Administrative Package Cover Page

This file contains the following documents:

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

CITY OF AMHERST WASTEWATER TREATMENT PLANT
PLAIN LANGUAGE SUMMARY

The City of Amherst, CN600736508, operates the City of Amherst Wastewater Treatment Plant, RN101607687, treatment plant consisting of a Imhoff tank, and two stabilization ponds. The Facility is located approximately 2,200 feet northeast of the intersection of Farm-to-Market Road 37 and Bell Street, in Lamb County, Texas, 79312, near the City of Sudan Texas. Lamb County, Texas 79371 Description of the facility is as follows: Facility consist of a pond system. Treatment units include a bar screen, and imhoff tank, two stabilization ponds/holding ponds, sludge drying beds, and a playa lake. This application is for renewal to dispose of treated domestic wastewater effluent at a daily average flow not to exceed 0.122 million gallons per day (MGD) via evaporation. The facility includes two storage ponds with a total surface area of 4.45 acres and a total capacity of 26.67 acre-feet for disposal of treated effluent via evaporation.

No discharge of pollutants into water in the state is authorized.

Effluent limitations of the treated domestic sewage effluent is to not exceed a daily average flow of 0.122 MGD from the treatment system. Biochemical Oxygen Demand single grab is to not exceed 100 mg/l. PH should not be less than 6.0 standard units nor greater than 9.0 standard units.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0010118001

APPLICATION. City of Amherst, P.O. Box 560, Amherst, Texas 79312, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0010118001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 122,000 gallons per day via evaporation. The domestic wastewater facility and disposal area are located approximately 2200 Feet NE of the Intersection of Farm-to-Market 37 and Bell Street, in Lamb County, Texas 79312. TCEQ received this application on November 25, 2024. The permit application will be available for viewing and copying at Amherst City Hall, front desk, 1011 Main Street, Amherst, in Lamb 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=-102.400277,34.019166&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. Search the database using the permit number for this application, which is provided at the top of this notice.

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at **https://www14.tceq.texas.gov/epic/eComment/**, or in

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

Further information may also be obtained from City of Amherst at the address stated above or by calling Rosa Angel, City Secretary, at 806-246-3421.

Issuance Date: January 22, 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 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☒
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

Check the box next to the appropriate authorization type.

☒ Publicly-Owned Domestic WastewaterX

☒ Privately-Owned Domestic WastewaterX

☐ Conventional Wastewater TreatmentX

Check the box next to the appropriate facility status.

☒ Active ☐ Inactive X

Check the box next to the appropriate permit type.

☒ TPDES PermitX

☐ TLAPX

☐ TPDES Permit with TLAP componentX

☐ Subsurface Area Drip Dispersal System (SADDS)X

Check the box next to the appropriate application type

☐ NewX

☐ Major Amendment Renewal ☐ Minor Amendment Renewal X

☐ Major Amendment Renewal ☐ Minor Amendment Renewal X

☒ Renewal without changes ☐ Minor Modification of permit X

For amendments or modifications, describe the proposed changes:

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 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

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

   Name of Project or Site: City of Amherst

   Physical Address of Project or Site: 2500ft north of Bell St and East 1st St.

   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

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission *(If other is checked please describe in space provided.)*

☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*

☒ Renewal *(Core Data Form should be submitted with the renewal form)* ☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600736508		RN 101607687

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ 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 Amherst	N/A

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
N/A	1-75-60000445-3	75-60000445	145192543

Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees	13. Independently Owned and Operated?
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher	☒ Yes ☐ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☐ Owner ☐ Operator ☒ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:								
	City of Amherst							
	P.O.Box 560							
	City	Amherst	State	Texas	ZIP	79312	ZIP + 4	79312-0560

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*

N/A	cityofamherst@windstream.net

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(806) 246 - 3421	N/A	(806) 246 - 3575

SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If "New Regulated Entity" is selected, a new permit application is also required.)*

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).

22. Regulated Entity Name *(Enter name of the site where the regulated action is taking place.)*

City of Amherst

23. Street Address of the Regulated Entity: *(No PO Boxes)*	Cityof Amherst							
	1011 Main St							
	City	Amherst	**State**	Texas	**ZIP**	79312	**ZIP + 4**	79312-0560
24. County	Lamb							

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

25. Description to Physical Location:	City Hall		
26. Nearest City		**State**	**Nearest ZIP Code**
Sudan		Texas	79371

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).

27. Latitude (N) In Decimal:	34.008497		**28. Longitude (W) In Decimal:**	-102.416402	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
N 34	0'30	.58488	W102	24'59	.07276

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4941	N/A	221300	N/A

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Goverment Municipality

34. Mailing Address:	**City of Amherst**							
	P.O. Box 560							
	City	**Amherst**	**State**	**Texas**	**ZIP**	**79312**	**ZIP + 4**	**79312-0560**

35. E-Mail Address:	cityofamherst@windstream.net	
36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(806) 246 - 3421	N/A	(806) 246 - 3575

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

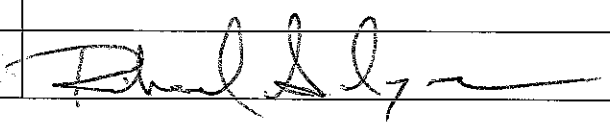
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☒ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☒ PWS
RN102143765				RN101396109
☐ Sludge	☐ Storm Water	☐ Title V Air	☒ Tires	☐ Used Oil
			11717	
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	RN101607687			

SECTION IV: Preparer Information

40. Name:	Richard Salazar	41. Title:	Director
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(806) 638 -6745	N/A	(806) 246-3575 -	cosdirpw@yahoo.com

SECTION V: Authorized Signature

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

Company:	City of Amherst	Job Title:	Director		
Name *(In Print)*:	Richard Salazar			Phone:	(806) 638 - 6745
Signature:				Date:	

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Amherst

PERMIT NUMBER (If new, leave blank): WQ0010118001

Administrative Report 1.0	☒		
Administrative Report 1.1	☒	☐	X
SPIF	☒	☒	X
Core Data Form	☒	☐	X
Public Involvement Plan Form	☒	☐	X
Technical Report 1.0	☒	☒	X
Technical Report 1.1	☒	☐	X
Worksheet 2.0	☒	☐	X
Worksheet 2.1	☒	☐	X
Worksheet 3.0	☒	☐	X
Worksheet 3.1	☒	☐	X
Worksheet 3.2	☒	☐	X
Worksheet 3.3	☒	☐	X
Worksheet 4.0	☒	☐	X
Worksheet 5.0	☒	☐	X
Worksheet 6.0	☒	☐	X
Worksheet 7.0	☒	☐	X
Original USGS Map	☒	☐	X
Affected Landowners Map	☐	☐	X
Landowner Disk or Labels	☐	☐	X
Buffer Zone Map	☐	☐	X
Flow Diagram	☐	☐	X
Site Drawing	☐	☐	X
Original Photographs	☐	☐	X
Design Calculations	☐	☐	X
Solids Management Plan	☐	☐	X
Water Balance	☐	☐	X

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 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☒
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

Check the box next to the appropriate authorization type.

☐ Publicly-Owned Domestic WastewaterX

☒ Privately-Owned Domestic WastewaterX

☐ Conventional Wastewater TreatmentX

Check the box next to the appropriate facility status.

☒ Active ☐ Inactive X

Check the box next to the appropriate permit type.

☒ TPDES PermitX

☐ TLAPX

☐ TPDES Permit with TLAP componentX

☐ Subsurface Area Drip Dispersal System (SADDS)X

Check the box next to the appropriate application type

☐ NewX

☐ Major Amendment Renewal ☐ Minor Amendment Renewal X

☐ Major Amendment Renewal ☐ Minor Amendment Renewal X

☒ Renewal without changes ☐ Minor Modification of permit X

For amendments or modifications, describe the proposed changes:

:
Permit Number: WQ0010118001
EPA I.D. (TPDES only): TX
Expiration Date: December 6,2024
Section 3. Facility Owner (Applicant) and Co-Applicant 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 Amherst

(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 600736508

CN: What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in .
Prefix: Last Name, First Name: Sawyer, Clinton
Title: Credential: Mayor
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?

(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: N/A

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: Last Name, First Name: N/A
Title: Credential:
Provide a brief description of the need for a co-permittee:

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.

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.

Prefix: Last Name, First Name: Salazar, Richard
Title: Credential: Director
Organization Name: City of Amherst
Mailing Address: City, State, Zip Code: Amherst, Texas, 79312
Phone No.:806-638-6745 E-mail Address: cosdirpw@yahoo.com
Check one or both: ☒ Administrative Contact ☒ Technical ContactX
Prefix: Last Name, First Name: N/A
Title: Credential:

Organization Name:
Mailing Address: City, State, Zip Code:
Phone No.: E-mail Address:
Check one or both: ☐ Administrative Contact ☒ Technical ContactX

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.

Prefix: Last Name, First Name: Angel, Rosa
Title: Credential: City Secretary
Organization Name: City of Amherst
Mailing Address: P.O. Box 560 City, State, Zip Code: Amherst, Texas 79312
Phone No.: 806-246-3421 E-mail Address: cityofamherst@windstream.net
Prefix: Last Name, First Name: Richard Salazar
Title: Credential: Director
Organization Name: City of Amherst
Mailing Address: P.O. Box 560 City, State, Zip Code: Amherst, Texas 79312
Phone No.: 806-638-6745 E-mail Address: cityofamherst@windstream.net

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: Last Name, First Name: Angel Rosa
Title: Credential: City Secretary
Organization Name: City of Amherst
Mailing Address: P.O.Box 560 City, State, Zip Code: Amherst, Texas 79312
Phone No.: 806-246-3421 E-mail Address: cityofamherst@windstream.net

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: Last Name, First Name: Salazar Richard
Title: Credential: Director
Organization Name: City of Amherst
Mailing Address: P.O. Box 560 City, State, Zip Code: Amherst Texas 79312
Phone No.: 806-638-6745 E-mail Address: cosdirpw@yahoo.com

Section 8. Public Notice Information (Instructions Page 27)

Prefix: Last Name, First Name: Angel Rosa
Title: Credential: City Secretary
Organization Name: City of Amherst
Mailing Address: P.O. Box 560 City, State, Zip Code: Amherst Texas 79312
Phone No.: 806-246-3421 E-mail Address: cityofamherst@windstream.net

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

☒ E-mail AddressX
☐ FaxX
☒ Regular MailX

Prefix: Last Name, First Name: Angel Rosa
Title: Credential: City Secretary
Organization Name: City of Amherst
Mailing Address: P.O. Box 560 City, State, Zip Code: Amherst, Texas 79312
Phone No.: 806-246-3421 E-mail Address: cityofamherst@windstream.net
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: City Hall
Location within the building: Front Office
Physical Address of Building: 1011 Main St
City: County: Lamb
Contact (Last Name, First Name): Rosa Angel
Phone No.: Ext.: 806-246-3421

This information for 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.

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 ☒ NoX

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

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

☒ Yes ☒ NoX

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

☒ Yes ☒ NoX

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 ☒ NoX

If the answer is to , public notices in an alternative language are required. Which language is required by the bilingual program? N/A, Spanish

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. N/A. This is a renewal with no changes.

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** 101607687

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

Name of project or site (the name known by the community where located):City of Amherst Wastewater Treatment Facility

Owner of treatment facility:

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

Owner of land where treatment facility is or will be: City of Amherst
Prefix: Last Name, First Name:
Title: Credential:
Organization Name:
Mailing Address:P.O.Box 560 City, State, Zip Code: Amherst, Texas 79312
Phone No.: 806-246-3421 E-mail Address: cityofamherst@windstream.net
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:
Owner of effluent disposal site: City of Amherst
Prefix: Last Name, First Name:
Title: Credential:
Organization Name:
Mailing Address: P.O. Box 560 City, State, Zip Code: Amherst Texas 79371
Phone No.:806-246-3421 E-mail Address: cityofamherst@windstream.net
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:
Owner sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant):: No sludge disposal is being requested or authorized.
Prefix: Last Name, First Name: N/A
Title: Credential:
Organization Name:
Mailing Address: City, State, Zip Code:
Phone No.: E-mail Address:
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:
Section 10. TPDES Discharge Information (Instructions Page 31)
Is the wastewater treatment facility location in the existing permit accurate?
☒ Yes ☐ NoX
If , , please give an accurate description: See Appendix 1. USGS MAP

Are the point(s) of discharge and the discharge route(s) in the existing permit correct?
☒ Yes ☐ NoX
If , , 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: See Appendix 2 Flow Diagram

City nearest the outfall(s): Amherst Texas
County in which the outfalls(s) is/are located: Lamb
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 ☒ NoX
If **yes**, indicate by a check mark if:

☐ Authorization granted ☒ Authorization pendingX
For applications, provide copies of letters that show proof of contact and the approval letter upon receipt. 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. City of Amherst under 5 MGD.
Section 11. TLAP Disposal Information (Instructions Page 32) N/A City of Amherst is TPDES.
For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
☐ Yes ☒ NoX
If , provide an accurate description of the disposal site location:

City nearest the disposal site:Amherst texas
County in which the disposal site is located: Lamb
For , describe the routing of effluent from the treatment facility to the disposal site: Treatment consist a Imhoff, then to 2 evaporative ponds then to a playa lake.

For , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A
Section 12. Miscellaneous Information (Instructions Page 32)
Is the facility located on or does the treated effluent cross American Indian Land?
☐ Yes ☒ NoX

A. 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 X
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.

Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?
☒ Yes ☒ NoX
If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:
Do you owe any fees to the TCEQ?
☒ Yes ☒ NoX
If , provide the following information:
Account number:
Amount past due: N/A
Do you owe any penalties to the TCEQ?
☐ Yes ☒ NoX
If , please provide the following information:
Enforcement order number:
Amount past due:
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. N/A

☐ Other Attachments. Please specify:

Section 14. Signature Page (Instructions Page 34)
If co-applicants are necessary, each entity must submit an original, separate signature page.

Permit Number: WQ0010113001

Applicant: City of Amherst

Certification: Mayor of City of Amherst

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): Clinton Sawyer

Signatory title: Mayor Signature: Clinton Sawyer Date: 11.25.2024

(Use blue ink)
Subscribed and Sworn to before me by the said_____

on this_____day of_____, 20_____.

My commission expires on the_____day of_ , 20___.

_____
Notary Public
Lamb
County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)
Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

☒ The applicant's property boundariesX

☒ The facility site boundaries within the applicant's property boundariesX

☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zoneX

☒ 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).)X

☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstreamX

☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of dischargeX

☒ 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 tidesX

☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's propertyX

☒ The property boundaries of all landowners surrounding the effluent disposal siteX

☒ 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 locatedX

☒ 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 locatedX

☐ 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.X

Indicate by a check mark in which format the landowners list is submitted:

☒ USB Drive ☒ Four sets of labelsX

Provide the source of the landowners' names and mailing addresses:

As required by , is any permanent school fund land affected by this application?

☐ Yes ☒ NoX

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

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 locationX

☐ 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.X

☐ At least one photograph of the existing/proposed effluent disposal siteX

☐ A plot plan or map showing the location and direction of each photographX

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.

- OwnershipX
- Restrictive easementX
- Nuisance odor controlX
- VarianceX

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 NoX

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 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

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

   Name of Project or Site: City of Amherst

   Physical Address of Project or Site: 2500ft north of Bell St and East 1st St.

   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 INFORMATIONSection 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): N/A

Full legal name (Last Name, First Name, Middle Initial):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number: Fax Number:

E-mail Address:

CN: 600736508

Customer Number: 600736508
Regulated Entity Number: 101607687
Permit Number: WQ0010118001

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIESBelow 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
Correct and Current Industrial Wastewater Permit Application Forms *(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)*			☒ Yes
Water Quality Permit Payment Submittal Form (Page 19) *(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)*			☒ Yes
7.5 Minute USGS Quadrangle Topographic Map Attached *(Full-size map if seeking "New" permit.* *8 ½ x 11 acceptable for Renewals and Amendments)*			☒ Yes
Current/Non-Expired, Executed Lease Agreement or Easement	☒ N/A		☒ Yes
Landowners Map *(See instructions for landowner requirements)*	☒ N/A		☐ Yes

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.

- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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): 0.122

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

C. Final Phase

Design Flow (MGD): .122

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

D. Current Operating Phase N/A

Provide the startup date of the facility: 1944

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 must be provided.**

Wastewater comes in through a bar screen, then through a 3" parshall flume then into a Imhoff treatment. Then to 2 evaporative ponds, then to a play lake. System does have a concrete sludge drying bed.

See Appendix 2 Flow Diagram

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 phases of operation.**

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Imhoff	1	See Appendix 3
West Pond	1	See Appendix 3
East Pond	1	See Appendix 3
Playa Lake	1	17 Acres

C. Process Flow Diagram

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

Attachment:

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

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

- Latitude: 34.008497
- Longitude: -102.416402

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

- Latitude: N/A
- Longitude:N/A

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

- The boundaries of the treatment facility; See Appendix 1
- The boundaries of the area served by the treatment facility; See Appendix 1
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and See Appendix 3
- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site. N/A

Attachment:

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

City of Amherst

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
N/A		Choose an item.	

Collection System Name	Owner Name	Owner Type	Population Served
N/A		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.**

N/A

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.

N/A

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? N/A

B. ☐ Yes ☐ No

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

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

C. Buffer zones

Have the buffer zone requirements been met? N/A

D. ☒ 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.

E. Other actions required by the current permit

Does the 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.

F. ☐ Yes ☒ No

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

G. Grit and grease treatment

1. Acceptance of grit and grease waste

H. 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?

I. ☐ Yes ☒ No

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

2. Grit and grease processing

K. 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.

3. Grit disposal

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

M. ☐ Yes ☒ No

N. **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.

O. Describe the method of grit disposal.

4. Grease and decanted liquid disposal

P. 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.

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

R. Stormwater management

1. Applicability

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

T. ☐ Yes ☒ No

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

V. ☐ Yes ☒ No

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

2. ***MSGP coverage***

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

Y. ☒ Yes ☐ No

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

AA. TXR05 or TXRNE

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

CC. ☒ Yes ☐ No

3. ***Conditional exclusion***

DD. 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)?

EE. ☒ Yes ☐ No

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

4. ***Existing coverage in individual permit***

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

HH. ☐ Yes ☒ No

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

5. ***Zero stormwater discharge***

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

KK. ☒ Yes ☐ No

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

MM. 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

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

OO. ☐ Yes ☒ No

PP. **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.

QQ. 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.

RR. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

SS. ☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

VV. ☐ Yes ☒ No

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

XX. 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_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

YY. 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***

ZZ. Is the facility accepting or will it accept septic waste?

AAA. ☐ Yes ☒ No

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

CCC. ☐ Yes ☐ No

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

EEE. ☐ Yes ☐ No

FFF. 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_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

GGG. 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)***

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

III. ☐ Yes ☒ No

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

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 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 N/A

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity ($CaCO_3$)*, mg/l					

*TPDES permits only
†TLAP permits only

Table1.0(3) – Pollutant Analysis for Water Treatment Facilities N/A

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: City of Amherst

Facility Operator's License Classification and Level: Wastewater treatment Operator Class C

Facility Operator's License Number: WW0012550

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>= 1 MGD
- ☐ Serves >= 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 (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☒ Other Treatment Process:

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.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP):

D. Disposal site

Disposal site name: Lubbock Landfill

TCEQ permit or registration number: unknown

County where disposal site is located: Lubbock County

E. Transportation method

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

Name of the hauler: Forza Safety LLC

Hauler registration number: unknown

Sludge is transported as a:

F. 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?

B. ☐ Yes ☒ No

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

C. ☐ 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)?

D. ☐ Yes ☐ No

E. Sludge processing authorization

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

F.	Sludge Composting	☐ Yes	☒ No
G.	Marketing and Distribution of sludge	☐ Yes	☒ No
H.	Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
I.	Temporary storage in sludge lagoons	☐ Yes	☒ No

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

J. ☐ 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:

  B. Attachment: See Appendix 1

- USDA Natural Resources Conservation Service Soil Map:

  C. Attachment: N/A

- Federal Emergency Management Map:

  D. Attachment: N/A

- Site map:

  E. Attachment: See Appendix 1 and 3

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

F. ☐ Overlap a designated 100-year frequency flood plain

G. ☐ Soils with flooding classification

H. ☐ Overlap an unstable area

I. ☐ Wetlands

J. ☐ Located less than 60 meters from a fault

K. ☒ None of the above

L. Attachment:

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:

M. Temporary storage information **N/A**

Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in

N. Nitrate Nitrogen, mg/kg:

O. Total Kjeldahl Nitrogen, mg/kg:

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

Q. Phosphorus, mg/kg:

R. Potassium, mg/kg:

S. pH, standard units:

T. Ammonia Nitrogen mg/kg:

U. Arsenic:

V. Cadmium:

W. Chromium:

X. Copper:

Y. Lead:

Z. Mercury:

AA. Molybdenum:

BB. Nickel:

CC. Selenium:

DD. Zinc:

EE. Total PCBs:

Provide the following information:

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

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

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

II. Liner information N/A

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?

JJ. ☒ Yes ☐ No

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

KK. Site development plan N/A

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

Attach the following documents to the application.

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

  LL. Attachment:

- Copy of the closure plan

  MM. Attachment:

- Copy of deed recordation for the site

  NN. Attachment:

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

  OO. Attachment:

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

  PP. Attachment:

- Procedures to prevent the occurrence of nuisance conditions

  QQ. Attachment:

RR. 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)? N/A

SS. ☐ 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.

TT. Attachment:

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?

B. ☐ Yes ☒ No

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

C. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

D. ☐ Yes ☒ No

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

E. ☐ Yes ☒ No

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

Section 13. RCRA/CERCLA Wastes (Instructions Page 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?

B. ☐ Yes ☒ No

C. 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?

D. ☐ Yes ☒ No

E. Details about wastes received

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

F. Attachment:

Section 14. Laboratory Accreditation (Instructions Page 56)
All laboratory tests performed must meet the requirements of , 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 for specific requirements.

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

G. CERTIFICATION:

H. I certify that all laboratory tests submitted with this application meet the requirements of Printed Name: Richard Salazar

Title: Director

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1The 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.

Renewal without changes.

B. Regionalization of facilities

For additional guidance, please review TCEQ's Regionalization Policy for Wastewater Treatment[1].

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

1. Municipally incorporated areas

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

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

E. ☐ Yes ☒ No ☒ Not Applicable

F. **If yes**, within the city limits of:

G. **If yes**, attach correspondence from the city.

H. Attachment:

I. 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.

J. Attachment:

2. Utility CCN areas

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

L. ☒ Yes ☒ No

M. **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.

N. Attachment:

[1] https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater

3. Nearby WWTPs or collection systems

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

P. ☐ Yes ☒ No

Q. **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.

R. Attachment:

S. **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.

T. Attachment:

U. 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.

V. Attachment:

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):

Average Influent Organic Strength or BOD_5 Concentration in mg/l:

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34):

Provide the source of the average organic strength or BOD_5 concentration.

B. Proposed organic loading N/A

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		

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
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_5 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:

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

D. Disinfection Method

Identify the proposed method of disinfection.

E. ☒ Chlorine: mg/l after minutes detention time at peak flow

Dechlorination process:

F. ☐ Ultraviolet Light: seconds contact time at peak flow

G. ☐ Other:

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:

Section 5. Facility Site (Instructions Page 60)

A. 100-year floodplain

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

B. ☐ Yes ☐ No

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

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

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

C. ☐ Yes ☒ No

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

D. ☒ Yes ☒ No

If yes, provide the permit number:

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

E. Wind rose

Attach a wind rose:

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?

B. ☒ Yes ☐ No

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

C. Sludge processing authorization

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

D. ☐ Sludge Composting

E. ☒ Marketing and Distribution of sludge

F. ☒ 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)**:

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

Attach a solids management plan to the application.

Attachment:

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 WATERSThe 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 it Section 2. **If yes**, provide the following:

Owner of the drinking water supply:

Distance and direction to the intake:

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

G. Attachment:

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:

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

C. ☐ Yes ☐ No

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

D. Sea grasses

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

E. ☐ Yes ☐ No

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

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:

A. Receiving water type

Identify the appropriate description of the receiving waters.

B. ☒ Stream

C. ☒ Freshwater Swamp or Marsh

D. ☒ Lake or Pond

E. Surface area, in acres:

F. Average depth of the entire water body, in feet:

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

H. ☐ Man-made Channel or Ditch

I. ☒ Open Bay

J. ☒ Tidal Stream, Bayou, or Marsh

K. ☒ Other, specify:

L. Flow characteristics

upstreamdownstream.

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

N. ☒ ☒ Perennial - normally flowing

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

O. ☒ USGS flow records

P. ☒ Historical observation by adjacent landowners

Q. ☒ Personal observation

R. ☒ Other, specify:

S. Downstream perennial confluences

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

T. 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.)?

U. ☐ Yes ☒ No

If yes, discuss how.

V. Normal dry weather characteristics

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

Date and time of observation:

Was the water body influenced by stormwater runoff during observations?

