3581

## Site and Owner/Operator History:

- |  |     |
|--|-----|
| 1) Has the site been in existence and/or operation for the full five year compliance period?       | YES |
| 2) Has there been a (known) change in ownership/operator of the site during the compliance period? | NO  |

## Components (Multimedia) for the Site Are Listed in Sections A - J

**A. Final Orders, court judgments, and consent decrees:**  
N/A

**B. Criminal convictions:**  
N/A

**C. Chronic excessive emissions events:**  
N/A

**D. The approval dates of investigations (CCEDS Inv. Track. No.):**  
N/A

**E. Written notices of violations (NOV) (CCEDS Inv. Track. No.):**  
A notice of violation represents a written allegation of a violation of a specific regulatory requirement from the commission to a regulated entity. A notice of violation is not a final enforcement action, nor proof that a violation has actually occurred.  
N/A

**F. Environmental audits:**  
N/A

**G. Type of environmental management systems (EMSs):**

N/A

**H. Voluntary on-site compliance assessment dates:**

N/A

**I. Participation in a voluntary pollution reduction program:**

N/A

**J. Early compliance:**

N/A

**Sites Outside of Texas:**

N/A

Senate Bill 709 (84th Legislative Session, 2015) amended the Texas Water Code by adding new Section 5.5553, which requires the Texas Commission on Environmental Quality (TCEQ) to provide written notice to you at least thirty (30) days prior to the TCEQ's issuance of draft permits for applications that are located in your district.

City of Clarendon, P.O. Box 1089, Clarendon, Texas 79226, has applied to the TCEQ to renew the Texas Land Application Permit No. WQ0010007001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 280,000 gallons per day via evaporation. The domestic wastewater treatment facility and disposal area are located approximately 4,000 feet northeast of the intersection of U.S. Highway 287 and Farm-to-Market Road 2162, in the city of Clarendon, in Donley County, Texas 79226. TCEQ received this application on April 15, 2025. The permit application will be available for viewing and copying at Clarendon City Hall, 313 South Sully Street, Clarendon, in Donley County, Texas. 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 is not part of the application or notice. For the exact location, refer to the application. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-100.881944,34.947222&level=18>

TCEQ is preparing the initial draft permit. At the time the draft permit is issued, the applicant will be required to publish notice in a newspaper of general circulation, and the TCEQ will provide a copy of the notice of draft permit to persons who have requested to be on a mailing list.

Questions regarding this application may be directed to Mr. Deba Dutta, P.E., by calling 512-239-4608.

Issuance Date: \_\_\_\_\_

# TCEQ Interoffice Memorandum

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**To:** Deba Dutta, P.E., Leader, Municipal Permits Team

**From:** Hannah Zellner, P.G., Geologist, Water Quality Assessment Team

**Date:** May 2<sup>nd</sup>, 2025

**Subject:** **Geology Compliance Review of Groundwater-Related Special Provisions for Permit No. WQ0010007001, City of Clarendon, Renewal, Donley County**

Based upon the review of the existing permit language the WQA Team reviewing geologist recommends the following modifications to special provisions:

## Recommendations:

*Revise Special Provision 5 with the following changes (changes in bold, stricken lines should be removed):*

**5. For the existing wastewater ponds:** Facilities for the retention or storage of treated or untreated wastewater shall be adequately lined to control seepage. The following methods of pond lining are acceptable:

- a. In-situ clay soils or placed and compacted clay soils meeting the following requirements:
  1. More than 30% passing a No. 200 mesh sieve
  2. Liquid limit greater than 30%
  3. Plasticity index greater than 15%
  4. A minimum thickness of 2 feet
  - 5. Permeability equal to or less than  $1 \times 10^{-7}$  cm/sec (\*)**
  - 6. Soil compaction will be 95% standard proctor at optimum moisture content (\*)**
- (\*) For new and/or modified ponds only.**
- b. Membrane lining with a minimum thickness of 20 mils, and an underdrain leak detection system.
- c. An alternate method of pond lining may be utilized with prior approval from the Executive Director.

The permittee has furnished certification by a Texas Licensed Professional Engineer that the completed pond lining meets the appropriate criteria above. The certification shall be made available for the TCEQ Regional Office (MC Region 1), ~~the and Water Quality Compliance Monitoring Team (MC 224) of the Enforcement Division (MC 224), and the Water Quality Assessment Team of the Water Quality Division (MC 150).~~

*Regarding wastewater pond liners, include the following as new Special Provisions (following the current Special Provision 5):*

## TCEQ Interoffice Memorandum

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6. Any new or modified wastewater pond shall be adequately lined to control seepage in accordance with 30 TAC §217.203 **and** 30 TAC 309.13(d) since the facility overlies the recharge zone of an aquifer. The Permittee shall submit the liner certification for a newly-constructed or modified wastewater pond to the Water Quality Assessment Team (MC-150), the TCEQ Regional Office (MC-Region 1), and the TCEQ Enforcement Division (MC-224) within 30 days of completion and prior to use. The certification shall be signed and sealed by a Texas-licensed professional engineer and include a description of how the liner meets the requirements of 30 TAC §217.203 **and** 30 TAC §309.13(d) since the facility is located on the recharge zone of an aquifer.
7. The existing wastewater ponds shall be maintained and operated in a manner that prevents unauthorized discharge to water in the state and contamination of groundwater.
8. Facilities for the retention of treated or untreated wastewater shall be adequately managed and lined to control seepage. At least once per month, the Permittee shall inspect the sides and bottom (if visible) of all wastewater ponds for signs of damage and leakage, and any pond leak detection systems that are in service. Leaking ponds shall be removed from service, or operated in a manner to prevent discharge, until repairs are made or replacement ponds are constructed. A record of the monthly inspections shall be maintained in a field log and kept onsite for TCEQ inspection.
9. Pond liner certifications and all liner construction and repair documentation shall be maintained by the Permittee for the life of the facility and be made available for TCEQ personnel for inspection and review.

**From:** [Clint Green](#)  
**To:** [Hannah Zellner](#); [Che Shadle](#)  
**Subject:** Re: NOD - WQ0010007001 City of Clarendon  
**Date:** Thursday, May 1, 2025 3:36:26 PM  
**Attachments:** [10007-001.NOD.Apr2025 - Response Letter.pdf](#)  
[10054 Revised 5-1-25.docx](#)  
[USGS Topo Map.pdf](#)  
[Well Reports.pdf](#)  
[Groundwater Quality Assessment with Liner Cert Letter.pdf](#)

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Good afternoon Hannah,

Attached is the additional information that you requested for the application for WQ0010007001 City of Clarendon.

Please feel free to contact if you have any questions.

Thank you,

***Clint Green, Engineering Technician/Designer***

**OJD Engineering, LLC**

2420 Lakeview Drive  
Amarillo, Texas 79109  
806.352.7117. ext. 105  
806.352.7188 Fax  
806.433.1138 Cell

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**From:** Hannah Zellner <[Hannah.Zellner@Tceq.Texas.Gov](mailto:Hannah.Zellner@Tceq.Texas.Gov)>  
**Sent:** Monday, April 28, 2025 11:42 AM  
**To:** Che Shadle <[Che.Shadle@ojdengineering.com](mailto:Che.Shadle@ojdengineering.com)>; Clint Green <[Clint.Green@ojdengineering.com](mailto:Clint.Green@ojdengineering.com)>  
**Subject:** NOD - WQ0010007001 City of Clarendon

Good morning,

I have received the application for WQ0010007001 City of Clarendon for technical review, and it is missing information necessary to complete my review. Please provide the updated information listed above in the attachment of this email within 14 days or by May 12, 2025.

Any revisions can be sent electronically. If you have any questions, please feel free to contact me.

Thank you,

**Hannah Zellner, P.G.**

Water Quality Assessment Team/Water Quality Division  
Texas Commission on Environmental Quality  
MC-150  
PO Box 13087  
Austin, TX 78711-3087  
512-239-2908

CITY OF CLARENDON  
PERMIT NO. WQ0010007001  
APPLICATION FOR PERMIT RENEWAL  
Technical Completeness Review

Please address the following items:

GEOLOGY

1. Domestic Worksheet 3.0, Section 6. Well and Map Information - The submitted USGS map does not include the water wells required in this section. Please include water wells located within a mile of the facility on the USGS map. Several water wells are included in the well table, but additional water wells are located within a mile radius of the site. When using the TWDB's WDI well viewer, be sure to select Submitted Driller's Reports-Well Reports from the Groundwater drop down menu. This will populate the map with wells from two datasets that appear as orange and purple dots. Please include the wells from both datasets on the map and in the map table.

Domestic Worksheet 3.0, Section 6. Well and Map Information has been revised. The USGS map has revised to include all wells within a 1-mile radius. Worksheet 3.0, Table 6 has also been revised to update the wells within a 0.5-mile radius.

2. Domestic Worksheet 3.0, Section 7. Groundwater Quality - Please submit this report and indicate that the site has groundwater monitoring wells onsite. The report should include a brief evaluation of the nearby water wells and a discussion of the pond liners and groundwater monitoring plan in place.

A Groundwater Quality Report has been provided. A pond liner letter issued by TCEQ has been provided.

For geology/groundwater-related questions, please contact Hannah Zellner, P.G. via email at [Hannah.Zellner@tceq.texas.gov](mailto:Hannah.Zellner@tceq.texas.gov) (preferred) or at 512-239-2908.



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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For any questions about this form, please contact the Domestic Wastewater Permitting Team at 512-239-4671.

The following information is required for all renewal, new, and amendment applications.

### Section 1. Permitted or Proposed Flows (Instructions Page 43)

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.28

2-Hr Peak Flow (MGD): 0.84

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### B. Interim II Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### C. Final Phase

Design Flow (MGD): 0.28

2-Hr Peak Flow (MGD): 0.84

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### D. Current Operating Phase

Provide the startup date of the facility: 1954

### Section 2. Treatment Process (Instructions Page 43)

#### A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and

finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of *each phase* must be provided.**

(Final) Facultative Lagoon/Evaporation Pond System-Effluent flows to facultative lagoon where the solids collect and decompose via aerobic and anaerobic process. The effluent proceeds through three oxidation ponds and finally into a large playa lake to complete the treatment process.

## B. Treatment Units

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

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

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Facultative Lagoon	1	650' x 250' x 10'
Oxidation Ponds	3	8 acres x 5' deep

## C. Process Flow Diagram

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

**Attachment:** T-1

## Section 3. Site Information and Drawing (Instructions Page 44)

Provide the TPDES discharge outfall latitude and longitude. Enter N/A if not applicable.

- Latitude: Click to enter text.
- Longitude: Click to enter text.

Provide the TLAP disposal site latitude and longitude. Enter N/A if not applicable.

- Latitude: 34.947222
- Longitude: -100.881944

Provide a site drawing for the facility that shows the following:

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and
- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

**Attachment:** T-2

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

City of Clarendon Wastewater Treatment Facility consists of a pond system. Treatment units include a bar screen, an Imhoff tank, three oxidation ponds/storage ponds, a facultative lagoon, and one 75-acre playa lake. The oxidation ponds have a total surface area of 8 acres and total volume of 40 acre-feet for disposal of treated effluent via evaporation.

Collection System Information **for wastewater TPDES permits only:** Provide information for each **uniquely owned** collection system, existing and new, served by this facility, including satellite collection systems. **Please see the instructions for a detailed explanation and examples.**

**Collection System Information**

Collection System Name	Owner Name	Owner Type	Population Served
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

**Section 4. Unbuilt Phases (Instructions Page 45)**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

**Section 5. Closure Plans (Instructions Page 45)**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

[Click to enter text.](#)

## Section 6. Permit Specific Requirements (Instructions Page 45)

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

### A. Summary transmittal

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

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: [Click to enter text.](#)

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

[Click to enter text.](#)

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

[Click to enter text.](#)

### C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

### D. Grit and grease treatment

#### 1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

#### 2. Grit and grease processing

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

Click to enter text.