W. ☒ 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.

B.	☐	Oil field activities	☐	Urban runoff
C.	☐	Upstream discharges	☐	Agricultural runoff
D.	☐	Septic tanks	☐	Other(s), specify:

E. Waterbody uses

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

F.	☐	Livestock watering	☐	Contact recreation
G.	☐	Irrigation withdrawal	☐	Non-contact recreation
H.	☐	Fishing	☐	Navigation
I.	☐	Domestic water supply	☐	Industrial water supply
J.	☐	Park activities	☐	Other(s), specify:

K. Waterbody aesthetics

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

L. ☒ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional

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

N. ☐ Common Setting: not offensive; developed but uncluttered; water may be colored or turbid

O. ☐ 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. N/A

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

Date of study: Time of study:

Stream name:

Location:

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

☐ Perennial ☒ Intermittent with perennial pools

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

Number of stream bends that are well defined:

Number of stream bends that are moderately defined:

Number of stream bends that are poorly defined:

Number of riffles:

Evidence of flow fluctuations (check one):

☒ Minor ☐ moderate ☒ severe

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

R.

Stream transects

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

Table 2.1(1) - Stream Transect Records

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

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

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

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

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

Length of stream evaluated, in feet:

Number of lateral transects made:

Average stream width, in feet:

Average stream depth, in feet:

Average stream velocity, in feet/second:

Instantaneous stream flow, in cubic feet/second:

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

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

Maximum pool depth, in feet:

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT**The following is required for renewal, new, and amendment permit applications.**

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

Identify the method of land disposal:

- ☐ Surface application
- ☐ Irrigation
- ☐ Drip irrigation system
- ☒ Evaporation
- ☐ Other (describe in detail):
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Subsurface area drip dispersal system
- ☐ Evapotranspiration beds

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

For existing authorizations, provide Registration Number: 101607687

U. Section 2. Land Application Site(s) (Instructions Page 68) N/A

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

V. 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
East	See Appendix 3			
West	See Appendix 3			

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

Attachment: See Appendix 4

W. 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.

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

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

X.

Y. 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.

- 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

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

- 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

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

AA. 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.

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.

BB. 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.

B.

C. 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.

D.

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
N/A				

E. 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
11-12-24		54	40	7.7	N/A	N/A
10-15-24	.046	45	64	7.9		
9-10-24	.044	33	81	7.3		
8-13-24	.039	30	120	6.7		
7-9-24	.032	53	59	7.4		
6-18-24	.032	42	84	7.4		

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
5-14-24	.035	57	77	7.7		
4-16-24	.032	26	29	7.8		
3-12-24	.033	20	101	8.0		
2-13-24	.036	14	108	8.4		
1-2-24	.037	29	84	7.4		
12-12-24	.034	28	152	7.1		
11-7-23	.033	28	65	7.6		
10-10-23	.033	40	108	7.4		
9-19-23	.032	30	80	7.8		
8-8-23	.034	41	137	7.4		
7-11-23	.032	52	94	7.8		
6-6-23	.035	58	66	7.7		
5-9-23	.035	59	88	7.6		
4-4-23	.033	35	73	7.1		
3-14-23	.042	30	30	7.9		
2-21-23	.037	28	55	7.5		
1-10-23	.040	4	83	7.9		
12-6-22	.044	56	116	8.6		

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

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 N/A

Area under irrigation, in acres:

Design application frequency:

B. hours/day **And** days/week

Land grade (slope):

C. average percent (%):

D. maximum percent (%):

Design application rate in acre-feet/acre/year:

Design total nitrogen loading rate, in lbs N/acre/year:

Soil conductivity (mmhos/cm):

Method of application:

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

E. Attachment:

F. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: 35,000 GPD

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

G. Attachment: See Appendix 3 Treatment Unit Dimensions

H. Evapotranspiration beds N/A

Number of beds:

Area of bed(s), in acres:

Depth of bed(s), in feet:

Void ratio of soil in the beds:

Storage volume within the beds, in acre-feet:

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

I. Attachment:

J. Overland flow N/A

Area used for application, in acres:

Slopes for application area, percent (%):

Design application rate, in gpm/foot of slope width:

Slope length, in feet:

Design BOD_5 loading rate, in lbs BOD_5/acre/day:

Design application frequency:

K. hours/day: **And** days/week:

Attach a separate engineering report with the method of application and design requirements according to .

L. **Attachment:**

Section 2. Edwards Aquifer (Instructions Page 73)

Is the facility subject to , 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:

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENTThe 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

Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system: N/A

☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)

☐ Low Pressure Dosing

☐ Other, specify:

Application area, in acres:

Area of drainfield, in square feet:

Application rate, in gal/square foot/day:

Depth to groundwater, in feet:

Area of trench, in square feet:

Dosing duration per area, in hours:

Number of beds:

Dosing amount per area, in inches/day:

Infiltration rate, in inches/hour:

Storage volume, in gallons:

Area of bed(s), in square feet:

Soil Classification:

Attach a separate engineering report with the information required in 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:

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 . 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 EFFLUENTThe 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

Section 1. Administrative Information (Instructions Page 75) N/A

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. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

C. ☒ 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.

D. Owner of the subsurface area drip dispersal system:

E. 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?

F. ☐ 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.

G. Owner of the land where the subsurface area drip dispersal system is located:

H. 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?

I. ☒ 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.

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 75)

A. Type of system

☐ Subsurface Drip Irrigation

☒ Surface Drip Irrigation

☐ Other, specify:

B. Irrigation operations N/A

Application area, in acres:

Infiltration Rate, in inches/hour:

Average slope of the application area, percent (%):

Maximum slope of the application area, percent (%):

Storage volume, in gallons:

Major soil series:

Depth to groundwater, in feet:

C. Application rate

Is the facility located **west** of the boundary shown in **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

D. ☐ Yes ☐ No

E.

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?

F. ☐ Yes ☐ No

G. 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?

H. ☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day:

Nitrogen application rate, in lbs/gal/day:

I. Dosing information

Number of doses per day:

Dosing duration per area, in hours:

Rest period between doses, in hours:

Dosing amount per area, in inches/day:

Number of zones:

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

J. ☐ Yes ☐ No

K. 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.

L. Attachment:

Section 3. Required Plans (Instructions Page 75)

A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in .

B. Attachment:

C. Soil evaluation

Attach a Soil Evaluation with all information required in .

D. Attachment:

E. Site preparation plan

Attach a Site Preparation Plan with all information required in .

F. Attachment:

G. Soil sampling/testing

Attach soil sampling and testing that includes all information required in .

H. Attachment:

Section 4. Floodway Designation (Instructions Page 76)

A. Site location

Is the existing/proposed land application site within a designated floodway?

B. ☒ Yes ☒ No

C. Flood map

Attach either the FEMA flood map or alternate information used to determine the floodway.

D. Attachment:

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.

B. Attachment:

C. Buffer variance request

Do you plan to request a buffer variance from water wells or waters in the state?

D. ☒ Yes ☐ No

E. If yes, then attach the additional information required in **Attachment:**

Section 6. Edwards Aquifer (Instructions Page 76)

A. Is the SADDS located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

B. ☐ Yes ☒ No

C. Is the SADDS located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

D. ☐ Yes ☒ No

If yes to either question, then the SADDS may be prohibited by . 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 REQUIREMENTSThe 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) N/A

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected:

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
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri)				N/A
Chromium (Hex)				3

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10
Cyanide				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
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
Fluoride				500
Guthion				0.1
Heptachlor				0.01

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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)				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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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:

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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
Hexachlorobenzene				5
Hexachlorobutadiene				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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

B. Common Name 2,4,5-T, CASRN 93-76-5

☐ 2-(2,4,5-trichlorophenoxy) propanoic acid

C. Common Name Silvex or 2,4,5-TP, CASRN 93-72-1

☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate

D. Common Name Erbon, CASRN 136-25-4

☒ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate

E. Common Name Ronnel, CASRN 299-84-3

☒ 2,4,5-trichlorophenol

F. Common Name TCP, CASRN 95-95-4

☒ hexachlorophene

G. 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.

H. 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?

I. ☐ Yes ☐ No

If **yes**, provide a brief description of the conditions for its presence.

J. 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.

K. Grab ☒ Composite ☒

Date and time sample(s) collected:

Table 4.0(2)F – Dioxin/Furan Compounds

Compound	Toxic Equivalency 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

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
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 REQUIREMENTSThe 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. N/A

7-day Chronic:

48-hour Acute:

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.

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 CONTRIBUTIONThe following **is required for all publicly owned treatment works.**
Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs) N/A

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).

B. Categorical IUs:

C. Number of IUs:

D. Average Daily Flows, in MGD:

E. Significant IUs – non-categorical:

F. Number of IUs:

G. Average Daily Flows, in MGD:

H. Other IUs:

I. Number of IUs:

J. Average Daily Flows, in MGD:

K. Treatment plant interference

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

L. ☐ 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.

M. Treatment plant pass through

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

N. ☐ 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.

O. Pretreatment program

Does your POTW have an approved pretreatment program?

P. ☒ Yes ☐ No

Q. **If yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

R. ☐ Yes ☒ No

S. **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 ?

B. ☒ Yes ☐ No

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

C. 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?

D. ☒ Yes ☐ No

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

E. 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

F. 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?

G. ☒ Yes ☐ No

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

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 90)

A. General information

Company Name:

SIC Code:

Contact name:

Address:

City, State, and Zip Code:

Telephone number:

Email address:

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).

C. Product and service information

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

D. Flow rate information

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

E. Process Wastewater:

F. Discharge, in gallons/day:

G. Discharge Type: ☒ Continuous ☒ Batch ☐ Intermittent

H. Non-Process Wastewater:

I. Discharge, in gallons/day:

J. Discharge Type: ☒ Continuous ☐ Batch ☒ Intermittent

K. Pretreatment standards

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

L. ☐ Yes ☐ No

Is the SIU or CIU subject to categorical pretreatment standards found in ?

M. ☒ Yes ☐ No

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

N. Category: Subcategories:

O.

P. Category:

Q. Subcategories:

R. Category:

S. Subcategories:

T. Category:

U. Subcategories:

V. Category:

W. Subcategories:

X. 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?

Y. ☐ Yes ☒ No

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

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) N/A

Z. Program Area (PST, VCP, IHW, etc.):

AA. Program ID:

BB. Contact Name:

CC. Phone Number:

DD. Contact Name:

EE. Address:

FF. City, State, and Zip Code:

GG. Phone Number:

HH. ☐ Owner ☐ Operator

II. Owner/Operator Name:

JJ. Contact Name:

KK. Address:

LL. City, State, and Zip Code:

MM. Phone Number:

NN. Facility Name:

OO. Address:

PP. City, State, and Zip Code:

QQ. Location description (if no address is available):

RR. Facility Contact Person:

SS. Phone Number:

TT. Latitude:

UU. Longitude:

VV. Method of determination (GPS, TOPO, etc.):

WW. Attach topographic quadrangle map as attachment A.

XX. Type of Well Construction, select one:

YY. ☐ Vertical Injection

ZZ. ☐ Subsurface Fluid Distribution System

AAA. ☐ Infiltration Gallery

BBB. ☐ Temporary Injection Points

CCC. ☐ Other, Specify:

DDD. Number of Injection Wells:

EEE. Detailed Description regarding purpose of Injection System:

FFF. Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

GGG. Water Well Driller/Installer Name:

HHH. City, State, and Zip Code:

III. Phone Number:

JJJ. License Number:

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:

System(s) Construction:

Section 4. Site Hydrogeological and Injection Zone Data

Name of Contaminated Aquifer:

Receiving Formation Name of Injection Zone:
Well/Trench Total Depth:
Surface Elevation:
Depth to Ground Water:
Injection Zone Depth:
Injection Zone vertically isolated geologically? ☐ Yes ☐ NoX

KKK. Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

LLL. Name:

MMM. Thickness:

Provide a list of contaminants and the levels (ppm) in contaminated aquifer

NNN. Attach as Attachment E.

Horizontal and Vertical extent of contamination and injection plume

OOO. Attach as Attachment F.

Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.

PPP. Attach as Attachment G.

Injection Fluid Chemistry in PPM at point of injection

QQQ. Attach as Attachment H.