#### 3. Grit disposal

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

☐ Yes ☐ No

If **No**, contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

Click to enter text.

#### 4. *Grease and decanted liquid disposal*

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.

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

Click to enter text.

### E. Stormwater management

#### 1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

#### 2. *MSGP coverage*

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

☐ Yes ☒ No

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

TXR05 Click to enter text. or TXRNE Click to enter text.

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

☐ Yes ☐ No

#### 3. *Conditional exclusion*

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

☐ Yes ☒ No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☒ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☒ No

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

Click to enter text.

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

**6. Request for coverage in individual permit**

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

☐ Yes ☒ No

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

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

[Click to enter text.](#)

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

#### F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

##### 1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click to enter text.](#)

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

## Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 50)

Is the facility in operation?

☒ Yes ☐ No

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

If **yes**, provide effluent analysis data for the listed pollutants. **Wastewater treatment facilities** complete Table 1.0(2). **Water treatment facilities** discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

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

**Table1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	32.1		1	Grab	3/26/25 8:34
Total Suspended Solids, mg/l	N/A	N/A	N/A	N/A	N/A
Ammonia Nitrogen, mg/l	23.0		1	Grab	3/26/25 8:34
Nitrate Nitrogen, mg/l	0.503		1	Grab	3/26/25 8:34
Total Kjeldahl Nitrogen, mg/l	39.7		1	Grab	3/26/25 8:34
Sulfate, mg/l	163		1	Grab	3/26/25 8:34
Chloride, mg/l	230		1	Grab	3/26/25 8:34
Total Phosphorus, mg/l	5.95		1	Grab	3/26/25 8:34
pH, standard units	8.3		1	Grab	3/26/25 8:34
Dissolved Oxygen*, mg/l	N/A	N/A	N/A	N/A	N/A
Chlorine Residual, mg/l	<0.05		1	Grab	3/26/25 8:34
<i>E.coli</i> (CFU/100ml) freshwater	162		1	Grab	3/26/25 8:34
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	1060		1	Grab	3/26/25 8:34
Electrical Conductivity, $\mu$ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	7.32		1	Grab	3/26/25 8:34
Alkalinity (CaCO <sub>3</sub> )*, mg/l	428		1	Grab	3/26/25 8:34

\*TPDES permits only

†TLAP permits only

**Table1.0(3) – Pollutant Analysis for Water Treatment Facilities**

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

## Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: John MolderFacility Operator's License Classification and Level: Wastewater Treatment CFacility Operator's License Number: WW0003222

## Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 51)

### A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

- ☐ Design flow  $\geq$  1 MGD
- ☐ Serves  $\geq$  10,000 people
- ☐ Class I Sludge Management Facility (per 40 CFR § 503.9)
- ☐ Biosolids generator
- ☐ Biosolids end user – land application (onsite)
- ☐ Biosolids end user – surface disposal (onsite)
- ☐ Biosolids end user – incinerator (onsite)

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage ( $< 2$  years)
- ☐ Long Term Storage ( $\geq 2$  years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

### C. Biosolids Management

Provide information on the *intended* biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize

all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If “Other” is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): [Click to enter text.](#)

#### D. Disposal site

Disposal site name: [Click to enter text.](#)

TCEQ permit or registration number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

#### E. Transportation method

Method of transportation (truck, train, pipe, other): [Click to enter text.](#)

Name of the hauler: [Click to enter text.](#)

Hauler registration number: [Click to enter text.](#)

Sludge is transported as a:

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

## Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 53)

#### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

## B. Sludge processing authorization

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

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Sludge Composting                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marketing and Distribution of sludge       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sludge Surface Disposal or Sludge Monofill | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Temporary storage in sludge lagoons        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

☐ Yes ☐ No

## Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

- Original General Highway (County) Map:  
**Attachment:** [Click to enter text.](#)
- USDA Natural Resources Conservation Service Soil Map:  
**Attachment:** [Click to enter text.](#)
- Federal Emergency Management Map:  
**Attachment:** [Click to enter text.](#)
- Site map:  
**Attachment:** [Click to enter text.](#)

Discuss in a description if any of the following exist within the lagoon area. Check all that apply.

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

**Attachment:** [Click to enter text.](#)

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

[Click to enter text.](#)

## B. Temporary storage information

Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in *Section 7 of Technical Report 1.0*.

Nitrate Nitrogen, mg/kg: [Click to enter text.](#)

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

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

Phosphorus, mg/kg: [Click to enter text.](#)

Potassium, mg/kg: [Click to enter text.](#)

pH, standard units: [Click to enter text.](#)

Ammonia Nitrogen mg/kg: [Click to enter text.](#)

Arsenic: [Click to enter text.](#)

Cadmium: [Click to enter text.](#)

Chromium: [Click to enter text.](#)

Copper: [Click to enter text.](#)

Lead: [Click to enter text.](#)

Mercury: [Click to enter text.](#)

Molybdenum: [Click to enter text.](#)

Nickel: [Click to enter text.](#)

Selenium: [Click to enter text.](#)

Zinc: [Click to enter text.](#)

Total PCBs: [Click to enter text.](#)

Provide the following information:

Volume and frequency of sludge to the lagoon(s): [Click to enter text.](#)

Total dry tons stored in the lagoons(s) per 365-day period: [Click to enter text.](#)

Total dry tons stored in the lagoons(s) over the life of the unit: [Click to enter text.](#)

## C. Liner information

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

☐

Yes

☐

No

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

[Click to enter text.](#)

#### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)  
**Attachment:** [Click to enter text.](#)
- Copy of the closure plan  
**Attachment:** [Click to enter text.](#)
- Copy of deed recordation for the site  
**Attachment:** [Click to enter text.](#)
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons  
**Attachment:** [Click to enter text.](#)
- Description of the method of controlling infiltration of groundwater and surface water from entering the site  
**Attachment:** [Click to enter text.](#)
- Procedures to prevent the occurrence of nuisance conditions  
**Attachment:** [Click to enter text.](#)

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

**Attachment:** [Click to enter text.](#)

## Section 12. Authorizations/Compliance/Enforcement (Instructions Page 55)

### A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

## Section 13. RCRA/CERCLA Wastes (Instructions Page 55)

### A. RCRA hazardous wastes

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

☐ Yes ☒ No

**B. Remediation activity wastewater**

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

☐ Yes ☒ No

**C. Details about wastes received**

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

**Attachment:** [Click to enter text.](#)

## Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

### CERTIFICATION:

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

Printed Name: Jacob Fangman

Title: Mayor

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

The following information is required for new and amendment major applications.

### Section 1. Justification for Permit (Instructions Page 57)

#### A. Justification of permit need

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

[Click to enter text.](#)

#### B. Regionalization of facilities

For additional guidance, please review [TCEQ's Regionalization Policy for Wastewater Treatment](#)<sup>1</sup>.

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

##### 1. *Municipally incorporated areas*

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

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

☐ Yes ☐ No ☐ Not Applicable

If yes, within the city limits of: [Click to enter text.](#)

If yes, attach correspondence from the city.

Attachment: [Click to enter text.](#)

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

Attachment: [Click to enter text.](#)

##### 2. *Utility CCN areas*

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

☐ Yes ☐ No

---

<sup>1</sup> <https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater>

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

**Attachment:** [Click to enter text.](#)

### 3. *Nearby WWTPs or collection systems*

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

☐ Yes ☐ No

If **yes**, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems.

**Attachment:** [Click to enter text.](#)

If **yes**, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

**Attachment:** [Click to enter text.](#)

If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.

**Attachment:** [Click to enter text.](#)

## Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☐ Yes ☐ No

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

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

### A. Current organic loading

Facility Design Flow (flow being requested in application): [Click to enter text.](#)

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: [Click to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): [Click to enter text.](#)

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

[Click to enter text.](#)

## B. Proposed organic loading

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

**Table 1.1(1) – Design Organic Loading**

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD <sub>5</sub> from all sources		

## Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 59)

### A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

Ammonia Nitrogen, mg/l: [Click to enter text.](#)

Total Phosphorus, mg/l: [Click to enter text.](#)

Dissolved Oxygen, mg/l: [Click to enter text.](#)

Other: [Click to enter text.](#)

## B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

Ammonia Nitrogen, mg/l: [Click to enter text.](#)

Total Phosphorus, mg/l: [Click to enter text.](#)

Dissolved Oxygen, mg/l: [Click to enter text.](#)

Other: [Click to enter text.](#)

## C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

Ammonia Nitrogen, mg/l: [Click to enter text.](#)

Total Phosphorus, mg/l: [Click to enter text.](#)

Dissolved Oxygen, mg/l: [Click to enter text.](#)

Other: [Click to enter text.](#)

## D. Disinfection Method

Identify the proposed method of disinfection.

- ☐ Chlorine: [Click to enter text.](#) mg/l after [Click to enter text.](#) minutes detention time at peak flow

Dechlorination process: [Click to enter text.](#)

- ☐ Ultraviolet Light: [Click to enter text.](#) seconds contact time at peak flow
- ☐ Other: [Click to enter text.](#)

## Section 4. Design Calculations (Instructions Page 59)

Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.

Attachment: [Click to enter text.](#)

## Section 5. Facility Site (Instructions Page 60)

### A. 100-year floodplain

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

- ☐ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes**, provide the permit number: [Click to enter text.](#)

If **no**, provide the approximate date you anticipate submitting your application to the Corps: [Click to enter text.](#)

## B. Wind rose

Attach a wind rose: [Click to enter text.](#)

# Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

## A. Beneficial use authorization

Are you requesting to include authorization to land apply sewage sludge for beneficial use on property located adjacent to the wastewater treatment facility under the wastewater permit?

☐ Yes ☐ No

If **yes**, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**: [Click to enter text.](#)

## B. Sludge processing authorization

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

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

If **any of the above**, sludge options are selected, attach the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)**: [Click to enter text.](#)

# Section 7. Sewage Sludge Solids Management Plan (Instructions Page 61)

Attach a solids management plan to the application.

**Attachment:** [Click to enter text.](#)

The sewage sludge solids management plan must contain the following information:

- Treatment units and processes dimensions and capacities

- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow
- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

### Section 1. Domestic Drinking Water Supply (Instructions Page 64)

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

☐ Yes ☐ No

If **no**, proceed to Section 2. If **yes**, provide the following:

Owner of the drinking water supply: [Click to enter text.](#)

Distance and direction to the intake: [Click to enter text.](#)

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

**Attachment:** [Click to enter text.](#)

### Section 2. Discharge into Tidally Affected Waters (Instructions Page 64)

Does the facility discharge into tidally affected waters?

☐ Yes ☐ No

If **no**, proceed to Section 3. If **yes**, complete the remainder of this section. If no, proceed to Section 3.

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [Click to enter text.](#)

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☐ No

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

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

### Section 4. Description of Immediate Receiving Waters (Instructions Page 65)

Name of the immediate receiving waters: [Click to enter text.](#)

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: [Click to enter text.](#)

Average depth of the entire water body, in feet: [Click to enter text.](#)

Average depth of water body within a 500-foot radius of discharge point, in feet:  
[Click to enter text.](#)

- ☐ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: [Click to enter text.](#)

#### B. Flow characteristics

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

- ☐ Intermittent - dry for at least one week during most years
- ☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
- ☐ Perennial - normally flowing

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

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☐ Personal observation
- ☐ Other, specify: [Click to enter text.](#)

### C. Downstream perennial confluences

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

[Click to enter text.](#)

### D. Downstream characteristics

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

☐ Yes ☐ No

If yes, discuss how.