Lowest Known Depth of Ground Water with < 10,000 PPM TDS:
Maximum injection Rate/Volume/Pressure:
Water wells within 1/4 mile radius (attach map as Attachment I):
Injection wells within 1/4 mile radius (attach map as Attachment J):
Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K):
Sampling frequency:
Known hazardous components in injection fluid:
Section 5. Site History
Type of Facility:
Contamination Dates:
Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L):
Previous Remediation (attach results of any previous remediation as attachment M):

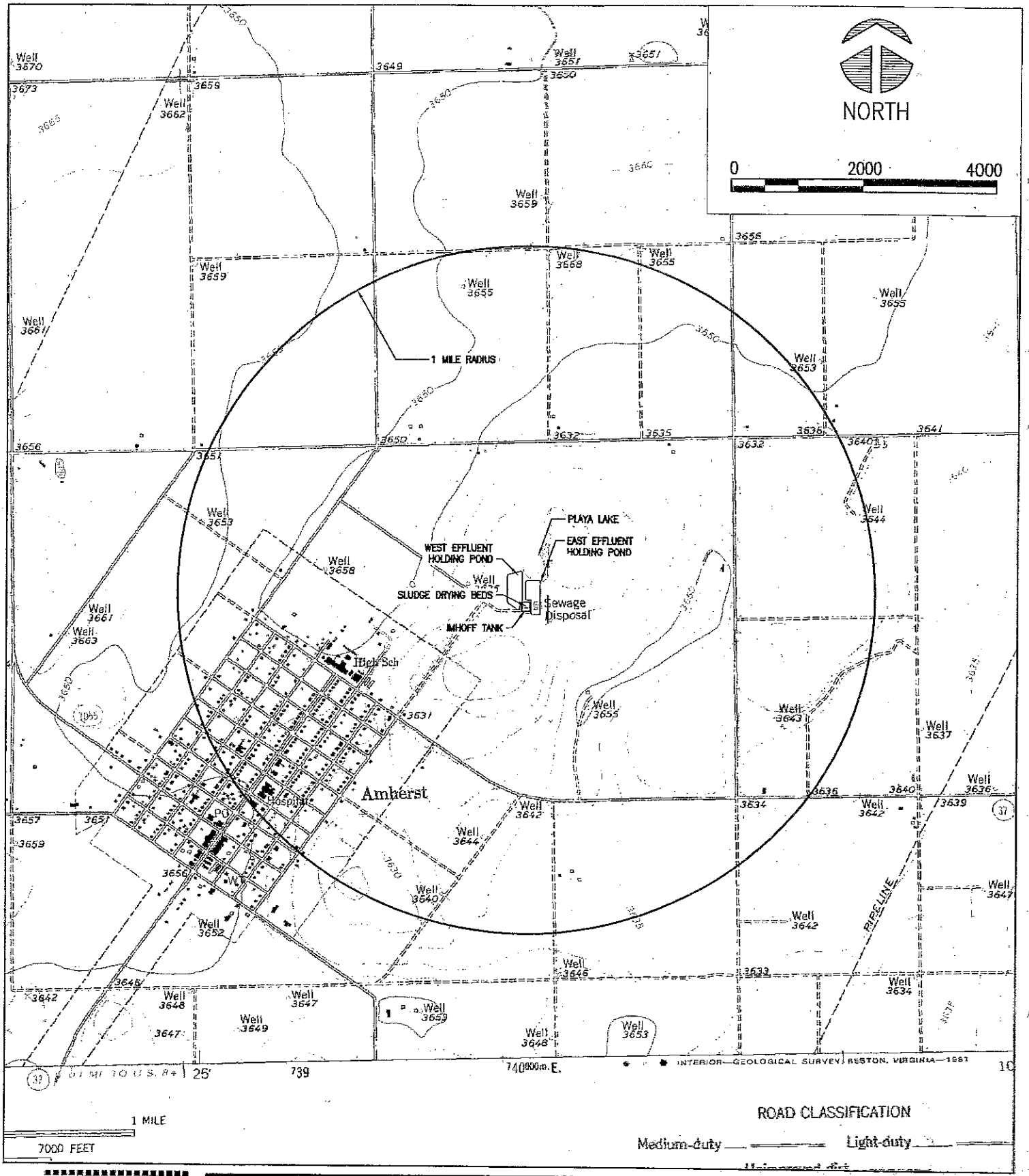
NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.

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 WTTP disposal
5W20 Industrial Process Waste Disposal Wells
5W31 Septic System (Well Disposal method)

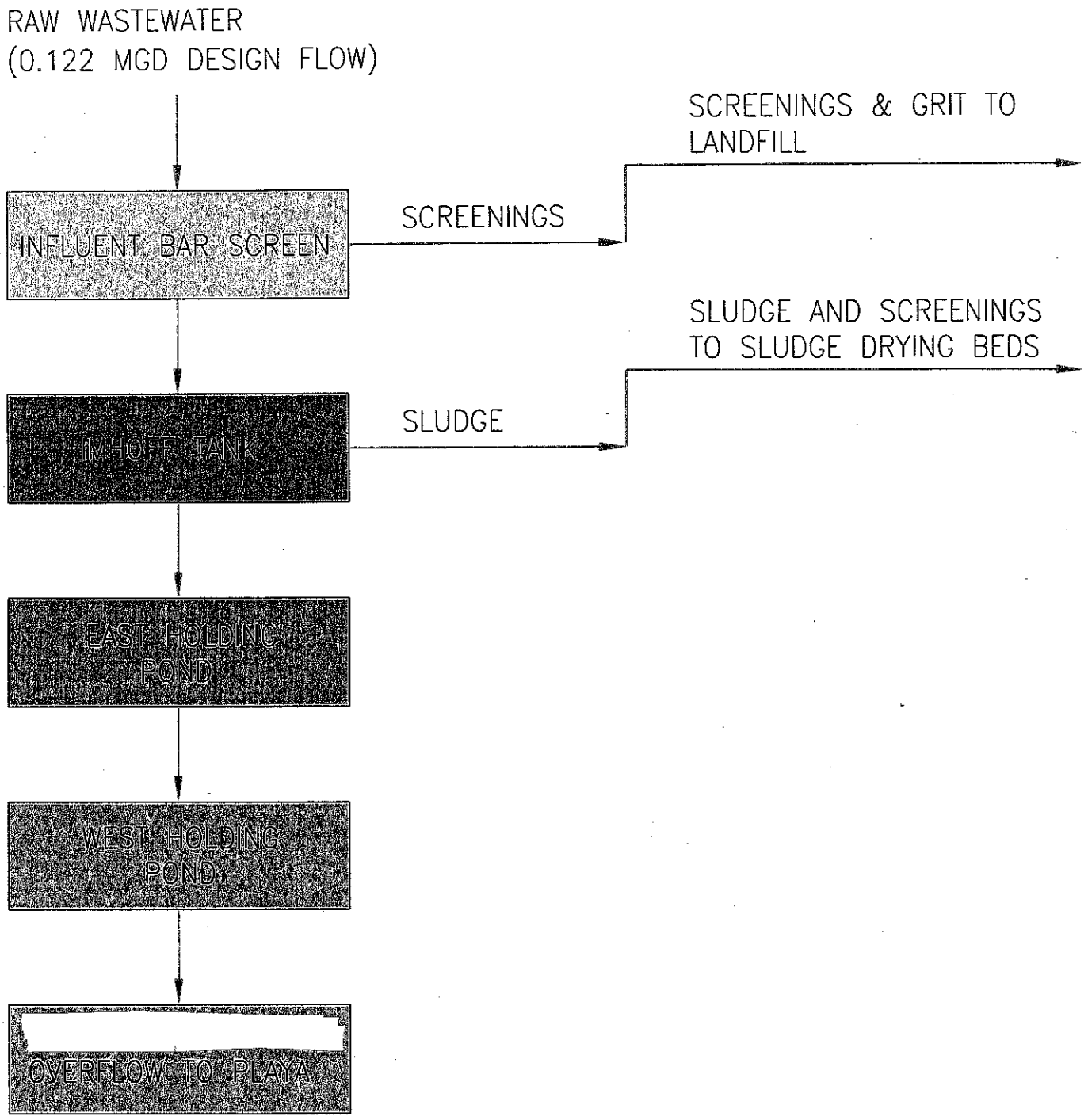
5W32 Septic System Drainfield Disposal
5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
5X26 Aquifer Remediation (IW used to clean up, treat, or 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)

APPENDIX 1
USGS MAP



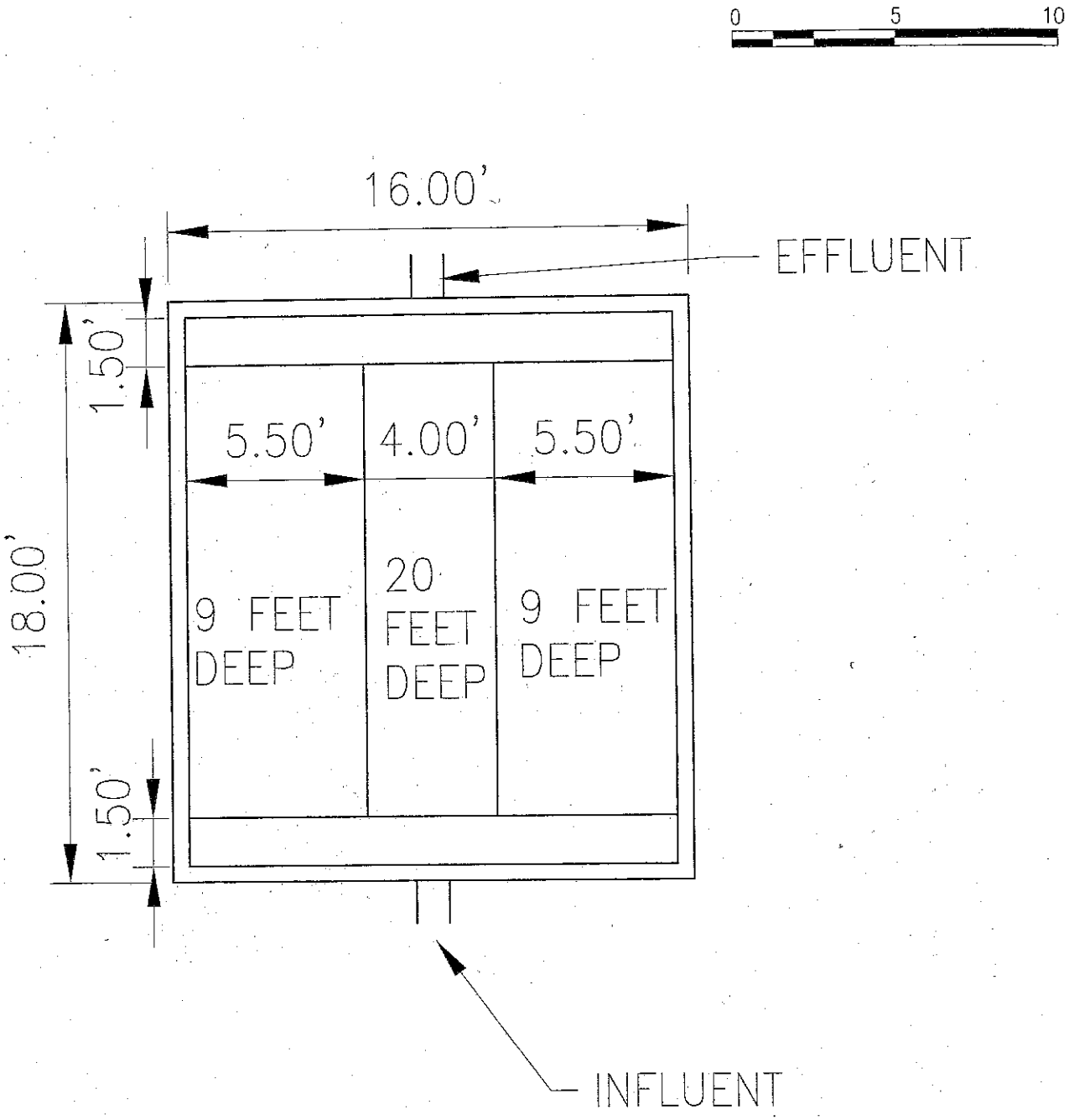
PROJECT NAME:	AMHERST WWTP	SHEET:	USGS
PREPARED BY:	PARKHILL, SMITH & COOPER LUBBOCK, TEXAS (806) 473-2200	ISSUE DATE:	OCTOBER 2008
		REVISIONS:	-
		PSC PROJECT #:	01-0176-08

APPENDIX 2
FLOW DIAGRAM

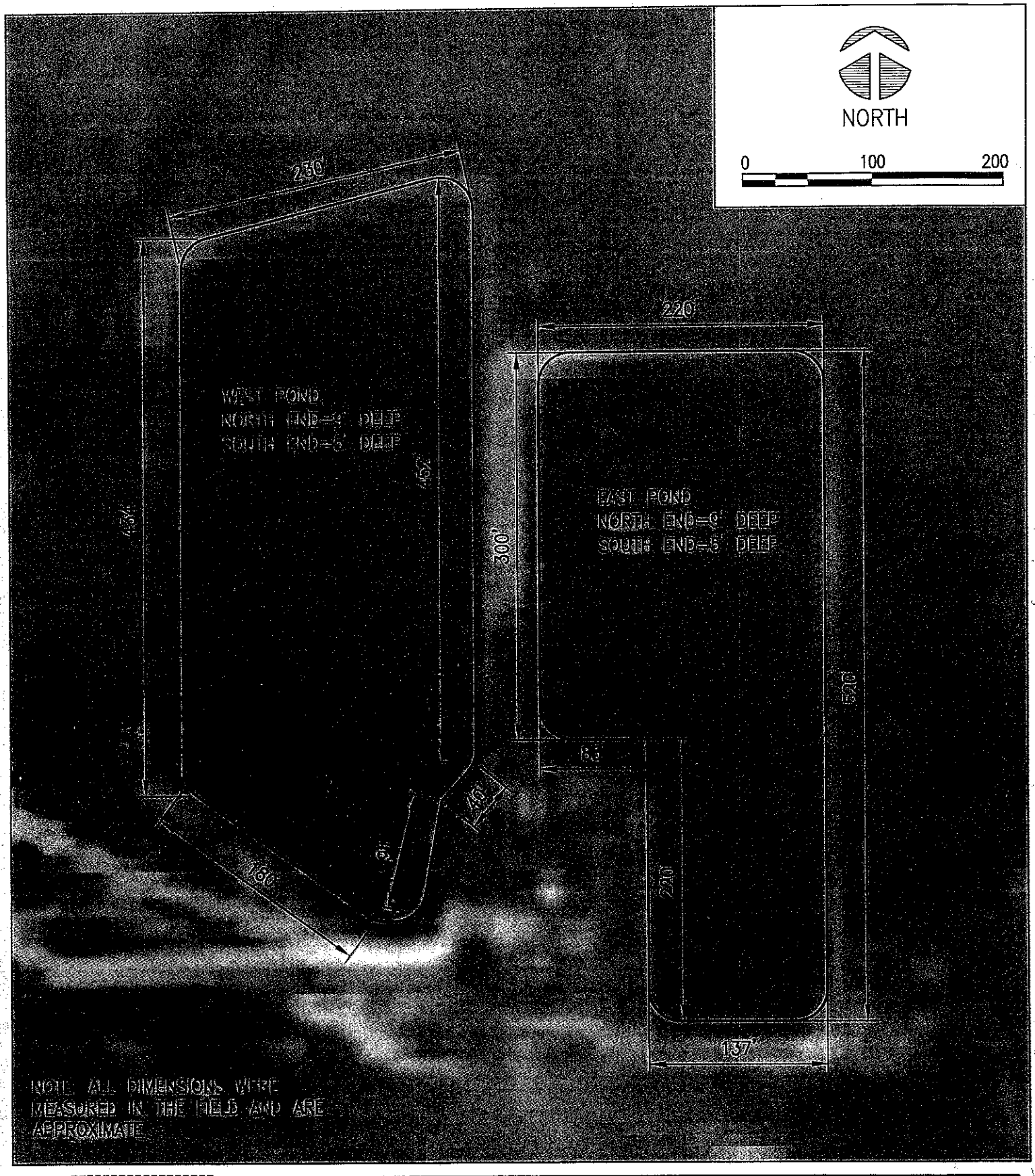


PROJECT NAME:	CITY OF AMHERST FLOW DIAGRAM	SHEET:	APPENDIX 2
		ISSUE DATE:	SEPTEMBER 2008
PREPARED BY	PARKHILL, SMITH & COOPER, INC.	REVISIONS:	
PHONE:	(806) 473-2200	PSC PROJECT #:	01-0176-08

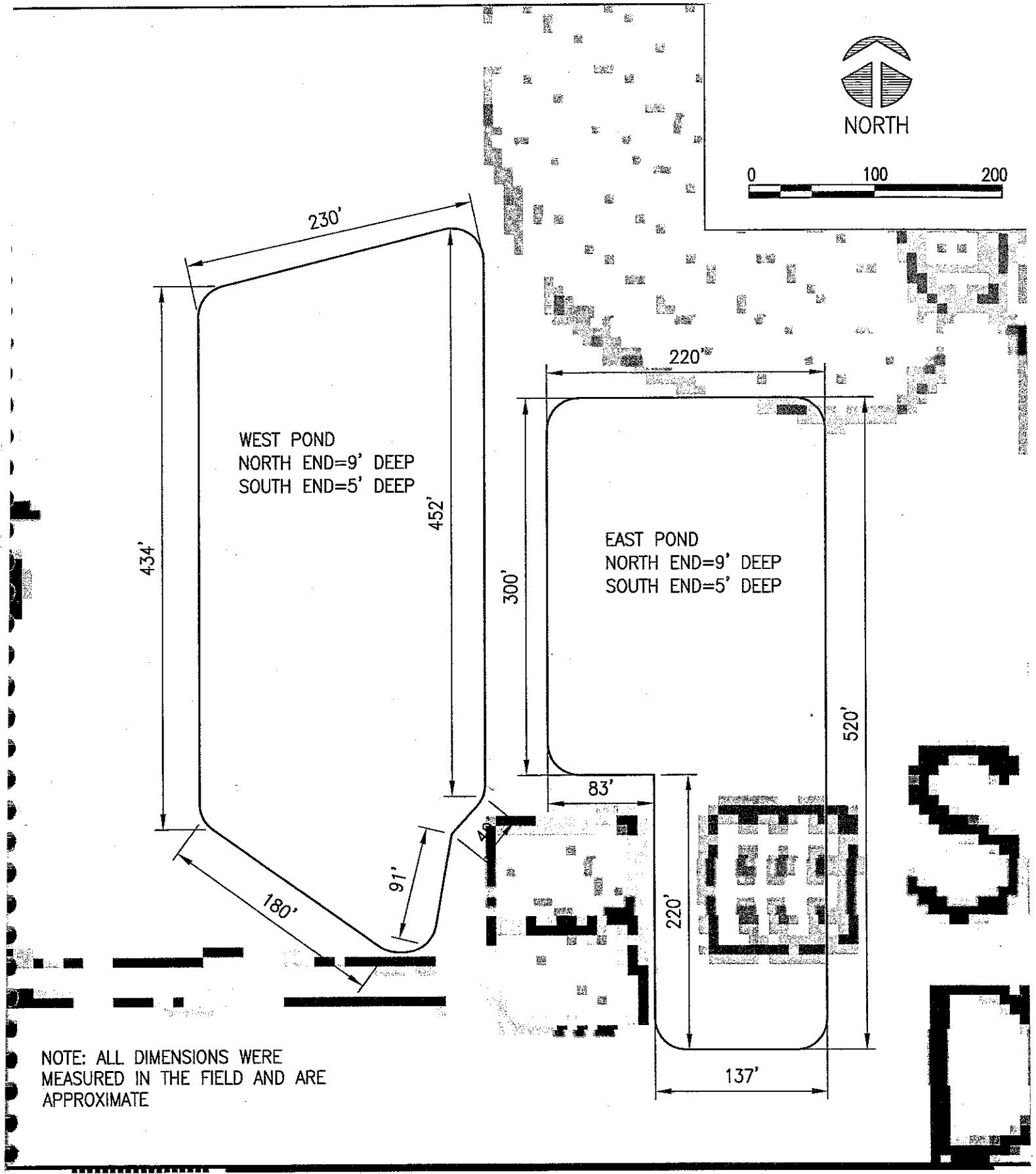
APPENDIX 3
TREATMENT UNIT DIMENSIONS



PROJECT NAME:	CITY OF AMHERST WWTP	SHEET:	IMHOFF TANK
PREPARED BY:	PARKHILL, SMITH & COOPER LUBBOCK, TEXAS (806) 473-2200	ISSUE DATE:	SEPTEMBER 2008
		REVISIONS:	.
			.
		PSC PROJECT #:	01-0176-08



PROJECT NAME:	CITY OF AMHERST WWTP	SHEET:	POND SIZES
PREPARED BY:	PARKHILL, SMITH & COOPER LUBBOCK, TEXAS (806) 473-2200	ISSUE DATE:	SEPTEMBER 24, 2008
		REVISIONS:	. .
		PSC PROJECT #:	01-0176-08



NOTE: ALL DIMENSIONS WERE MEASURED IN THE FIELD AND ARE APPROXIMATE

PROJECT NAME:	CITY OF AMHERST WWTP	SHEET:	POND SIZES
PREPARED BY:	PARKHILL, SMITH & COOPER LUBBOCK, TEXAS (806) 473-2200	ISSUE DATE:	SEPTEMBER 24, 2008
		REVISIONS:	. .
		PSC PROJECT #:	01-0176-08

East Pond

Surface Area = 2.2 acres
Assume South half = 5' deep
North half = 9' deep
2.2 ÷ 2 = 1.1 acres
Storage Volume North half = 1.1ac x 9' = 9.9ac-f
Storage Volume South half = 1.1ac x 5' = 5.5ac-f

West Pond

Surface Area = 2.6 acres
Assume South half = 5' deep
Assume North half = 9' deep
2.6 acres ÷ 2 = 1.3 acres
Storage Volume North half = 1.3ac x 9' = 11.7ac-f
Storage Volume South half = 1.3ac x 5' = 6.5ac-f

APPENDIX 4: POND LINER CERTIFICATION

JACOB MARTIN

INTEGRITY
EXCELLENCE
TRUST

May 14, 2021

Ms. Rosa Angel – City Secretary
1011 Main St,
Amherst, Texas 79312
Via email – cityofamherst@windstream.net

City of Amherst – Lamb County, TX
WWTP Violations
City of Amherst (CN600736508) (RN101607687)

Dear Ms. Angel:

Please see the attached certification for the above-mentioned City of Amherst Wastewater Treatment Plant Pond Liner. This certification is to resolve the following violation:

1) 30 TAC Chapter 305, Subchapter F 305.125(1); PERMIT Special Provisions 6 - Failure to furnish certification signed and sealed by a Texas-licensed professional engineer that the completed lining meets the appropriate criteria listed in the current permit.

Our team is also in the prosses of updating the Groundwater Monitoring Plan to include the Bradley Well located northwest of the WWTP. This is to address the second violation regarding the failure to submit an updated Groundwater Sampling and Analysis Plan to the TCEQ Water Quality Assessment Team (MC-150). If you have any questions or need additional information, please feel free to contact me at aphillips@jacobmartin.com or at 806-368-6375.

Sincerely,

Allen Phillips, P.E.
JACOB | MARTIN
Cc: Mr. Richard Salazar, via email – cosdirpw@yahoo.com
Attachments – Liner Certification

CITY OF AMHERST, TEXAS
WASTEWATER TREATMENT PLANT
POND LINER CERTIFICATION

The City of Amherst, Texas (TPDES Permit No. WQ 0010118001, RN 101607687; CN 600736508)

The storage ponds constructed as part of the Amherst Wastewater Treatment Plant were constructed with a 40 mill HDPE Liner with leak detection as outlined in the Texas Administrative Code, Title 30, Part 1, Chapter 217, Subchapter H. Upon site investigation and as-built record review, I can certify that the ponds meet the following requirements as found in the afore mentioned sections and in the Special Provisions' section of the renewed 2014 Permit section 5B. Section 5B states that the liner must be either plastic or rubber membrane material of at least 40 mils in thickness which completely covers the sides and bottom of the ponds. In addition, an under drain with leachate detection and collection system is required. I have included excerpts of the as built HPDE liner submittal information, project contract documents outlining leachate detection as well as site photographs of the leachate detection ports.

05/14/2021

JACOB|MARTIN, LLC.

By: James A. Phillips
Allen Phillips, P.E.

Poly-Flex Construction, Inc.

2000 W Marshall Dr , Grand Prairie, TX 75051
Tel 888-765-9359 Fax 972-337-7233

Date	2003					
Project	Amherst Ponds	Sheet: Textured		Smooth	X	Mil 40
Project Location	Amherst, TX					
Project Number	235004	Density: HDPE	X	LLDPE		

Defect Code:

BO- Burn Out
BS- Boot Skirt
CO- Change of Overlap
GR- Grease
IN- Installation Damage
DT- Destructive Sample
EE- Earthwork Equip Dam
EXT- Extension
FS- Failed Seam
IO- Insufficient Overlap
MD- Manufacter's Damage
PT- Pressure Test Cut
SF- Soil Irregularity
SC- Slag on Textured
T- Panel Intersection
VL- Vacuum Test Leak
WD- Wind Damage
WR- Wrinkle
WS- Welder Restart
Other-

Repair Type:
B- Bead
C- Cap
P- Patch

* Note – Repairs were Spark Tested in areas that were inaccessible with the Vacuum Box