[Click to enter text.](#)

### E. Normal dry weather characteristics

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

[Click to enter text.](#)

Date and time of observation: [Click to enter text.](#)

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

## Section 5. General Characteristics of the Waterbody (Instructions Page 66)

### A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☐ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify: [Click to enter text.](#)

## B. Waterbody uses

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

- |  |  |
|--|--|
| <input type="checkbox"/> Livestock watering    | <input type="checkbox"/> Contact recreation                                      |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation                                  |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Navigation  |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply                                 |
| <input type="checkbox"/> Park activities       | <input type="checkbox"/> Other(s), specify: <a href="#">Click to enter text.</a> |

## C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

### Section 1. General Information (Instructions Page 66)

Date of study: [Click to enter text.](#) Time of study: [Click to enter text.](#)

Stream name: [Click to enter text.](#)

Location: [Click to enter text.](#)

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

☐ Perennial ☐ Intermittent with perennial pools

### Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: [Click to enter text.](#)

Number of stream bends that are moderately defined: [Click to enter text.](#)

Number of stream bends that are poorly defined: [Click to enter text.](#)

Number of riffles: [Click to enter text.](#)

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

[Click to enter text.](#)

## Stream transects

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

**Table 2.1(1) - Stream Transect Records**

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

## Section 3. Summarize Measurements (Instructions Page 66)

Streambed slope of entire reach, from USGS map in feet/feet: [Click to enter text.](#)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): [Click to enter text.](#)

Length of stream evaluated, in feet: [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width, in feet: [Click to enter text.](#)

Average stream depth, in feet: [Click to enter text.](#)

Average stream velocity, in feet/second: [Click to enter text.](#)

Instantaneous stream flow, in cubic feet/second: [Click to enter text.](#)

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): [Click to enter text.](#)

Size of pools (large, small, moderate, none): [Click to enter text.](#)

Maximum pool depth, in feet: [Click to enter text.](#)

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

The following is required for renewal, new, and amendment permit applications.

## Section 1. Type of Disposal System (Instructions Page 68)

Identify the method of land disposal:

- |   |  |
|---|--|
| <input type="checkbox"/> Surface application  | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system   | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input checked="" type="checkbox"/> Evaporation   | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Other (describe in detail): <a href="#">Click to enter text.</a> |  |

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number: [Click to enter text.](#)

## Section 2. Land Application Site(s) (Instructions Page 68)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

**Table 3.0(1) – Land Application Site Crops**

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

### Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 68)

**Table 3.0(2) – Storage and Evaporation Ponds**

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
Facultative Lagoon	4	40	650' x 250' x 10' deep	Compacted Clay
3 Oxidation Ponds	8	40	8 acres x 5' dep	Compacted Clay

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

**Attachment:** [Click to enter text.](#)

### Section 4. Flood and Runoff Protection (Instructions Page 68)

Is the land application site within the 100-year frequency flood level?

☒ Yes ☐ No

**If yes**, describe how the site will be protected from inundation.

FEMA Flood Insurance Rate Map Community Panel No. 481584-0001-A

Provide the source used to determine the 100-year frequency flood level:

It is protected by dikes that surround the facility above the 100-yr flood plain.

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

N/A

## Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

## Section 6. Well and Map Information (Instructions Page 69)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [T-3](#)

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1-mile radius of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

**Table 3.0(3) – Water Well Data**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
101058	Monitor	Unknown	<a href="#">Cased</a>	Buffer

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
101059	Monitor	Unknown	Cased	Buffer
1201610	Irrigation	Unknown	Cased	Buffer
1201611	Irrigation	Y	Cased	Buffer
1201606	Unused	N	Cased	Buffer
1201618	Plugged or Destroyed	N	Cased	Buffer
1201623	Irrigation	Unknown	Cased	Buffer, Replaced by Well 1201688
1201688	Observation	Y	Cased	Buffer
201684	Domestic	Y	Cased	Buffer
408591	Domestic	Unknown	Cased	Buffer
683512	Stock	Y	Cased	Buffer

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

Attachment: [T-4](#)

## Section 7. Groundwater Quality (Instructions Page 69)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

Attachment: [Click to enter text.](#)

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

Do you plan to install ground water monitoring wells or lysimeters around the land application site? ☐ Yes ☐ No

If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.

Attachment: [Click to enter text.](#)

## Section 8. Soil Map and Soil Analyses (Instructions Page 70)

### A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

Attachment: [Click to enter text.](#)

### B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

**Attachment:** [Click to enter text.](#)

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

**Table 3.0(4) – Soil Data**

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

## Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

☒ Yes ☐ No

If **no**, this section is not applicable and the worksheet is complete.

If **yes**, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

**Table 3.0(5) – Effluent Monitoring Data**

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
2/2025	0.053	36.7	N/A	7.86	N/A	N/A
1/2025	0.044	21.3	N/A	7.9	N/A	N/A
12/2024	0.040	21.5	N/A	8.6	N/A	N/A
11/2024	0.116	31.9	N/A	8.0	N/A	N/A
10/2024	0.032	22.3	N/A	8.6	N/A	N/A
9/2024	0.057	18.4	N/A	8.6	N/A	N/A
8/2024	0.016	18.6	N/A	9.1	N/A	N/A
7/2024	0.023	17.8	N/A	9.2	N/A	N/A
6/2024	0.031	21.8	N/A	9.0	N/A	N/A

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
5/2024	0.027	103	N/A	8.7	N/A	N/A
4/2024	0.044	42	N/A	8.5	N/A	N/A
3/2024	0.042	58.7	N/A	8.4	N/A	N/A
2/2024	0.073	45.6	N/A	8.3	N/A	N/A
1/2024	0.057	19.3	N/A	8.1	N/A	N/A
12/2023	0.090	20.1	N/A	8.3	N/A	N/A
11/2023	0.071	31.1	N/A	8.7	N/A	N/A
10/2023	0.058	26.6	N/A	8.8	N/A	N/A
9/2023	0.048	11.6	N/A	8.5	N/A	N/A
8/2023	0.013	17.8	N/A	8.9	N/A	N/A
7/2023	0.028	18.2	N/A	9.3	N/A	N/A
6/2023	0.052	20.6	N/A	8.8	N/A	N/A
5/2023	0.064	31.7	N/A	8.0	N/A	N/A
4/2023	0.029	49.5	N/A	8.0	N/A	N/A
3/2023	0.037	66.0	N/A	9.1	N/A	N/A

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

[Click to enter text.](#)

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.

### Section 1. Surface Disposal (Instructions Page 72)

Complete the item that applies for the method of disposal being used.

#### A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) And days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

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

Method of application: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

**Attachment:** [Click to enter text.](#)

#### B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations.

**Attachment:** [Click to enter text.](#)

#### C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

Depth of bed(s), in feet: [Click to enter text.](#)

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

**Attachment:** [Click to enter text.](#)

#### D. Overland flow

Area used for application, in acres: [Click to enter text.](#)

Slopes for application area, percent (%): [Click to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click to enter text.](#)

Slope length, in feet: [Click to enter text.](#)

Design BOD<sub>5</sub> loading rate, in lbs BOD<sub>5</sub>/acre/day: [Click to enter text.](#)

Design application frequency:

hours/day: [Click to enter text.](#) **And** days/week: [Click to enter text.](#)

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

**Attachment:** [Click to enter text.](#)

## Section 2. Edwards Aquifer (Instructions Page 73)

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

☐ Yes ☐ No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

☐ Yes ☐ No

If **yes**, attach a geological report addressing potential recharge features.

**Attachment:** [Click to enter text.](#)

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal **MUST** complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **does not meet** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click to enter text.](#)

Application area, in acres: [Click to enter text.](#)

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Area of bed(s), in square feet: [Click to enter text.](#)

Soil Classification: [Click to enter text.](#)

Attach a separate engineering report with the information required in *30 TAC § 309.20*, excluding the requirements of *§ 309.20 b(3)(A)* and *(B)* design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

Attachment: [Click to enter text.](#)

### Section 2. Edwards Aquifer (Instructions Page 74)

Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

- ☐ Yes ☐ No

Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?

- ☐ Yes ☐ No

**If yes to either question**, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** subsurface area drip dispersal system permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal **MUST** complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **meets** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Administrative Information (Instructions Page 75)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:

B. [Click to enter text.](#) Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

[Click to enter text.](#)

C. Owner of the subsurface area drip dispersal system: [Click to enter text.](#)

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

☐ Yes ☐ No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

[Click to enter text.](#)

E. Owner of the land where the subsurface area drip dispersal system is located: [Click to enter text.](#)

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

☐ Yes ☐ No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

[Click to enter text.](#)

## Section 2. Subsurface Area Drip Dispersal System (Instructions Page 75)

### A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: [Click to enter text.](#)

### B. Irrigation operations

Application area, in acres: [Click to enter text.](#)

Infiltration Rate, in inches/hour: [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.](#)

Storage volume, in gallons: [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

### C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

☐ Yes ☐ No

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

☐ Yes ☐ No

If **yes**, the facility must use the formula in *30 TAC §222.83* to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: [Click to enter text.](#)

Nitrogen application rate, in lbs/gal/day: [Click to enter text.](#)

### D. Dosing information

Number of doses per day: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Rest period between doses, in hours: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

☐ Yes ☐ No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

**Attachment:** [Click to enter text.](#)

### Section 3. Required Plans (Instructions Page 75)

#### A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in *30 TAC §222.79*.

**Attachment:** [Click to enter text.](#)

#### B. Soil evaluation

Attach a Soil Evaluation with all information required in *30 TAC §222.73*.

**Attachment:** [Click to enter text.](#)

#### C. Site preparation plan

Attach a Site Preparation Plan with all information required in *30 TAC §222.75*.

**Attachment:** [Click to enter text.](#)

#### D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

**Attachment:** [Click to enter text.](#)

### Section 4. Floodway Designation (Instructions Page 76)

#### A. Site location

Is the existing/proposed land application site within a designated floodway?

☐ Yes ☐ No

#### B. Flood map

Attach either the FEMA flood map or alternate information used to determine the floodway.

**Attachment:** [Click to enter text.](#)

### Section 5. Surface Waters in the State (Instructions Page 76)

#### A. Buffer Map

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

**Attachment:** [Click to enter text.](#)

**B. Buffer variance request**

Do you plan to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If **yes**, then attach the additional information required in *30 TAC § 222.81(c)*.

**Attachment:** [Click to enter text.](#)

**Section 6. Edwards Aquifer (Instructions Page 76)**

**A.** Is the SADDs located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

☐ Yes ☐ No

**B.** Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

☐ Yes ☐ No

If **yes to either question**, then the SADDs may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

The following **is required** for facilities with a permitted or proposed flow of **1.0 MGD or greater**, facilities with an approved **pretreatment** program, or facilities classified as a **major** facility. See instructions for further details.

This worksheet is not required minor amendments without renewal.

### Section 1. Toxic Pollutants (Instructions Page 78)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(1) – Toxics Analysis**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene				10
Benzidine				50
Benzo(a)anthracene				5
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri) (*1)				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10
Cyanide (*2)				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10
Diuron				0.09
Endosulfan I (alpha)				0.01

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(\*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

## Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(2)A – Metals, Cyanide, and Phenols**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic				0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)				N/A
Copper				2
Lead				0.5
Mercury				0.005
Nickel				2
Selenium				5
Silver				0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable

**Table 4.0(2)B – Volatile Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane				50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane [Bromodichloromethane]				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
1,2-Dichloropropane				10
1,3-Dichloropropylene [1,3-Dichloropropene]				10
1,2-Trans-Dichloroethylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

**Table 4.0(2)C – Acid Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol				10
2,4-Dichlorophenol				10
2,4-Dimethylphenol				10
4,6-Dinitro-o-Cresol				50
2,4-Dinitrophenol				50
2-Nitrophenol				20
4-Nitrophenol				50
P-Chloro-m-Cresol				10
Pentalchlorophenol				5
Phenol				10
2,4,6-Trichlorophenol				10

**Table 4.0(2)D – Base/Neutral Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo- benzene)				20
Fluoranthene				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

**Table 4.0(2)E - Pesticides**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.02
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254				0.2
PCB-1221				0.2
PCB-1232				0.2
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

\* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".

### Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

- ☐ 2,4,5-trichlorophenoxy acetic acid  
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid  
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate  
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate  
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol  
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene  
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

[Click to enter text.](#)

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

☐ Yes ☐ No

If **yes**, provide a brief description of the conditions for its presence.

[Click to enter text.](#)

C. If any of the compounds in Subsection A **or** B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(2)F – Dioxin/Furan Compounds**

Compound	Toxic Equivalenc y Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8 PeCDD	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8 HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See instructions for further details.

This worksheet is not required minor amendments without renewal.

### Section 1. Required Tests (Instructions Page 88)

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application.

7-day Chronic: [Click to enter text.](#)

48-hour Acute: [Click to enter text.](#)

### Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

☐ Yes ☐ No

**If yes**, describe the progress to date, if applicable, in identifying and confirming the toxicant.

[Click to enter text.](#)

### Section 3. Summary of WET Tests

If the required biomonitoring test information has not been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), provide a summary of the testing results for all valid and invalid tests performed over the past four and one-half years. Make additional copies of this table as needed.

**Table 5.0(1) Summary of WET Tests**

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

### Section 1. All POTWs (Instructions Page 89)

#### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

### C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If **yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

## Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 90)

### A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

## B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

## C. Effluent parameters above the MAL

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

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

## D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

## Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 90)

### A. General information

Company Name: [Click to enter text.](#)

SIC Code: [Click to enter text.](#)

Contact name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Telephone number: [Click to enter text.](#)

Email address: [Click to enter text.](#)

### B. Process information

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

[Click to enter text.](#)

### C. Product and service information

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

[Click to enter text.](#)

### D. Flow rate information

See the Instructions for definitions of “process” and “non-process wastewater.”

Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

#### E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: [Click to enter text.](#)

[Click or tap here to enter text.](#) [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

#### F. Industrial user interruptions

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

☐ Yes ☐ No

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

[Click to enter text.](#)

# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ  
IUC Permits Team  
Radioactive Materials Division  
MC-233  
PO Box 13087  
Austin, Texas 78711-3087  
512-239-6466

For TCEQ Use Only  
Reg. No. \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Authorized \_\_\_\_\_

#### Section 1. General Information (Instructions Page 92)

**1. TCEQ Program Area**

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**2. Agent/Consultant Contact Information**

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**3. Owner/Operator Contact Information**

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**4. Facility Contact Information**

Facility Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

5. **Latitude and Longitude, in degrees-minutes-seconds**

Latitude: [Click to enter text.](#)

Longitude: [Click to enter text.](#)

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

## Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

**Table 7.0(1) – Down Hole Design Table**

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

### Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

### Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No  
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:  
Name: [Click to enter text.](#)  
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer  
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume  
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.  
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection  
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

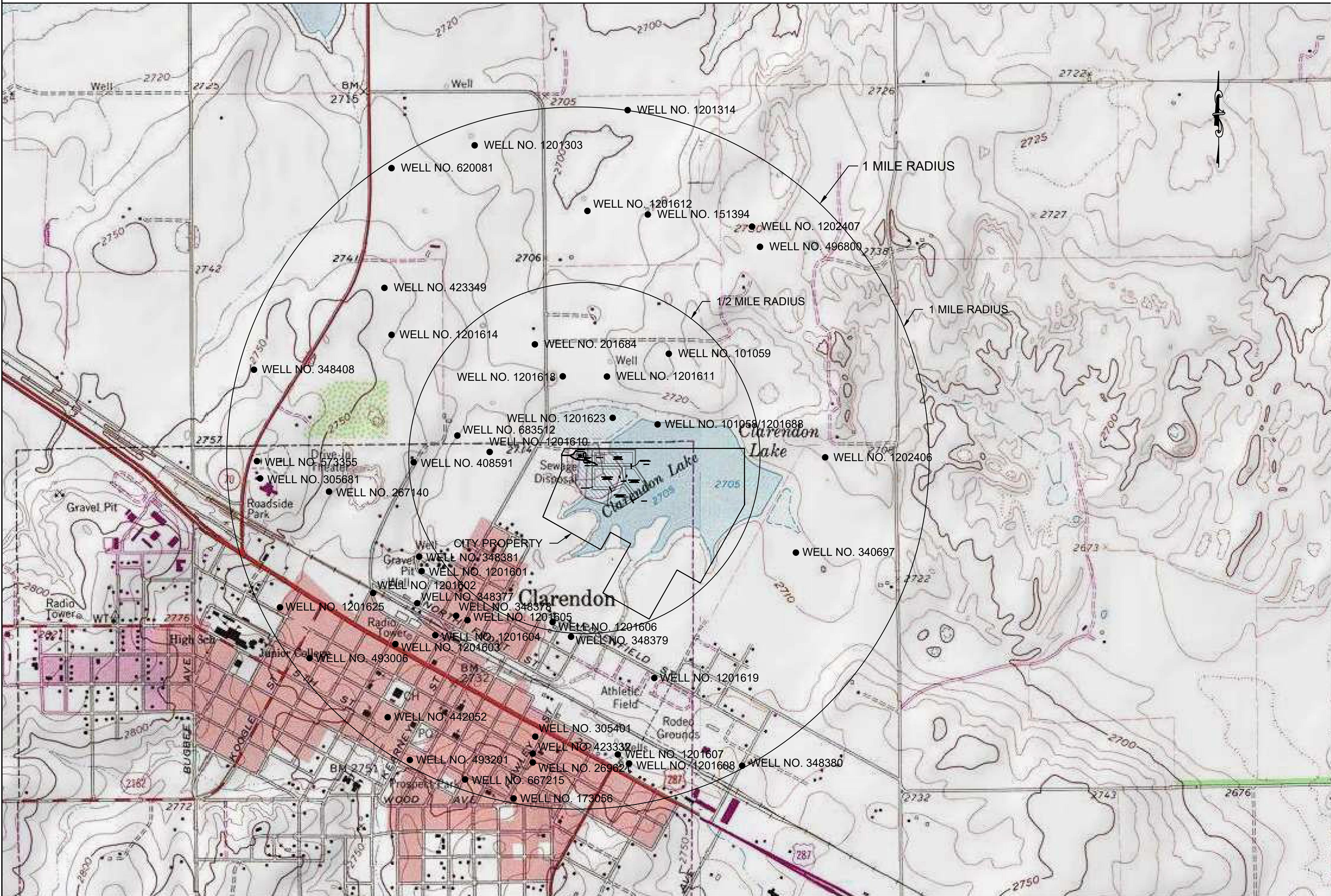
## Section 5. Site History

1. Type of Facility: [Click to enter text.](#)
2. Contamination Dates: [Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): [Click to enter text.](#)
4. Previous Remediation (attach results of any previous remediation as attachment M): [Click to enter text.](#)

**NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.**

### *Class V Injection Well Designations*

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Storm Water Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTP disposal
- 5W20 Industrial Process Waste Disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)



0 0.5 1 MILE  
0 1000 FEET 0 500 1000 METERS  
Map created with TOPO!® ©2003 National Geographic (www.nationalgeographic.com/topo)



## **City of Clarendon Wastewater Treatment Plant Permit No. WQ0010007001**

### **Groundwater Quality Assessment**

The City of Clarendon, Donley County, Texas is providing a Groundwater Quality Assessment for the impact of the waste disposal system on the groundwater located within one mile of the disposal site and wastewater ponds.

The City of Clarendon is responsible for collecting and treating wastewater for the City of Clarendon. The City of Clarendon owns and operates the wastewater treatment plant that treats and discharges 0.28 million gallons of wastewater daily during its interim phase and 0.28 million gallons of wastewater daily during its final phase. Effluent flows to facultative lagoon where the solids collect and decompose via aerobic and anaerobic process. The effluent proceeds through three oxidation ponds and finally into a large playa lake to complete the treatment process.

The City of Clarendon wastewater treatment plant has 11 wells located within a half-mile of the disposal site and wastewater ponds. Well logs for each of the wells have been provided along with this assessment. Regular monitoring of the water quality and enforcement of environmental protection laws are used to control pollution from discharge associated with the plant. Based on the analysis results generated by monthly monitoring of effluent quality there is no impact of the waste disposal system on the groundwater in the disposal site area.

The Ogallala Aquifer is the largest aquifer in the United States and is a major aquifer of Texas underlying much of the High Plains region. The aquifer consists of sand, gravel, clay, and silt and has a maximum thickness of 800 feet. Freshwater saturated thickness averages 95 feet. Water to the north of the Canadian River is generally fresh, with total dissolved solids typically less than 400 milligrams per liter. However, water quality diminishes to the south, where large areas contain total dissolved solids in excess of 1,000 milligrams per liter. Increased salinity may be associated with evaporative concentration of groundwater in saline playa lakes in the southern portion of the aquifer, up flow of more saline groundwater from the underlying Dockum Aquifer and other sources.

The Ogallala Aquifer provides significantly more water for users than any other aquifer in the state. The availability of this water is critical to the economy of the region, as approximately 95 percent of groundwater pumped is used for irrigated agriculture. Throughout much of the aquifer, groundwater withdrawals exceed the amount of recharge, and water levels have declined fairly consistently through time. Although water level declines in excess of 300 feet have occurred in several areas over the last 50 to 60 years, the rate of decline has slowed, and water levels have risen in a few areas.

No significant water level declines have occurred in wells measured by the TWDB. Groundwater for domestic and livestock purposes is available from shallow wells over most of the aquifer's extent. Water is also used for some municipal, industrial, and irrigation purposes.



A pond liner certification for the City of Clarendon Wastewater Treatment Plant is attached.

There are 11 wells in the nearby area of the Clarendon Wastewater Treatment Plant. The following is the depth of water for each of the nearby wells:

<u>Well</u>	<u>Depth to Water</u>
101058	40'
101059	41'
1201610	No Data
1201611	66.6'
1201606	40'
1201618	47.2'
1201623	49.1'
1201688	68'
408591	91'
683512	88'
201684	47'

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Bryan W. Shaw, Ph.D., P.E., *Chairman*  
Toby Baker, *Commissioner*  
Jon Niermann, *Commissioner*  
Stephanie Bergeron Perdue, *Interim Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

May 31, 2018

Mr. David Dockery  
City of Clarendon  
P.O. Box 1089  
Clarendon, Texas 79226

Re: City of Clarendon  
Pond Liner  
Permit No. WQ0010007-001  
WWPR Log No. 0815/025  
CN600703995, RN102845880  
Donley County

Dear Mr. Dockery:

We received the liner certification letter dated July 28, 2015.

The city submitted a report by OJD Engineering Inc. (OJD) that was dated September 22, 1999, on the city wastewater pond system. The OJD report identified that permeability and density for pond liners at the City of Clarendon wastewater treatment system "passed."

A review of this report by our assessment team was unable to make a recommendation on approving the liner certification. They were unable to tell where the samples were taken, the methodology for obtaining the sample, no data was submitted for the percent passing a no. 200 sieve, the liquid limit, plasticity index, or liner thickness.

Based on this insufficient information, we are unable to approve this certification. Please contact the Water Quality Division, Assessment Team, at (512) 239-4671, to see what information is needed to accept this certification.

If you have any questions or if we can be of any further assistance, please call me at (512) 239-4552.

Sincerely,

  
Louis C. Herrin, III, P.E.  
Water Quality Division (MC 148)

LCH/lb

cc: TCEQ, Region Office  
WQD, April Hoh

## STATE OF TEXAS WELL REPORT for Tracking #101058

Owner: **FRED CHAMBERLAIN ESTATE**

Owner Well #: **#1**

Address: **P.O. BOX 1089  
CLARENDON, TX 79226**

Grid #: **12-01-6**

Well Location: **No Data**

Latitude: **34° 56' 56" N**

Longitude: **100° 52' 40" W**

Well County: **Donley**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Monitor**

Drilling Start Date: **12/12/2006**

Drilling End Date: **12/12/2006**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	<b>8.75</b>	<b>0</b>	<b>110</b>

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed; GROUTED**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	<b>67</b>	<b>110</b>	<b>Gravel</b>	

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks &amp; material)</i>
Annular Seal Data:	<b>0</b>	<b>10</b>	<b>8</b>

Seal Method: **MIXED & POURED**

Distance to Property Line (ft.): **N/A**

Sealed By: **MORROW DRILLING**

Distance to Septic Field or other  
concentrated contamination (ft.): **N/A**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **N/A**

Surface Completion: **Surface Slab Installed**

Water Level: **40 ft. below land surface on 2006-12-13** Measurement Method: **Unknown**

Packers: **NONE**

Type of Pump: **SAMPLE BAILER** Pump Depth (ft.): **100**

Well Tests: **Pump** Yield: **15+ GPM with 10 ft. drawdown after 3 hours**

	<i>Description (number of sacks &amp; material)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Plug Information:	<b>NONE</b>		

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
<b>32</b>	<b>GOOD</b>

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which  
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **MORROW DRILLING COMPANY**

**P.O. BOX 250  
CLARENDON, TX 79226**

Driller Name: **JOHN EARL MORROW**

License Number: **2150**

Comments: **State well number 1201688 assigned by TWDB 2/3/15.**

Lithology:  
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:  
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
<b>0</b>	<b>3</b>	<b>BROWN SANDY TOPSOIL</b>
<b>3</b>	<b>19</b>	<b>FINE BROWN SAND</b>
<b>19</b>	<b>24</b>	<b>CALICHE CLAY</b>
<b>24</b>	<b>27</b>	<b>BROWN CLAY</b>
<b>27</b>	<b>32</b>	<b>GREEN CLAY</b>
<b>32</b>	<b>108</b>	<b>QUARTZ SAND &amp; GRAVEL</b>
<b>108</b>	<b>110</b>	<b>RED CLAY</b>

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
<b>4</b>	<b>NEW</b>	<b>MONITOR RISER</b>	<b>0 70</b>
<b>4</b>	<b>NEW</b>	<b>MONITOR SCREEN</b>	<b>70 110 .020</b>

#### IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711  
(512) 334-5540**

## STATE OF TEXAS WELL REPORT for Tracking #101059

Owner: **FRED CHAMBERLAIN ESTATE**

Owner Well #: **#2**

Address: **P.O. BOX 1089  
CLARENDON, TX 79226**

Grid #: **12-01-6**

Well Location: **No Data**

Latitude: **34° 57' 06" N**

Longitude: **100° 52' 38" W**

Well County: **Donley**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Monitor**

Drilling Start Date: **12/13/2006**

Drilling End Date: **12/13/2006**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	<b>8.75</b>	<b>0</b>	<b>170</b>

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed; GROUTED**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	<b>127</b>	<b>170</b>	<b>Gravel</b>	

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks &amp; material)</i>
Annular Seal Data:	<b>0</b>	<b>10</b>	<b>8</b>

Seal Method: **MIXED & POURED**

Distance to Property Line (ft.): **N/A**

Sealed By: **MORROW DRILLING**

Distance to Septic Field or other  
concentrated contamination (ft.): **N/A**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **N/A**

Surface Completion: **Surface Slab Installed**

Water Level: **41 ft. below land surface on 2006-12-13** Measurement Method: **Unknown**

Packers: **NONE**

Type of Pump: **SAMPLE BAILER** Pump Depth (ft.): **100**

Well Tests: **Pump** Yield: **15+ GPM with 3 ft. drawdown after 4 hours**

	<i>Description (number of sacks &amp; material)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Plug Information:	<b>NONE</b>		

Water Quality:

Strata Depth (ft.)	Water Type
37	GOOD GPY

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which  
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **MORROW DRILLING COMPANY**  
**P.O. BOX 250**  
**CLARENDON, TX 79226**

Driller Name: **JOHN EARL MORROW**

License Number: **2150**

Comments: **No Data**

Lithology:  
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:  
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	6	BROWN SANDY TOPSOIL
6	25	CALICHE CLAY
25	37	GREEN CLAY
37	169	SAND & GRAVEL
169	170	RED CLAY

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
4	NEW	MONITOR RISER	0 130
4	NEW	MONITOR SCREEN	130 170

#### IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation**  
**P.O. Box 12157**  
**Austin, TX 78711**  
**(512) 334-5540**

**Texas Water Development Board (TWDB)  
Groundwater Database (GWDB)  
Well Information Report for State Well Number  
12-01-610**

[GWDB Reports and Downloads](#)

**Well Basic Details**

[Scanned Documents](#)

State Well Number	1201610
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.947778
Latitude (degrees minutes seconds)	34° 56' 52" N
Longitude (decimal degrees)	-100.886111
Longitude (degrees minutes seconds)	100° 53' 10" W
Coordinate Source	+/- 5 Seconds
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	2720
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	120
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	7/28/1964
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Gravel Pack w/Perforations

Well Type	Withdrawal of Water
Well Use	Irrigation
Water Level Observation	None
Water Quality Available	No
Pump	Turbine
Pump Depth (feet below land surface)	
Power Type	LP Gas Engine
Annular Seal Method	
Surface Completion	
Owner	Mrs. Lois Robinson
Driller	Green Machinery Co., Inc.
Other Data Available	Drillers Log
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	U.S. Geological Survey
Created Date	
Last Update Date	

Remarks	
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<b>Casing</b>						
Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
16	Blank	Steel			0	56
16	Screen	Steel			56	120

**Well Tests - No Data**

**Lithology - No Data**

**Annular Seal Range - No Data**

**Borehole - No Data**

**Plugged Back - No Data**

**Filter Pack - No Data**

**Packers - No Data**

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**Water Level Measurements**

No Data Available

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Water Quality Analysis - No Data Available

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[GWDB Reports and Downloads](#)
[Well Basic Details](#)
[Scanned Documents](#)

State Well Number	1201611
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.950834
Latitude (degrees minutes seconds)	34° 57' 03" N
Longitude (decimal degrees)	-100.880278
Longitude (degrees minutes seconds)	100° 52' 49" W
Coordinate Source	+/- 1 Second
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	2719
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	143
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	4/28/1964
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Gravel Pack w/Screen

Well Type	Withdrawal of Water
Well Use	Irrigation
Water Level Observation	Miscellaneous Measurements
Water Quality Available	No
Pump	Turbine
Pump Depth (feet below land surface)	
Power Type	LP Gas Engine
Annular Seal Method	
Surface Completion	
Owner	Claude Moore
Driller	Green Machinery Co., Inc.
Other Data Available	Drillers Log
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	U.S. Geological Survey
Created Date	
Last Update Date	

Remarks	
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Casing						
Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
16	Blank	Steel			0	47
16	Screen	Steel			47	143

**Well Tests - No Data**

**Lithology - No Data**

**Annular Seal Range - No Data**

**Borehole - No Data**

**Plugged Back - No Data**

**Filter Pack - No Data**

**Packers - No Data**

### Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	10/24/1967		66.6		2652.4	1	Other or Source of Measurement Unknown	Unknown		

### Code Descriptions

Status Code	Status Description
P	Publishable

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**Water Quality Analysis - No Data Available**

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[GWDB Reports and Downloads](#)
[Well Basic Details](#)
[Scanned Documents](#)

State Well Number	1201606
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.940834
Latitude (degrees minutes seconds)	34° 56' 27" N
Longitude (decimal degrees)	-100.883055
Longitude (degrees minutes seconds)	100° 52' 59" W
Coordinate Source	+/- 1 Second
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	2723
Land Surface Elevation Method	Digital Elevation Model -DEM
Well Depth (feet below land surface)	185
Well Depth Source	Another Government Agency
Drilling Start Date	
Drilling End Date	6/12/1951
Drilling Method	Cable Tool
Borehole Completion	Perforated or Slotted

Well Type	Withdrawal of Water
Well Use	Unused
Water Level Observation	Miscellaneous Measurements
Water Quality Available	Yes
Pump	None
Pump Depth (feet below land surface)	
Power Type	
Annular Seal Method	
Surface Completion	
Owner	City of Clarendon Well #6
Driller	A. H. Moore
Other Data Available	
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	Texas Water Development Board
Created Date	5/13/1991
Last Update Date	3/21/2012

Remarks Well #6. Abandoned.

### Casing

Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
16	Blank	Steel			0	175
16	Screen	Steel			175	185

Well Tests - No Data

Lithology - No Data

Annular Seal Range - No Data

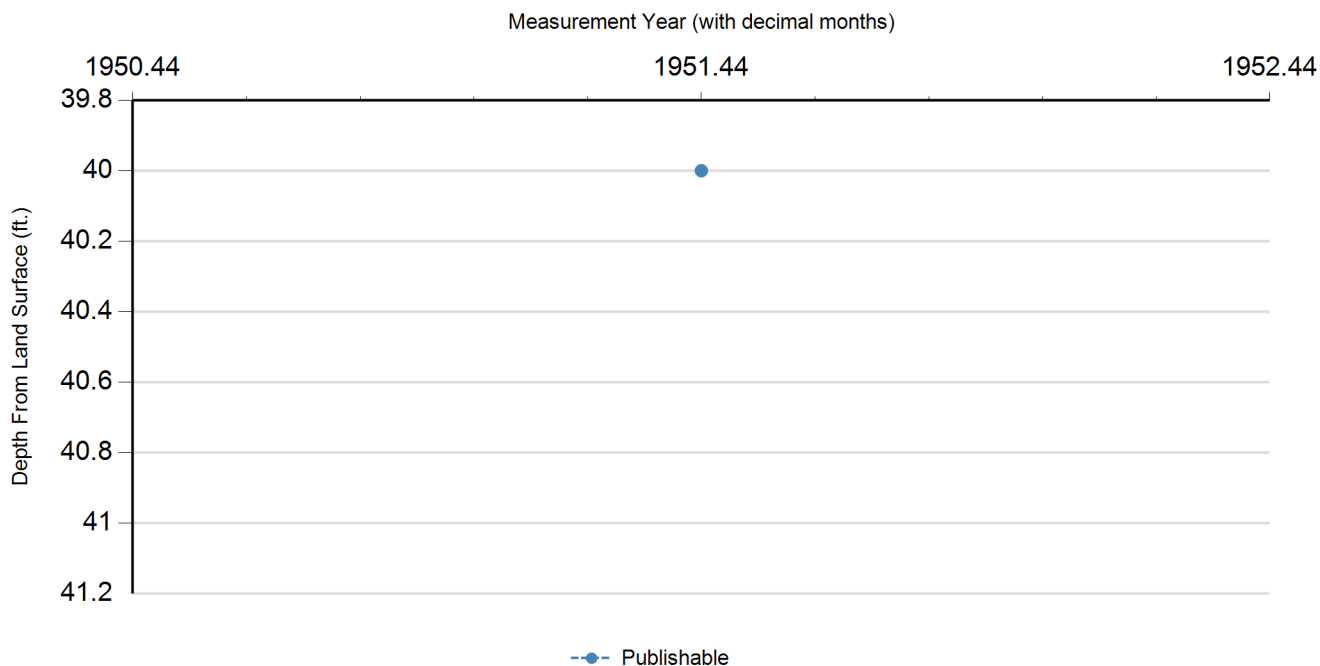
Borehole - No Data

Plugged Back - No Data

Filter Pack - No Data

Packers - No Data

### Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	6/12/1951		40		2683	1	Registered Water Well Driller	Unknown		

### Code Descriptions

Status Code	Status Description
P	Publishable

### Water Quality Analysis

**Sample Date:** 6/0/1951    **Sample Time:** 0000    **Sample Number:** 1    **Collection Entity:** Texas Department of Health