Pond 1 Geomembrane Repair Log

Repair#	Code	Date	Location	Time	Type	Size	Tech	Test Date
1	T	4/26	8-9-10	AM	P	2X2	FT	26-Apr
2	T	4/26	10-11-12	AM	P	2X2	FT	26-Apr
3	FS	4/26	12-13 WEOS TO 8'	AM	P	2X8	FT	26-Apr
4	EXT	4/26	PANEL 29 WEOP	AM	P	3X23	FT	26-Apr
5	BO	4/26	41-42 5' FROM WEOS	AM	P	2X2	FT	26-Apr
6	T	4/26	42-43-44	AM	P	2X2	FT	26-Apr
7	BO	4/26	45-46 5' FROM NEOS	AM	P	2X2	FT	26-Apr
8	BS	4/26	55-56 10' FROM WEOS	AM	P	2X2	FT	26-Apr
9	BS	4/26	29-30 10' FROM WEOS	AM	P	2X2	FT	26-Apr
10	BO	4/26	26-28 1' FROM WEOS	AM	P	2X2	FT	26-Apr
11	BS	4/26	P-18 10' WEOP 6' NEOP	AM	P	2X2	FT	26-Apr
12	T	4/26	16-17-18	AM	P	2X2	FT	26-Apr
13	T	4/26	14-15-16	AM	P	2X2	FT	26-Apr
14	BO	4/26	14-16 20' FROM EEOS	AM	P	2X2	FT	26-Apr
15	T	4/26	18-19-20	AM	P	2X2	FT	26-Apr
16	T	4/26	1-14-16-18-20	AM	P	2X2	FT	26-Apr
17	T	4/26	1-20-21	AM	P	2X2	FT	26-Apr
18	T	4/26	1-21-22	AM	P	2X2	FT	26-Apr
19	T	4/26	1-22-23	AM	P	2X2	FT	26-Apr
20	T	4/26	1-23-24	AM	P	2X2	FT	26-Apr
21	T	4/26	1-24-25	AM	P	2X2	FT	26-Apr
22	T	4/26	1-2-25	AM	P	2X2	FT	26-Apr
23	T	4/26	2-3-25	AM	P	2X2	FT	26-Apr
24	T	4/26	3-4-25	AM	P	2X2	FT	26-Apr
25	T	4/26	4-5-25	AM	P	2X2	FT	26-Apr
26	T	4/26	5-6-25	AM	P	2X2	FT	26-Apr
27	T	4/26	6-7-25	AM	P	2X2	FT	26-Apr
28	BO	4/26	7-25 MID SEAM	AM	P	2X2	FT	26-Apr
29	T	4/26	7-13-25	AM	P	2X2	FT	26-Apr
30	BO	4/26	7-13 7' FROM NEOS	AM	P	2X2	IH	26-Apr
31	T	4/26	7-12-13	AM	P	2X2	IH	26-Apr
32	BO	4/26	12-13 24' FROM WEOS	AM	P	2X2	IH	26-Apr
33	T	4/26	7-8-10-12	AM	P	2X2	IH	26-Apr
34	BO	4/26	7-8 12' FROM NEOS	AM	P	2X2	IH	26-Apr

 Attachment 1 - Membrane Thickness Reference

12.	1047	LF	3" Perforated underdrain collection pipe in ditch including monitoring ports and marker flags, all material and labor, complete and in place for the Unit Price per LF of: _____	$_____
13.	40	CY	¾" PEA gravel or rock for underdrain collection system including all material and labor complete and in place for the Unit Price per CY of: _____	$_____
			TOTAL BASE BID	$_____

Alternate Bid

ITEM	QUANTITY	UNIT	DESCRIPTION AND WRITTEN UNIT PRICE	TOTAL
1.	1	EA	Concrete distribution with redwood stop logs including all materials, fittings, labor, etc. complete and in place for the Unit Price per EA of: _____	$_____
			TOTAL ALTERNATE BID	$_____

The undersigned bidder declares that he has visited the site of the work and has carefully examined the plans, specifications and contract documents pertaining to the work covered by the above bid and he further agrees to commence work so as to substantially complete the work within 120 calendar days after notice of award of contract.

A proposal bond or check in the amount of five (5%) percent of the bid will be required with the proposal and also the successful bidder will be required to furnish a 100% performance and material and labor payment bond with a one year guarantee against defective material or workmanship.

CONTRACTOR

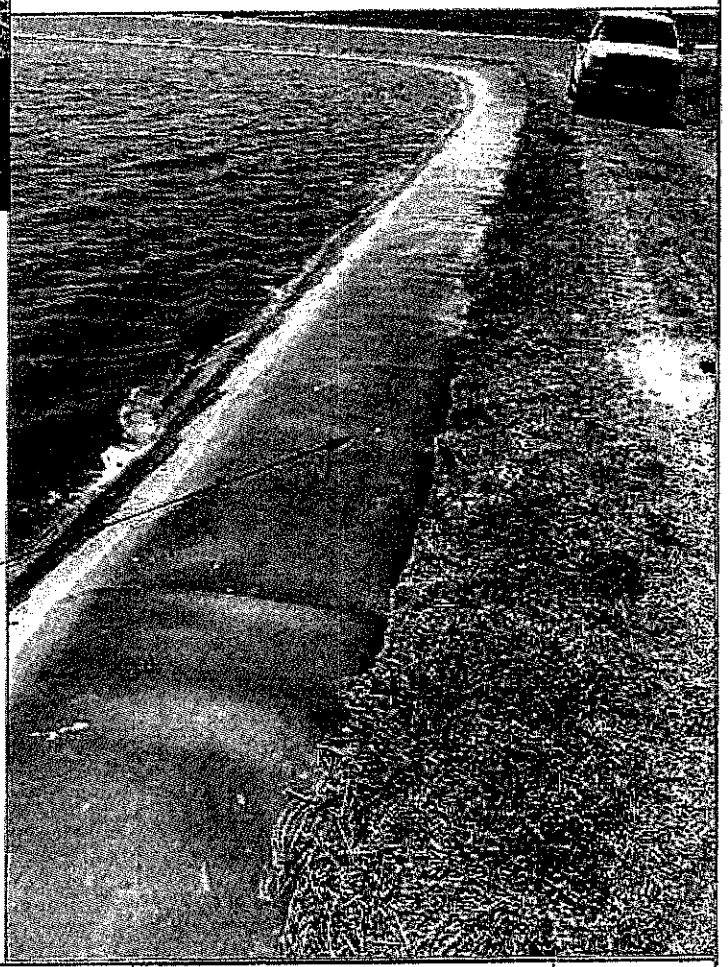
ADDRESS

CITY, STATE, AND ZIP CODE

BY

<- LEACHATE DETECTION OPENING

DETECTION ROD INSIDE LEACHATE SYSTEM



SYNTHETIC MEMBRANE LINER CONSTRUCTED TO TOP OF BERM

POND LINER ->

SCALE	N.T.S
PROJECT #	21349
DESIGNED	AP
DRAWN	JB
CHECKED	AP

CITY OF AMHERST
POND LINER CERTIFICATION

SITE PHOTOS

JACOB MARTIN
FIRM# F-2449
3495 CURRY LANE
ABILENE, TX 79606
325-695-1070
1509 SANTA FE DR, STE 204
WEATHERFORD, TX 76086
817-594-8880
4939 S. LOOP 289, STE 104
LUBBOCK, TX 79414
806-359-6375

APPENDIX 5: TESTING ANALYIS AND FLOW RECORDS

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS
P. O. Box 477 Hillsboro, TX 76645 Office (254) 582-2622 Fax (254) 582-0380 Mobile (254) 582-1614

City of Amherst
WWTP - Analytical Summary Sheet

NOVEMBER 2024

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	SM9221 (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
11/12/24							**54**	**40**	**7.7**				
AVERAGES:	#DIV/0!	#DIV/0!	—	#DIV/0!	—	—	54	40	—	—	#DIV/0!	#NUM!	#DIV/0!

NOTES:

1. The E. Coli results average is calculated using the geometric mean.
3. " = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/L x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
54	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
			Total =	#
			# of Weeks =	1
			Average =	#

TSS

mg/L	W	MGD		LBS
40	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
			Total =	#
			# of Weeks =	1
			Average =	#

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
			Total =	#
			# of Weeks =	1
			Average =	#

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS

P. O. Box 477 Hillsboro, TX 76645 Office (254) 582-2622 Fax (254) 582-0380 Mobile (254) 582-1614

City of Amherst
WWTP - Analytical Summary Sheet

T104704247

OCTOBER 2024

Date	Raw Influent BOD	Raw Influent TSS	Raw Influent pH
EPA	405.1	160.2	150.1
Standard	5210 B	2540 D	4500H-B
Week Of	mg/L	mg/L	S.U.
10/15/24			
AVERAGES:	#DIV/0!	#DIV/0!	—

Oxidation Basin MLSS	DO	pH
160.2	360.1	150.1
2540 D	4500-O-G	4500H-B
mg/L	mg/L	S.U.
#DIV/0!	—	—

Final Effluent (60" Weir) BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
405.1	160.2	150.1	360.1	350.2		
5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX [illegible]	
mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
45	64	7.9				
45	64	—	—	#DIV/0!	#NUM!	#DIV/0!

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
45	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
			Total –	#
			# of Weeks –	1
			Average –	#

TSS

mg/L	W	MGD		LBS
64	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
			Total –	#
			# of Weeks –	1
			Average –	#

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
			Total –	#
			# of Weeks –	1
			Average –	#

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS
P. O. Box 477 Hillsboro, TX 76645 Office (254) 582-2622 Fax (254) 582-0380 Mobile (254) 582-1614

City of Amherst
WWTP - Analytical Summary Sheet

T104704247

SEPTEMBER 2024

	Raw Influent		
Date	BOD	TSS	pH
EPA	405.1	160.2	150.1
Standard	5210 B	2540 D	4500H-B
Week Of	mg/L	mg/L	S.U.
9/10/24			
AVERAGES:	#DIV/0!	#DIV/0!	---

Oxidation Basin		
MLSS	DO	pH
160.2	360.1	150.1
2540 D	4500-O-G	4500H-B
mg/L	mg/L	S.U.
#DIV/0!	---	---

Final Effluent						
60° Weir						
BOD	TSS	pH	DO	NH3-N	E. coli	FLOW
405.1	160.2	150.1	360.1	350.2		
5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
33	81	7.3				
33	81	---	---	#DIV/0!	#NUM!	#DIV/0!

NOTES:

1. The E. Coli results average is calculated using the geometric mean.
3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		Lbs
33	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

TSS

mg/L	W	MGD		Lbs
81	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

NH3-N

mg/L	W	MGD		Lbs
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

ENVIRONMENTAL MONITORING LABORATORY

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247

AUGUST 2024

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of:	mg/l	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
8/13/24							**30**	**120**	**6.7**				
AVERAGES:	#DIV/0!	#DIV/0!	—	#DIV/0!	—	—	30	120	—	—	#DIV/0!	#NUM!	#DIV/0!

NOTES:

1. The E. Coli results average is calculated using the geometric mean.
2. Results are preliminary; further review may result in changes/corrections.
3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
30	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

TSS

mg/L	W	MGD		LBS
120	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

ENVIRONMENTAL MONITORING LABORATORY

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City of Amherst
WWTP - Analytical Summary Sheet

T:\04794247

JULY 2024

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	E. coli	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G		9223B (mean)	
Week of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
7/9/24							**53**	**59**	**7.4**				
AVERAGES:	#DIV/0!	#DIV/0!	—	#DIV/0!	—	—	53	59	—	—	#DIV/0!	#NUM!	#DIV/0!

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. " = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		Lbs
53	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

TSS

mg/L	W	MGD		Lbs
59	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

NH3-N

mg/L	W	MGD		Lbs
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

ENVIRONMENTAL MONITORING LABORATORY
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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-25

JUNE 2024

	Raw Influent			Oxidation Basin			Final Effluent (60" Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
6/18/24							42	84	7.4				
AVERAGES:	#DIV/0!	#DIV/0!	---	#DIV/0!	---	---	42	84	---	---	#DIV/0!	#NUM!	#DIV/0!

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
42	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		LBS
84	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-25

MAY 2024

	Raw Influent			Oxidation Basin			Final Effluent 60° Weir						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.3		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enzyme)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
5/14/24							**57**	**77**	**7.7**				
AVERAGES:	#DIV/0!	#DIV/0!	—	#DIV/0!	—	—	57	77	—	—	#DIV/0!	#NUM!	#DIV/0!

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. " = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
57	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

TSS

mg/L	W	MGD		LBS
77	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

ENVIRONMENTAL MONITORING LABORATORY

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-25

APRIL 2024

	Raw Influent			Oxidation Basin			Final Effluent						
							60° Wait						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	E. coli	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (Quanti)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
4/16/24							**26**	**29**	**7.8**				
AVERAGES:	#DIV/0!	#DIV/0!	---	#DIV/0!	---	---	26	29	---	---	#DIV/0!	#NUM!	#DIV/0!