**Sampled Aquifer:** Ogallala Formation

**Analyzed Lab:** Texas Department of Health

**Reliability:** Reliability unknown or not available

**Collection Remarks:** No Data

Parameter Code	Parameter Description	Flag	Value*	Units	Plus/Minus
00415	ALKALINITY, PHENOLPHTHALEIN (MG/L)		0	mg/L	
00410	ALKALINITY, TOTAL (MG/L AS CaCO3)		300	mg/L as CaCO 3	
00440	BICARBONATE ION, CALCULATED (MG/L AS HCO3)		366.1	mg/L	
00910	CALCIUM (MG/L)		61	mg/L	
00445	CARBONATE ION, CALCULATED (MG/L AS CO3)		0	mg/L	
00940	CHLORIDE, TOTAL (MG/L AS CL)		82	mg/L	
00950	FLUORIDE, DISSOLVED (MG/L AS F)		0.2	mg/L	
00900	HARDNESS, TOTAL, CALCULATED (MG/L AS CaCO3)		201	mg/L as CaCO 3	
01045	IRON, TOTAL (UG/L AS FE)		2600	ug/L	
00920	MAGNESIUM (MG/L)		12	mg/L	
71851	NITRATE NITROGEN, DISSOLVED, CALCULATED (MG/L AS NO3)		16	mg/L as NO3	
00400	PH (STANDARD UNITS), FIELD		7.4	SU	
71860	RESIDUAL SODIUM CARBONATE, CALCULATED		1.97		
00955	SILICA, DISSOLVED (MG/L AS SiO2)		94	mg/L as SiO2	
00931	SODIUM ADSORPTION RATIO, CALCULATED (SAR)		6.28		
00932	SODIUM, CALCULATED, PERCENT		68	PCT	
00929	SODIUM, TOTAL (MG/L AS Na)		205	mg/L	
00945	SULFATE, TOTAL (MG/L AS SO4)		210	mg/L as SO4	
70301	TOTAL DISSOLVED SOLIDS , SUM OF CONSTITUENTS (MG/L)		860	mg/L	

### Water Quality Analysis

**Sample Date:** 10/0/1959    **Sample Time:** 0000    **Sample Number:** 1    **Collection Entity:** Texas Department of Health

**Sampled Aquifer:** Ogallala Formation

**Analyzed Lab:** Texas Department of Health

**Reliability:** Reliability unknown or not available

**Collection Remarks:** No Data

Parameter Code	Parameter Description	Flag	Value*	Units	Plus/Minus
00415	ALKALINITY, PHENOLPHTHALEIN (MG/L)		0	mg/L	
00410	ALKALINITY, TOTAL (MG/L AS CaCO3)		242	mg/L as CaCO3	
00440	BICARBONATE ION, CALCULATED (MG/L AS HCO3)		295.32	mg/L	
00910	CALCIUM (MG/L)		87	mg/L	
00445	CARBONATE ION, CALCULATED (MG/L AS CO3)		0	mg/L	
00940	CHLORIDE, TOTAL (MG/L AS CL)		25	mg/L	
00950	FLUORIDE, DISSOLVED (MG/L AS F)		0.1	mg/L	
00900	HARDNESS, TOTAL, CALCULATED (MG/L AS CaCO3)		262	mg/L as CaCO3	
01045	IRON, TOTAL (UG/L AS FE)		120	ug/L	
00920	MAGNESIUM (MG/L)		11	mg/L	
71851	NITRATE NITROGEN, DISSOLVED, CALCULATED (MG/L AS NO3)		8	mg/L as NO3	
00400	PH (STANDARD UNITS), FIELD		7.4	SU	
71860	RESIDUAL SODIUM CARBONATE, CALCULATED		0		
00931	SODIUM ADSORPTION RATIO, CALCULATED (SAR)		0.48		
00932	SODIUM, CALCULATED, PERCENT		12	PCT	
00929	SODIUM, TOTAL (MG/L AS Na)		18	mg/L	
00094	SPECIFIC CONDUCTANCE, FIELD (UMHOS/CM AT 25C)		585	MICR	
00945	SULFATE, TOTAL (MG/L AS SO4)		21	mg/L as SO4	
70301	TOTAL DISSOLVED SOLIDS , SUM OF CONSTITUENTS (MG/L)		315	mg/L	

\* Value may not display all significant digits for parameter in results, check Scanned Documents for laboratory paperwork..

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[GWDB Reports and Downloads](#)
[Well Basic Details](#)
[Scanned Documents](#)

State Well Number	1201618
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.950834
Latitude (degrees minutes seconds)	34° 57' 03" N
Longitude (decimal degrees)	-100.8825
Longitude (degrees minutes seconds)	100° 52' 57" W
Coordinate Source	+/- 5 Seconds
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	2718
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	
Well Depth Source	
Drilling Start Date	
Drilling End Date	
Drilling Method	
Borehole Completion	

Well Type	Withdrawal of Water
Well Use	Plugged or Destroyed
Water Level Observation	Miscellaneous Measurements
Water Quality Available	Yes
Pump	None
Pump Depth (feet below land surface)	
Power Type	
Annular Seal Method	
Surface Completion	
Owner	
Driller	
Other Data Available	
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	U.S. Geological Survey
Created Date	
Last Update Date	

Remarks	Destroyed windmill well.
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<b>Casing</b>						
Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
5	Blank	Steel				

**Well Tests - No Data**

**Lithology - No Data**

**Annular Seal Range - No Data**

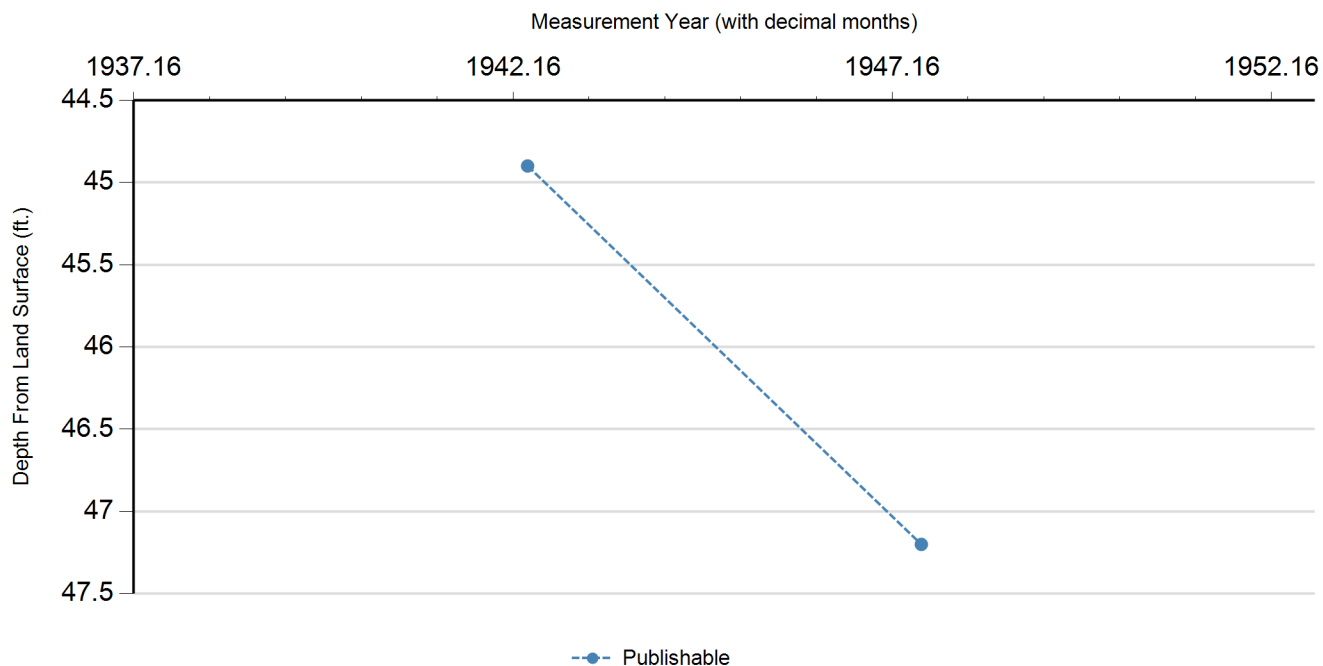
**Borehole - No Data**

**Plugged Back - No Data**

**Filter Pack - No Data**

**Packers - No Data**

### Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	5/9/1942		44.9		2673.1	1	Other or Source of Measurement Unknown	Unknown		
P	7/19/1947		47.2	2.30	2670.8	1	Other or Source of Measurement Unknown	Unknown		

### Code Descriptions

Status Code	Status Description
P	Publishable

### Water Quality Analysis

**Sample Date:** 5/9/1942    **Sample Time:** 0000    **Sample Number:** 1    **Collection Entity:** U.S. Geological Survey

**Sampled Aquifer:** Ogallala Formation

**Analyzed Lab:** U.S. Geological Survey Lab

**Reliability:**

**Collection Remarks:** No Data

Parameter Code	Parameter Description	Flag	Value*	Units	Plus/Minus
00415	ALKALINITY, PHENOLPHTHALEIN (MG/L)		0	mg/L	
00410	ALKALINITY, TOTAL (MG/L AS CaCO3)		240.1	mg/L as CaCO3	
00440	BICARBONATE ION, CALCULATED (MG/L AS HCO3)		293	mg/L	
00910	CALCIUM (MG/L)		79	mg/L	
00445	CARBONATE ION, CALCULATED (MG/L AS CO3)		0	mg/L	
00940	CHLORIDE, TOTAL (MG/L AS CL)		16	mg/L	
00900	HARDNESS, TOTAL, CALCULATED (MG/L AS CaCO3)		230	mg/L as CaCO3	
00920	MAGNESIUM (MG/L)		8	mg/L	
71860	RESIDUAL SODIUM CARBONATE, CALCULATED		0.2		
00931	SODIUM ADSORPTION RATIO, CALCULATED (SAR)		0.66		
00932	SODIUM, CALCULATED, PERCENT		17	PCT	
00929	SODIUM, TOTAL (MG/L AS Na)		23	mg/L	
00945	SULFATE, TOTAL (MG/L AS SO4)		7	mg/L as SO4	
70301	TOTAL DISSOLVED SOLIDS , SUM OF CONSTITUENTS (MG/L)		277	mg/L	

\* Value may not display all significant digits for parameter in results, check Scanned Documents for laboratory paperwork..

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**Texas Water Development Board (TWDB)  
Groundwater Database (GWDB)  
Well Information Report for State Well Number  
12-01-623**

[GWDB Reports and Downloads](#)
[Well Basic Details](#)
[Scanned Documents](#)

State Well Number	1201623
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.9491667
Latitude (degrees minutes seconds)	34° 56' 57" N
Longitude (decimal degrees)	-100.88
Longitude (degrees minutes seconds)	100° 52' 48" W
Coordinate Source	+/- 1 Second
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	2710
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	113
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	6/12/1973
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Gravel Pack w/Perforations

Well Type	Withdrawal of Water
Well Use	Irrigation
Water Level Observation	Historical
Water Quality Available	No
Pump	Turbine
Pump Depth (feet below land surface)	
Power Type	Natural-Gas Engine
Annular Seal Method	
Surface Completion	
Owner	Claude Moore
Driller	Green Machinery Co., Inc.
Other Data Available	Drillers Log
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	Texas Water Development Board
Created Date	9/16/2013
Last Update Date	5/19/2021

Remarks	
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<b>Casing</b>						
Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
16	Blank	Steel			0	43
16	Screen	Steel			43	113

**Well Tests - No Data**

**Lithology - No Data**

**Annular Seal Range - No Data**

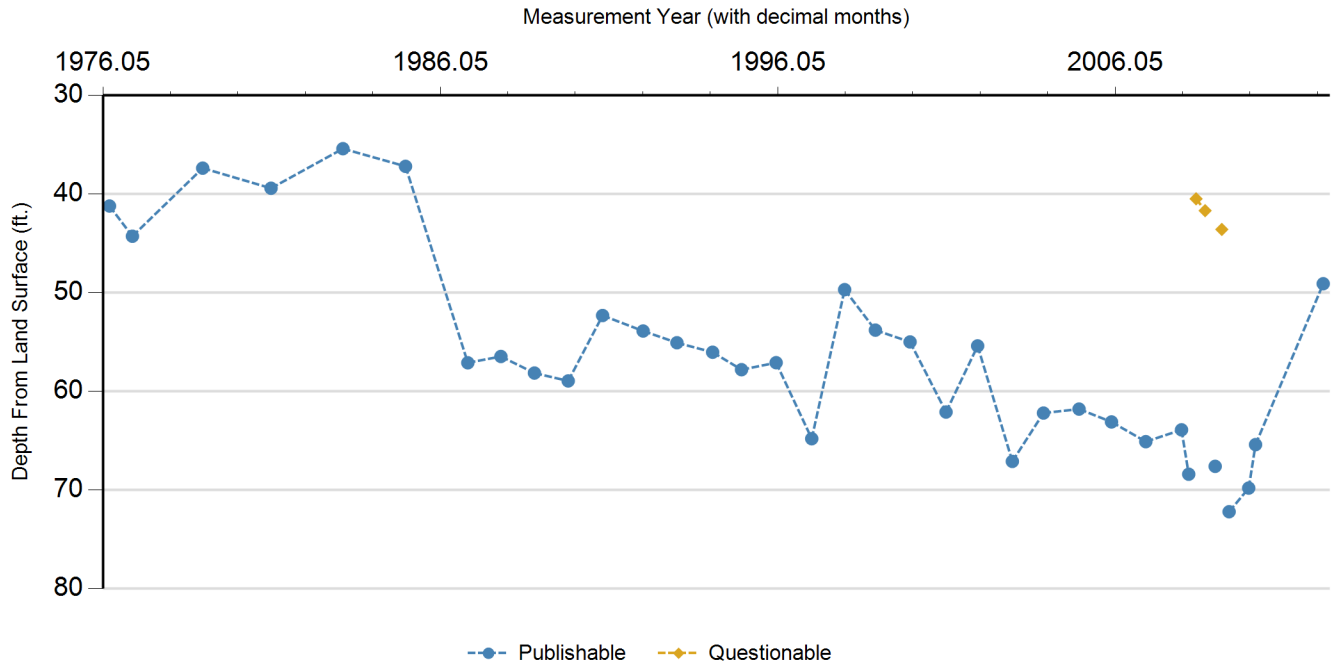
**Borehole - No Data**

**Plugged Back - No Data**

**Filter Pack - No Data**

**Packers - No Data**

### Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	4/2/1976		41.23		2668.77	1	Texas Water Development Board	Steel Tape		
P	12/10/1976		44.29	3.06	2665.71	1	Texas Water Development Board	Steel Tape		
P	1/5/1979		37.39	(6.90)	2672.61	1	Texas Water Development Board	Steel Tape		
P	1/14/1981		39.43	2.04	2670.57	1	Texas Water Development Board	Steel Tape		
P	3/2/1983		35.42	(4.01)	2674.58	1	Texas Water Development Board	Steel Tape		
P	1/9/1985		37.21	1.79	2672.79	1	Texas Water Development Board	Steel Tape		
P	11/18/1986		57.11	19.90	2652.89	1	Texas Water Development Board	Steel Tape		
P	11/11/1987		56.47	(0.64)	2653.53	1	Texas Water Development Board	Steel Tape		
P	11/9/1988		58.15	1.68	2651.85	1	Texas Water Development Board	Steel Tape		
P	11/9/1989		58.95	0.80	2651.05	1	Texas Water Development Board	Steel Tape		
P	11/16/1990		52.32	(6.63)	2657.68	1	Texas Water Development Board	Steel Tape		
P	1/24/1992		53.89	1.57	2656.11	1	Groundwater Conservation District	Steel Tape		
P	1/25/1993		55.08	1.19	2654.92	1	Groundwater Conservation District	Steel Tape		
P	2/16/1994		56.04	0.96	2653.96	1	Groundwater Conservation District	Steel Tape	1	
P	12/29/1994		57.81	1.77	2652.19	1	Groundwater Conservation District	Steel Tape	1	
P	1/3/1996		57.1	(0.71)	2652.9	1	Groundwater Conservation District	Steel Tape		
P	1/23/1997		64.8	7.70	2645.2	1	Groundwater Conservation District	Steel Tape		

**Texas Water Development Board (TWDB)  
Groundwater Database (GWDB)  
Well Information Report for State Well Number  
12-01-623**

Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	1/14/1998		49.7	(15.10)	2660.3	1	Groundwater Conservation District	Steel Tape		
P	12/17/1998		53.8	4.10	2656.2	1	Groundwater Conservation District	Steel Tape		
P	12/27/1999		55	1.20	2655	1	Groundwater Conservation District	Steel Tape		
P	1/16/2001		62.1	7.10	2647.9	1	Groundwater Conservation District	Steel Tape	1	
P	12/28/2001		55.4	(6.70)	2654.6	1	Groundwater Conservation District	Steel Tape		
P	1/3/2003		67.1	11.70	2642.9	1	Groundwater Conservation District	Steel Tape		
P	12/10/2003		62.2	(4.90)	2647.8	1	Groundwater Conservation District	Steel Tape		
P	12/30/2004		61.8	(0.40)	2648.2	1	Groundwater Conservation District	Steel Tape		
P	12/16/2005		63.1	1.30	2646.9	1	Groundwater Conservation District	Steel Tape		
P	12/22/2006		65.1	2.00	2644.9	1	Groundwater Conservation District	Steel Tape		
P	1/8/2008		63.9	(1.20)	2646.1	1	Groundwater Conservation District	Steel Tape		
P	3/26/2008		68.4	4.50	2641.6	1	Groundwater Conservation District	Steel Tape		
Q	6/16/2008		40.5	(27.90)	2669.5	1	Groundwater Conservation District	Electric Line	12	
Q	9/24/2008		41.7	1.20	2668.3	1	Groundwater Conservation District	Steel Tape	12	
P	1/7/2009		67.6	25.90	2642.4	1	Groundwater Conservation District	Steel Tape		
Q	3/19/2009		43.6	(24.00)	2666.4	1	Groundwater Conservation District	Steel Tape	12	
P	6/8/2009		72.2	28.60	2637.8	1	Groundwater Conservation District	Steel Tape		
P	1/5/2010		69.8	(2.40)	2640.2	1	Groundwater Conservation District	Steel Tape		
P	3/19/2010		65.4	(4.40)	2644.6	1	Groundwater Conservation District	Steel Tape		
P	3/21/2012		49.1	(16.30)	2660.9	1	Groundwater Conservation District	Electric Line		

### Code Descriptions

Status Code	Status Description
P	Publishable
Q	Questionable

Remark ID	Remark Description
1	Accurately reflects water level conditions
12	Uncertain of reason for questionable measurement

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Water Quality Analysis - No Data Available

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**Texas Water Development Board (TWDB)  
Groundwater Database (GWDB)  
Well Information Report for State Well Number  
12-01-688**

[GWDB Reports and Downloads](#)

**Well Basic Details**

[Scanned Documents](#)

State Well Number	1201688
County	Donley
River Basin	Red
Groundwater Management Area	1
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Panhandle GCD
Latitude (decimal degrees)	34.9488889
Latitude (degrees minutes seconds)	34° 56' 56" N
Longitude (decimal degrees)	-100.8777778
Longitude (degrees minutes seconds)	100° 52' 40" W
Coordinate Source	Global Positioning System - GPS
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	Provided by Groundwater Conservation District
Land Surface Elevation (feet above sea level)	2713
Land Surface Elevation Method	Global Positioning System-GPS
Well Depth (feet below land surface)	110
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	12/12/2006
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Filter Packed; Grouted

Well Type	Observation
Well Use	Monitor
Water Level Observation	Historical
Water Quality Available	No
Pump	Other
Pump Depth (feet below land surface)	100
Power Type	
Annular Seal Method	Mixed & Poured
Surface Completion	Surface Slab Installed
Owner	Fred Chamberlain Est
Driller	Morrow Drilling
Other Data Available	Drillers Log
Well Report Tracking Number	<a href="#">101058</a>
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	1201688
Owner Well Number	1
Other Well Number	DR-276-MW
Previous State Well Number	
Reporting Agency	Groundwater Conservation District
Created Date	2/3/2015
Last Update Date	9/9/2022

**Remarks** Type of lift is a sample bailer. Well replaced 1201623.

**Casing**

Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
4	Blank				0	70
4	Screen				70	110

**Well Tests**

Test Date	Test Type	Yield (gallons per minute)	Drawdown (ft.)	Test Hours
12/13/2006	Pump	15+	10	3

### **Lithology**

Top Depth (ft.)	Bottom Depth (ft.)	Description
0	3	Brown sandy topsoil
3	19	Fine brown sand
19	24	Caliche clay
24	27	Brown clay
27	32	Green Clay
32	108	Quartz sand & gravel
108	110	Red Clay

### **Annular Seal Range**

Annular Seal Material	Amount	Unit	Top Depth (ft.)	Bottom Depth (ft.)
Unknown	8	Unknown	0	10

### **Borehole**

Diameter (in.)	Top Depth (ft.)	Bottom Depth (ft.)
8.75	0	110

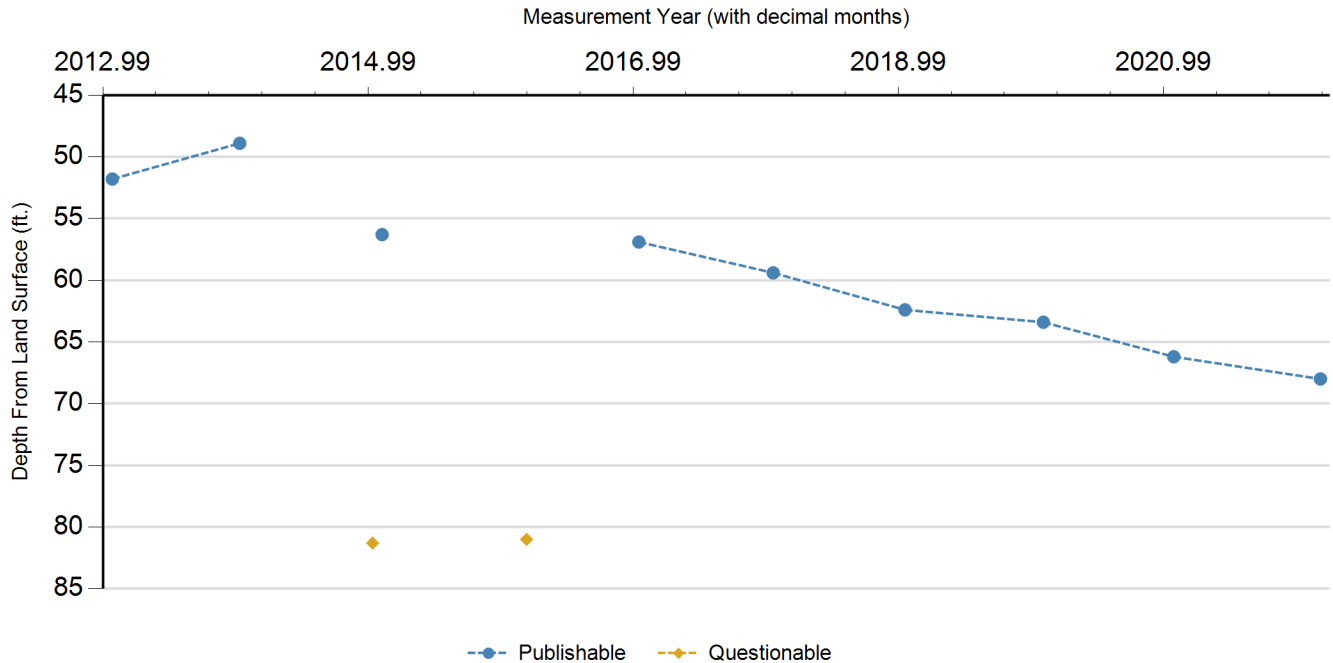
**Plugged Back - No Data**

### **Filter Pack**

Filter Material	Top Depth (ft.)	Bottom Depth (ft.)	Size
Gravel	67	110	

**Packers - No Data**

### Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	1/22/2013		51.8		2661.2	1	Groundwater Conservation District	Electric Line		
P	1/8/2014		48.9	(2.90)	2664.1	1	Groundwater Conservation District	Electric Line		
Q	1/9/2015		81.3	32.40	2631.7	1	Groundwater Conservation District	Electric Line	12	
P	2/5/2015		56.3	(25.00)	2656.7	1	Groundwater Conservation District	Electric Line		
Q	3/8/2016		81	24.70	2632	1	Groundwater Conservation District	Unknown	12	
P	1/12/2017		56.9	(24.10)	2656.1	1	Groundwater Conservation District	Unknown		
P	1/17/2018		59.4	2.50	2653.6	1	Groundwater Conservation District	Electric Line		
P	1/15/2019		62.4	3.00	2650.6	1	Groundwater Conservation District	Electric Line		Abandoned IW, not pumping. Good read with eline. Not sure of the large differences in measurements as I measured a couple of times with same result.