NOTES:

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3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
26	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

TSS

mg/L	W	MGD		LBS
29	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-25

MARCH 2024

	Raw Influent		
Date	BOD	TSS	pH
EPA	405.1	160.2	150.1
Standard	5210 B	2540 D	4500H-B
Week Of	mg/L	mg/L	S.U.
3/12/24			
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**

	Oxidation Basin	
MLSS	DO	pH
160.2	360.1	150.1
2540 D	4500-O-G	4500H-B
mg/L	mg/L	S.U.
#DIV/0!	**---**	**---**

			Final Effluent 60° Weir			
BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
405.1	160.2	150.1	360.1	350.2		
5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
20	**101**	**8.0**				
20	**101**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

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3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
20	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
			Total --	0.0000
			# of Weeks --	1
			Average --	**0.0000**

TSS

mg/L	W	MGD		LBS
101	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
			Total --	0.0000
			# of Weeks --	1
			Average --	**0.0000**

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	0.0000
0.00	8.34	0.0000	=	0.0000
0.00	8.34	0.0000	=	0.0000
0.00	8.34	0.0000	=	0.0000
0.00	8.34	0.0000	=	0.0000
			Total --	0.0000
			# of Weeks --	1
			Average --	**0.0000**

ENVIRONMENTAL MONITORING LABORATORY

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-25

FEBRUARY 2024

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
2/13/24							**14**	**108**	**8.4**				
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**	**#DIV/0!**	**---**	**---**	**14**	**108**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
14	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		LBS
108	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-25

JANUARY 2024

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
1/2/24							**29**	**84**	**7.4**				
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**	**#DIV/0!**	**---**	**---**	**29**	**84**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
29	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		LBS
84	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-24

DECEMBER 2023

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
12/12/23							**28**	**152**	**7.1**				
AVERAGES:	#DIV/0!	#DIV/0!	---	#DIV/0!	---	---	28	152	---	---			

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
28	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
			Total –	#
			# of Weeks –	1
			Average –	#

TSS

mg/L	W	MGD		LBS
152	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
			Total –	#
			# of Weeks –	1
			Average –	#

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
			Total –	#
			# of Weeks –	1
			Average –	#

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-24

NOVEMBER 2023

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
11/7/23							**28**	**65**	**7.6**				
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**	**#DIV/0!**	**---**	**---**	**28**	**65**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
28	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		LBS
65	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-24

OCTOBER 2023

	Raw Influent			Oxidation Basin			Final Effluent 60° Weir						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
10/10/23							**40**	**108**	**7.4**				
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**	**#DIV/0!**	**---**	**---**	**40**	**108**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
40	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
			Total –	#
			# of Weeks –	1
			Average –	#

TSS

mg/L	W	MGD		LBS
108	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
0	8.34	0.0000	=	#
			Total –	#
			# of Weeks –	1
			Average –	#

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
0.00	8.34	0.0000	=	#
			Total –	#
			# of Weeks –	1
			Average –	#

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS
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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-24

SEPTEMBER 2023

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
9/19/23							**30**	**80**	**7.8**				
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**	**#DIV/0!**	**—**	**—**	**30**	**80**	**—**	**—**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
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MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/l	W	MGD		LBS
30	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/l	W	MGD		LBS
80	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/l	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS
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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-23-24

AUGUST 2023

	Raw Influent			Oxidation Basin			Final Effluent 60° Weir						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
8/8/23							**41**	**137**	**7.4**				
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**	**#DIV/0!**	**---**	**---**	**41**	**137**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
41	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		LBS
137	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS
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City of Amherst
WWTP - Analytical Summary Sheet

JULY 2023

T104704247-23-24

	Raw influent			Oxidation Basin			Final Effluent 60° Weir						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
7/11/23							**52**	**94**	**7.8**				
AVERAGES:	**#DIV/0!**	**#DIV/0!**	---	**#DIV/0!**	---	---	**52**	**94**	---	---	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

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3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
52	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		LBS
94	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

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City of Amherst
WWTP - Analytical Summary Sheet

JUNE 2023

T104704247-22-23

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
6/6/23							**58**	**66**	**7.7**				
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**	**#DIV/0!**	**---**	**---**	**58**	**66**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
58	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		LBS
66	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-22-23

MAY 2023

	Raw Influent		
Date	BOD	TSS	pH
EPA	405.1	160.2	150.1
Standard	5210 B	2540 D	4500H-B
Week Of	mg/L	mg/L	S.U.
5/9/23			
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**

	Oxidation Basin	
MLSS	DO	pH
160.2	360.1	150.1
2540 D	4500-O-G	4500H-B
mg/L	mg/L	S.U.
#DIV/0!	**---**	**---**

		Final Effluent 60° Weir				
BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
405.1	160.2	150.1	360.1	350.2		
5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
59	**88**	**7.6**				
59	**88**	**—**	**—**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.

3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
59	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

TSS

mg/L	W	MGD		LBS
88	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

ENVIRONMENTAL MONITORING LABORATORY

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City of Amherst
WWTP - Analytical Summary Sheet

T104704247-22-23

APRIL 2023

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
4/4/23							**35**	**73**	**7.1**				
AVERAGES:	#DIV/0!	#DIV/0!	—	#DIV/0!	---	---	35	73	—	—	#DIV/0!	#NUM!	#DIV/0!

NOTES:

1. The E. Coli results average is calculated using the geometric mean.
2. Results are preliminary; further review may result in changes/corrections.
3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
35	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		LBS
73	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS
P. O. Box 477 Hillsboro, TX 76645 Office (254) 582-2622 Fax (254) 582-0380 Mobile (254) 582-1614

City of Amherst
WWTP - Analytical Summary Sheet

T104704247-22-23

MARCH 2023

	Raw Influent			Oxidation Basin			Final Effluent (60° Weir)						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
3/14/23							**30**	**30**	**7.9**				
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**	**#DIV/0!**	**---**	**---**	**30**	**30**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.
2. Results are preliminary; further review may result in changes/corrections.
3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		Lbs
30	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		Lbs
30	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		Lbs
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS

P. O. Box 477 Hillsboro, TX 76645 Office (254) 582-2822 Fax (254) 582-0380 Mobile (254) 582-1614

City of Amherst
WWTP - Analytical Summary Sheet

T1047041247-22-23

FEBRUARY 2023

	Raw Influent		
Date	BOD	TSS	pH
EPA	405.1	160.2	150.1
Standard	5210 B	2540 D	4500H-B
Week Of	mg/L	mg/L	S.U.
2/21/23			
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**---**

Oxidation Basin		
MLSS	DO	pH
160.2	360.1	150.1
2540 D	4500-O-G	4500H-B
mg/L	mg/L	S.U.
#DIV/0!	**---**	**---**

Final Effluent 60° Weir						
BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
405.1	160.2	150.1	360.1	350.2		
5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
28	**55**	**7.5**				
28	**55**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.
2. Results are preliminary; further review may result in changes/corrections.
3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
28	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

TSS

mg/L	W	MGD		LBS
55	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total =	##
			# of Weeks =	1
			Average =	##

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS
P. O. Box 477 Hillsboro, TX 76645 Office (254) 582-2622 Fax (254) 582-0380 Mobile (254) 582-1614

City of Amherst
WWTP - Analytical Summary Sheet

T104704247-22-23

JANUARY 2023

	Raw Influent		
Date	BOD	TSS	pH
EPA	405.1	160.2	150.1
Standard	5210 B	2540 D	4500H-B
Week Of	mg/L	mg/L	S.U.
1/10/23			
AVERAGES:	**#DIV/0!**	**#DIV/0!**	**—**

Oxidation Basin		
MLSS	DO	pH
160.2	360.1	150.1
2540 D	4500-O-G	4500H-B
mg/L	mg/L	S.U.
#DIV/0!	**---**	**—**

Final Effluent						
			60° Weir			
BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
405.1	160.2	150.1	360.1	350.2		
5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
4	**83**	**7.9**				
4	**83**	**---**	**---**	**#DIV/0!**	**#NUM!**	**#DIV/0!**

NOTES:

1. The E. Coli results average is calculated using the geometric mean.
2. Results are preliminary; further review may result in changes/corrections.
3. * = Analysis incomplete at this time.
4. Flows are instantaneous observations using flow measurement equipment on site; as such, they and the accompanying calculations should be used with considerable caution.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
4	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

TSS

mg/L	W	MGD		LBS
83	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
0	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
0.00	8.34	0.0000	=	##
			Total –	##
			# of Weeks –	1
			Average –	##

ENVIRONMENTAL MONITORING LABORATORY

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATIONS

P. O. Box 477 Hillsboro, TX 76645 Office (254) 582-2622 Fax (254) 582-0380 Mobile (254) 582-1614

City of Amherst
WWTP - Analytical Summary Sheet

T1047042472-22-23

DECEMBER 2022

	Raw Influent			Oxidation Basin			Final Effluent						
							60° Web						
Date	BOD	TSS	pH	MLSS	DO	pH	BOD	TSS	pH	DO	NH3-N	*E. coli*	FLOW
EPA	405.1	160.2	150.1	160.2	360.1	150.1	405.1	160.2	150.1	360.1	350.2		
Standard	5210 B	2540 D	4500H-B	2540 D	4500-O-G	4500H-B	5210 B	2540 D	4500H-B	4500-O-G	4500-NH3 D	IDEXX (enum)	
Week Of	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	S.U.	mg/L	mg/L	MPN/100 ml	MGD
12/6/22							**56**	**116**	**8.6**				
AVERAGES:	—	—	—	—	—	—	**56**	**116**	—	—	—	—	—

NOTES: 1. Results are preliminary; further review may result in changes/corrections.
2. * = Analysis incomplete at this time.

MONTHLY CALCULATIONS

mg/l x 8.34 x MGD = lbs per day

BOD

mg/L	W	MGD		LBS
56	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
			Total =	0.0000
			# of Weeks =	1
			Average =	**0.0000**

TSS

mg/L	W	MGD		LBS
116	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
0	8.34	0.0000	=	0.0000
			Total =	0.0000
			# of Weeks =	1
			Average =	**0.0000**

NH3-N

mg/L	W	MGD		LBS
	8.34	0.0000	=	0.0000
0.00	8.34	0.0000	=	0.0000
0.00	8.34	0.0000	=	0.0000
0.00	8.34	0.0000	=	0.0000
0.00	8.34	0.0000	=	0.0000
			Total =	0.0000
			# of Weeks =	1
			Average =	**0.0000**

CITY OF Amherst MONTH OF October 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.50	52,848					
3	2.50	52,848					SLUDGE DISPOSAL
4	2.50	52,848					
5	2.00	32,256					DATE:
6	2.00	32,256					LOCATION:
7	2.50	52,848					
8	2.50	52,848					AMOUNT HAULED:
9	2.50	52,848					NAME:
10	2.50	52,848					
11	2.50	52,848					
12	2.00	32,256					
13	2.00	32,256					
14	2.00	32,256					
15	2.50	52,848					
16	2.50	52,848					
17	2.50	52,848					
18	2.50	52,848					
19	2.00	32,256					
20	2.00	32,256					
21	2.50	52,848					
22	2.50	52,848					
23	2.50	52,848					
24	2.50	52,848					
25	2.50	52,848					
26	2.00	32,256					
27	2.00	32,256					
28	2.50	52,848					
29	2.50	52,848					
30	2.50	52,848					
31	2.50	52,848					
TOTAL		1,411,776					
AVERAGE	2.33	45,541	Hi		Low		

10-6-24- Cleaned bars and edges all week. Brushed slope and center today. No rain.

10-13-24- Cleaned bars and edges all week. Brushed slopes and center today. No rain

10-20-24. Cleaned bars and edges all week. Brushed slopes and center today. No rain

10-27-24. Cleaned bars and edges all week. Brushed slope and center today. No rain Some mowing and weedeating

CITY OF Amherst MONTH OF September 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256					
3	2.00	32,256					
4	2.00	32,256					
5	2.50	52,848					
6	2.50	52,848					
7	2.50	52,848					
8	2.00	32,256					
9	2.50	52,848					
10	2.50	52,848	33	7.30	81		
11	2.00	32,256					
12	2.50	52,848					
13	2.50	52,848					
14	2.00	32,256					
15	2.00	32,256					
16	2.50	52,848					
17	2.50	52,848					
18	2.50	52,848					
19	2.50	52,848					
20	2.50	52,848					
21	2.00	32,256					
22	2.00	32,256					
23	2.50	52,848					
24	2.50	52,848					
25	2.50	52,848					
26	2.50	52,848					
27	2.50	52,848					
28	2.00	32,256					
29	2.00	32,256					
30	2.50	52,848					
31							
TOTAL		1,338,376					
AVERAGE	2.30	44,611	Hi -	52,848	Low -	32,256	

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

9-1-24 - Cleaned bars and edges all week. Brushed slopes and center.
9-8-24 - Cleaned bars and edges all week. Brushed slopes and center today. No other issues.
9-15-24 - Cleaned bars and edges all week brushed slopes and center today.
9-22-24 - Cleaned bars and edges all week. Brushed slopes and center today.
9-29-24 Cleaned bars and edges today. Brushed slopes and center today.
No issues. Weedeating and cleaning.