**Texas Water Development Board (TWDB)  
Groundwater Database (GWDB)  
Well Information Report for State Well Number  
12-01-688**

Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	1/31/2020		63.4	1.00	2649.6	1	Groundwater Conservation District	Electric Line		
P	1/25/2021		66.2	2.80	2646.8	1	Groundwater Conservation District	Electric Line		
P	3/4/2022		68	1.80	2645	1	Groundwater Conservation District	Electric Line		

**Code Descriptions**

Status Code	Status Description
P	Publishable
Q	Questionable

Remark ID	Remark Description
12	Uncertain of reason for questionable measurement

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Water Quality Analysis - No Data Available

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## STATE OF TEXAS WELL REPORT for Tracking #408591

Owner:	<b>VERA JOHNSON ESTATE</b>	Owner Well #:	<b>No Data</b>
Address:	<b>P O BOX 177 CLARENDON, TX 79226</b>	Grid #:	<b>12-01-6</b>
Well Location:	<b>LAT 34 56 49.8 LONG 100 53 23.4 CLARENDON, TX 79226</b>	Latitude:	<b>34° 56' 49.8" N</b>
		Longitude:	<b>100° 53' 23.4" W</b>
Well County:	<b>Donley</b>	Elevation:	<b>2892 ft. above sea level</b>
Type of Work:	<b>Replacement</b>	Proposed Use:	<b>Domestic</b>

Drilling Start Date: **7/16/2015**      Drilling End Date: **7/16/2015**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	<b>10</b>	<b>0</b>	<b>180</b>

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	<b>20</b>	<b>180</b>	<b>Gravel</b>	<b>.25</b>

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks &amp; material)</i>
Annular Seal Data:	<b>0</b>	<b>20</b>	<b>Cement 16 Bags/Sacks</b>

Seal Method: **Hand Mixed**

Distance to Property Line (ft.): **234**

Sealed By: **Driller**

Distance to Septic Field or other  
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **105**

Method of Verification: **GOOGLE EARTH**

Surface Completion: **Pitless Adapter Used**

**Surface Completion by Driller**

Water Level:	<b>91 ft. below land surface, and 0 GPM artesian flow on 2015-07-16</b>	Measurement Method:	<b>Electric Line</b>
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Packers: **No Data**

Type of Pump:	<b>Submersible</b>	Pump Depth (ft.):	<b>160</b>
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Well Tests:	<b>Pump</b>	Yield:	<b>14 GPM with 0 ft. drawdown after 3 hours</b>
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Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
<b>110 - 177</b>	<b>GOOD</b>

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which  
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **MORROW DRILLING CO.**  
**P.O. BOX 250**  
**CLARENDON, TX 79226**

Driller Name: **JOHN EARL MORROW**

License Number: **2150**

Comments: **No Data**

Lithology:  
DESCRIPTION & COLOR OF FORMATION MATERIAL

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
<b>0</b>	<b>5</b>	<b>BROWN SANDY TOPSOIL</b>
<b>5</b>	<b>9</b>	<b>BROWN CLAY</b>
<b>9</b>	<b>62</b>	<b>SAND &amp; GRAVEL</b>
<b>62</b>	<b>110</b>	<b>CALICHE CLAY</b>
<b>110</b>	<b>112</b>	<b>SAND &amp; GRAVEL</b>
<b>112</b>	<b>126</b>	<b>SOFT BROWN CLAY</b>
<b>126</b>	<b>177</b>	<b>SAND &amp; GRAVEL</b>
<b>177</b>	<b>180</b>	<b>HARD RED CLAY</b>

Casing:  
BLANK PIPE & WELL SCREEN DATA

<i>Dia (in.)</i>	<i>Type</i>	<i>Material</i>	<i>Sch./Gage</i>	<i>Top (ft.)</i>	<i>Bottom (ft.)</i>
<b>5</b>	<b>Blank</b>	<b>New Plastic (PVC)</b>	<b>40</b>	<b>0</b>	<b>140</b>
<b>5</b>	<b>Perforated or Slotted</b>	<b>New Plastic (PVC)</b>	<b>40 0.035</b>	<b>140</b>	<b>180</b>

**IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY**

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Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation**  
**P.O. Box 12157**  
**Austin, TX 78711**  
**(512) 334-5540**

## STATE OF TEXAS WELL REPORT for Tracking #683512

Owner:	<b>DON ROBINSON</b>	Owner Well #:	<b>1</b>
Address:	<b>PO BOX 148 CLARENDON, TX 79226</b>	Grid #:	<b>12-01-6</b>
Well Location:	<b>PO BOX 148 CLARENDON, TX 79226</b>	Latitude:	<b>34° 56' 54" N</b>
	<b>34 56 54 100 53 15</b>	Longitude:	<b>100° 53' 15" W</b>
		Elevation:	<b>2733 ft. above sea level</b>
Well County:	<b>Donley</b>		

Type of Work:	<b>Replacement</b>	Proposed Use:	<b>Stock</b>
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Drilling Start Date: **7/1/2024**      Drilling End Date: **7/1/2024**

	Diameter (in.)	Top Depth (ft.)	Bottom Depth (ft.)
Borehole:	<b>10</b>	<b>0</b>	<b>180</b>

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

	Top Depth (ft.)	Bottom Depth (ft.)	Filter Material	Size
Filter Pack Intervals:	<b>20</b>	<b>180</b>	<b>Gravel</b>	<b>.188</b>

	Top Depth (ft.)	Bottom Depth (ft.)	Description (number of sacks & material)
Annular Seal Data:	<b>0</b>	<b>23</b>	<b>Concrete 16 Bags/Sacks</b>

Seal Method: **Poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **337**

Distance to Septic Field or other  
concentrated contamination (ft.): **NA**

Distance to Septic Tank (ft.): **NA**

Method of Verification: **GOOGLE EARTH**

Surface Completion:	<b>Pitless Adapter Used</b>	<b>Surface Completion by Driller</b>
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Water Level:	<b>88 ft. below land surface on 2024-07-02</b>	Measurement Method:	<b>Electric Line</b>
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Packers: **No Data**

Type of Pump:	<b>Submersible</b>	Pump Depth (ft.):	<b>135</b>
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Well Tests:	<b>Pump</b>	<b>Yield: 10 GPM with 0 ft. drawdown after 12 hours</b>
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Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
<b>89 - 115</b>	<b>GOOD</b>
<b>130 - 177</b>	<b>GOOD</b>

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which  
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **MORROW DRILLING CO.**

**P.O. BOX 250  
CLARENDON, TX 79226**

Driller Name: **JOHN EARL MORROW**

License Number: **2150**

Comments: **VERY GOOD WELL**

Lithology:  
DESCRIPTION & COLOR OF FORMATION MATERIAL

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
<b>0</b>	<b>6</b>	<b>SANDY BROWN TOPSOIL</b>
<b>6</b>	<b>14</b>	<b>CALICHE</b>
<b>14</b>	<b>29</b>	<b>FINE BROWN SAND</b>
<b>29</b>	<b>89</b>	<b>CALICHE</b>
<b>89</b>	<b>115</b>	<b>STREAKS OF SAND AND CALICHE</b>
<b>115</b>	<b>130</b>	<b>HARD REDISH BROWN CLAY</b>
<b>130</b>	<b>177</b>	<b>SAND AND GRAVEL</b>
<b>177</b>	<b>180</b>	<b>HARD RED CLAY</b>

Casing:  
BLANK PIPE & WELL SCREEN DATA

<i>Dia (in.)</i>	<i>Type</i>	<i>Material</i>	<i>Sch./Gage</i>	<i>Top (ft.)</i>	<i>Bottom (ft.)</i>
<b>5</b>	<b>Blank</b>	<b>New Plastic (PVC)</b>	<b>40</b>	<b>0</b>	<b>160</b>
<b>5</b>	<b>Perforated or Slotted</b>	<b>New Plastic (PVC)</b>	<b>40 0.035</b>	<b>160</b>	<b>180</b>

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**Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711  
(512) 334-5540**

## STATE OF TEXAS WELL REPORT for Tracking #201684

Owner: **GEORGE HALL**

Owner Well #: **1**

Address: **P O BOX 1175  
CLARENDON, TX 79226**

Grid #: **12-01-6**

Well Location: **No Data**

Latitude: **34° 57' 08" N**

Longitude: **100° 53' 02" W**

Well County: **Donley**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Domestic**

Drilling Start Date: **11/18/2009**

Drilling End Date: **11/18/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	<b>10</b>	<b>0</b>	<b>140</b>

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	<b>20</b>	<b>140</b>	<b>Gravel</b>	<b>.25</b>

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks &amp; material)</i>
Annular Seal Data:	<b>0</b>	<b>20</b>	<b>16</b>

Seal Method: **SACRETE**

Distance to Property Line (ft.): **N/A**

Sealed By: **John Morrow**

Distance to Septic Field or other  
concentrated contamination (ft.): **N/A**

Variance Number: **n/a**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **n/a**

Surface Completion: **Pitless Adapter Used**

Water Level: **47 ft. below land surface on 2009-11-18** Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible** Pump Depth (ft.): **90**

Well Tests: **Pump** Yield: **17 GPM with 10 ft. drawdown after 1 hours**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
<b>75</b>	<b>GOOD</b>

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which  
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Morrow Drilling Co.**  
**P O BOX 250**  
**CLARENDON, TX 79226**

Driller Name: **John Earl Morrow**

License Number: **2150**

Comments: **No Data**

Lithology:  
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:  
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
<b>0</b>	<b>5</b>	<b>BLACK LOAMY TOPSOIL</b>
<b>5</b>	<b>23</b>	<b>QUARTZ SAND &amp; GRAVEL</b>
<b>23</b>	<b>28</b>	<b>SOFT BROWN CLAY</b>
<b>28</b>	<b>65</b>	<b>WHITE CALICHE CLAY</b>
<b>65</b>	<b>75</b>	<b>HARD WHITE ROCK</b>
<b>75</b>	<b>85</b>	<b>SAND &amp; GRAVEL</b>
<b>85</b>	<b>90</b>	<b>PINK CLAY</b>
<b>90</b>	<b>135</b>	<b>COARSE SAND &amp; GRAVEL</b>
<b>135</b>	<b>140</b>	<b>BROWN CLAY</b>

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
<b>5 N</b>	<b>STEEL</b>	<b>0 TO 3</b>	
<b>5 N</b>	<b>PVC</b>	<b>200 PSI</b>	<b>3 TO 120</b>
<b>5 N</b>	<b>PVC</b>	<b>SLOTTED</b>	<b>120 TO 140 .035</b>

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