CITY OF Amherst MONTH OF August 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256					
3	2.00	32,256					
4	2.00	32,256					
5	2.00	32,256					
6	2.00	32,256					
7	2.00	32,256					
8	2.00	32,256					
9	2.00	32,256					
10	2.00	32,256					
11	2.50	52,848					
12	2.00	32,256					
13	2.00	32,256	30	6.70	120		
14	2.50	52,848					
15	2.50	52,848					
16	2.00	32,256					
17	2.00	32,256					
18	2.00	32,256					
19	2.50	52,848					
20	2.50	52,848					
21	2.50	52,848					
22	2.00	32,256					
23	2.50	52,848					
24	2.50	52,848					
25	2.00	32,256					
26	2.00	32,256					
27	2.50	52,848					
28	2.00	32,256					
29	2.50	52,848					
30	2.50	52,848					
31	2.00	32,256					
TOTAL		1,226,448					
AVERAGE	2.18	39,562	Hi -	52848	Low-	32,256	

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

8-4-24 - Cleaned bars and edges all week
cleaned + Brushed slopes and center today
8-11-24 - Cleaned bars and edges all week
Brushed slope and center today.
Noisies - Rain + weeds
8-18-24 - Cleaned bars and edges all week
Brushed slope and short center today
8-25-24 - Cleaned bars and edges all week
Brushed slope and center today. Pulled
sludge today - Got down to 11'8"
Good day - Got real low.

CITY OF Amherst MONTH OF July 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256					
3	2.00	32,256					SLUDGE DISPOSAL
4	2.00	32,256					
5	2.00	32,256					DATE:
6	2.00	32,256					
7	2.00	32,256					LOCATION:
8	2.00	32,256					
9	2.00	32,256	53	7.46	59		AMOUNT HAULED:
10	2.00	32,256					
11	2.00	32,256					NAME:
12	2.00	32,256					
13	2.00	32,256					
14	2.00	32,256					
15	2.00	32,256					7-7-24- cleaned bars and edges all week.
16	2.00	32,256					Brushed slopes and cleaned center today.
17	2.00	32,256					7-14-24- cleaned bars and edges all week.
18	2.00	32,256					Brushed slopes and cleaned center today.
19	2.00	32,256					7-21-24- Cleaned bars and edges all week.
20	2.00	32,256					Brushed slopes and cleaned center today.
21	2.00	32,256					Noise. Mowing + weedeating
22	2.00	32,256					7-28-24- cleaned bars and edges all week.
23	2.00	32,256					Brushed slopes and cleaned center today
24	2.00	32,256					
25	2.00	32,256					
26	2.00	32,256					
27	2.00	32,256					
28	2.00	32,256					
29	2.00	32,256					
30	2.00	32,256					
31	2.00	32,256					
TOTAL		999,936					
AVERAGE	2.00	32,256	Hi	32,256	Low	32,256	

CITY OF Amherst MONTH OF June 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.00	32,256				
2	2.00	32,256				
3	2.00	32,256				
4	2.00	32,256				
5	2.00	32,256				
6	2.00	32,256				
7	2.00	32,256				
8	2.00	32,256				
9	2.00	32,256				
10	2.00	32,256				
11	2.00	32,256				
12	2.00	32,256				
13	2.00	32,256				
14	2.00	32,256				
15	2.00	32,256				
16	2.00	32,256				
17	2.00	32,256				
18	2.00	32,256	42	7.4	84	
19	2.00	32,256				
20	2.00	32,256				
21	2.00	32,256				
22	2.00	32,256				
23	2.00	32,256				
24	2.00	32,256				
25	2.00	32,256				
26	2.00	32,256				
27	2.00	32,256				
28	2.00	32,256				
29	2.00	32,256				
30	2.00	32,256				
31						
TOTAL		967,680				
AVERAGE	2.00	32,256	HI	32,256	Low	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

6-2-24- Cleaned bars and edges all week. Brushed slopes and cleaned center today- Lots of Rain to deal with

6-9-24- Cleaned bars and edge all week, Brushed slopes and cleaned center today. Time to mow + weed eat.

6-16-24 Cleaned bars and edge all week. Brushed slopes and cleaned center today- No Issues

6-23-24- No Issues

6-30-24 - No Issues

CITY OF Amherst MONTH OF May 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256					SLUDGE DISPOSAL
3	2.50	52,848					DATE:
4	2.00	32,256					LOCATION:
5	2.00	32,256					AMOUNT HAULED:
6	2.00	32,256					NAME:
7	2.00	32,256					
8	2.00	32,256					
9	2.00	32,256					
10	2.00	32,256					
11	2.00	32,256					
12	2.00	32,256					
13	2.50	52,848					
14	2.00	32,256	57	7.70	77		
15	2.00	32,256					
16	2.00	32,256					
17	2.50	52,848					
18	2.00	32,256					
19	2.00	32,256					
20	2.00	32,256					
21	2.00	32,256					
22	2.00	32,256					
23	2.50	52,848					
24	2.00	32,256					
25	2.00	32,256					
26	2.00	32,256					
27	2.00	32,256					
28	2.00	32,256					
29	2.50	52,848					
30	2.00	32,256					
31	2.00	32,256					
TOTAL		1,102,896					
AVERAGE	2.08	35,577	Hi -	52,848	Low -	32,256	

5-5-24- cleaned bars and edges all week etc Brushed slopes and cleaned center today - No other issues

5-12-24 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. time to weedeat & mow ponds.

5-19-24. Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues.

5-26-24 - Cleans bars and edges all week. Brushed slopes and cleaned center today. No issues - time to mow & weedeat

CITY OF Amherst MONTH OF April 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256					
3	2.00	32,256					
4	2.00	32,256					
5	2.00	32,256					
6	2.00	32,256					
7	2.00	32,256					
8	2.00	32,256					
9	2.00	32,256					
10	2.00	32,256					
11	2.00	32,256					
12	2.00	32,256					
13	2.00	32,256					
14	2.00	32,256					
15	2.00	32,256					
16	2.00	32,256					
17	2.00	32,256					
18	2.00	32,256					
19	2.00	32,256					
20	2.00	32,256					
21	2.00	32,256					
22	2.00	32,256					
23	2.00	32,256					
24	2.00	32,256					
25	2.50	52,848					
26	2.00	32,256					
27	2.00	32,256					
28	2.00	32,256					
29	2.00	32,256					
30	2.00	32,256					
31							
TOTAL		988,272					
AVERAGE	2.01	32,942	Hi -	52,848	Low -	32,256	

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

4-7-24. Cleaned bars and edges all week. Cleaned bars and brushed slopes today and cleaned center.

4-14-24. Cleaned bars and edges all week. Brushed slopes and cleaned center today - Nothing

4-21-24 - Cleaned bars and edges all week. Brushed slopes and cleaned center today - Time to pull sludge.

4-29-24. Pulled sludge today - went to 10' 4". Good day

No other issues

CITY OF Amherst MONTH OF March 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.00	32,256				
2	2.00	32,256				
3	2.00	32,256				
4	2.00	32,256				
5	2.50	52,848				
6	2.00	32,256				
7	2.00	32,256				
8	2.00	32,256				
9	2.00	32,256				
10	2.00	32,256				
11	2.00	32,256				
12	2.00	32,256	20	8.00	101	
13	2.00	32,256				
14	2.00	32,256				
15	2.00	32,256				
16	2.00	32,256				
17	2.00	32,256				
18	2.00	32,256				
19	2.00	32,256				
20	2.00	32,256				
21	2.00	32,256				
22	2.00	32,256				
23	2.00	32,256				
24	2.00	32,256				
25	2.00	32,256				
26	2.50	52,848				
27	2.00	32,256				
28	2.00	32,256				
29	2.00	32,256				
30	2.00	32,256				
31						
TOTAL		1,008,864				
AVERAGE	2.03	33,628	Hi-	52,848	Low-	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

3-3-24 - Cleaned bars and edges all week. Cleaned bars and slopes, and center today. No issues.

3-10-24 - Cleaned bars and edges all week. Cleaned bars and slopes, and center today.

3-17-24 - Cleaned bars and edges all week. cleaned bars, slopes, and center today. Walked ponds, no issues. Plant looks good.

3-24-24 - cleaned bars and edges all week. cleaned bars, and slopes and center today. No issues.

3-31-24 - No issues.

CITY OF Amherst MONTH OF February 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256					
3	2.00	32,256					
4	2.00	32,256					
5	2.00	32,256					
6	2.00	32,256					
7	2.00	32,256					
8	2.50	52,848					
9	2.50	52,848					
10	2.50	52,848					
11	2.00	32,256					
12	2.00	32,256					
13	2.00	32,256					
14	2.00	32,256					
15	2.00	32,256					
16	2.00	32,256					
17	2.50	52,848					
18	2.00	32,256					
19	2.00	32,256					
20	2.00	32,256					
21	2.00	32,256					
22	2.00	32,256					
23	2.00	32,256					
24	2.00	32,256					
25	2.00	32,256					
26	2.00	32,256					
27	2.00	32,256					
28	2.00	32,256					
29	2.00	32,256					
30							
31							
TOTAL		1,050,048					
AVERAGE	2.13	36,208	Hi -	52,848	Low -	32,256	

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

2-4-24 - Cleaned bars and edges all week cleaned bars, slopes, and center today. No issues.

2-11-24 - Cleaned bars and edges all week cleaned bars, slopes, and center today No issues

2-18-24 - Cleaned bars and edges all week cleaned bars on slopes and center today.

2-25-24 - Cleaned bar and edges all week cleaned bars and slopes and center today. No issues.

CITY OF Amherst MONTH OF January 2024

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256	29	7.40	84		
3	2.50	52,848					SLUDGE DISPOSAL
4	2.50	52,848					DATE:
5	2.00	32,256					LOCATION:
6	2.00	32,256					AMOUNT HAULED:
7	2.00	32,256					NAME:
8	2.00	32,256					
9	2.00	32,256					
10	2.00	32,256					
11	2.50	52,848					
12	2.00	32,256					
13	2.00	32,256					
14	2.00	32,256					
15	2.00	32,256					
16	2.00	32,256					
17	2.00	32,256					
18	2.00	32,256					
19	2.50	52,848					
20	2.00	32,256					
21	2.00	32,256					
22	2.00	32,256					
23	2.50	52,848					
24	2.50	52,848					
25	2.50	52,848					
26	2.50	52,848					
27	2.00	32,256					
28	2.00	32,256					
29	2.00	32,256					
30	2.00	32,256					
31	2.00	32,256					
TOTAL		1,164,672					
AVERAGE	2.13	37,570	Hi-	52,848	Low	32,256	

1-7-24- Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues at this time to pull sludge again.

1-14-24- cleaned bars and edges all week. Brushed slopes and cleaned center today.

1-21-24- cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues.

1-28-24- Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues.

CITY OF Amherst MONTH OF December 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.50	52,848					SLUDGE DISPOSAL
3	2.00	32,256					
4	2.00	32,256					DATE:
5	2.00	32,256					LOCATION:
6	2.00	32,256					AMOUNT HAULED:
7	2.50	52,848					NAME:
8	2.00	32,256					
9	2.00	32,256					
10	2.00	32,256					
11	2.00	32,256					
12	2.00	32,256					
13	2.00	32,256	28	7.10	152		
14	2.00	32,256					
15	2.00	32,256					
16	2.00	32,256					
17	2.00	32,256					
18	2.00	32,256					
19	2.50	52,848					
20	2.00	32,256					
21	2.00	32,256					
22	2.00	32,256					
23	2.00	32,256					
24	2.50	52,848					
25	2.00	32,256					
26	2.00	32,256					
27	2.00	32,256					
28	2.00	32,256					
29	2.00	32,256					
30	2.00	32,256					
31	2.00	32,256					
TOTAL		1,082,304					
AVERAGE	2.06	34,913	Hi -	52,848	Low -	32,256	

12-3-23 - Cleaned bars and edges all week. Brushed slopes and and cleaned center today. No issue - May pull sludge again soon.

12-10-23 - cleaned bars and edges all week. Brushed slopes and cleaned center today - No issue - Working on gopher issue

12-17-23 - cleaned bars and edges all week. Brushed slopes and cleaned center today

12-25-23 - cleaned bars and edges all week, Brushed slopes and cleaned center today.

12-31-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today.

CITY OF Amherst MONTH OF November 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256					
3	2.00	32,256					
4	2.00	32,256					
5	2.00	32,256					
6	2.00	32,256					
7	2.50	52,848					
8	2.00	32,256					
9	2.00	32,256					
10	2.00	32,256					
11	2.00	32,256					
12	2.00	32,256					
13	2.00	32,256					
14	2.00	32,256					
15	2.50	52,848					
16	2.00	32,256					
17	2.00	32,256	28	7.60	65		
18	2.00	32,256					
19	2.00	32,256					
20	2.00	32,256					
21	2.00	32,256					
22	2.00	32,256					
23	2.00	32,256					
24	2.00	32,256					
25	2.00	32,256					
26	2.00	32,256					
27	2.00	32,256					
28	2.00	32,256					
29	2.00	32,256					
30	2.00	32,256					
31							
TOTAL		1,008,864					
AVERAGE	2.03	33,628	Hi	52,848	Low	32,256	

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

11-5-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No other issues, other than gophers.

11-12-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues.

11-19-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues.

11-26-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues.

CITY OF Amherst MONTH OF October 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.00	32,256				
2	2.00	32,256				
3	2.00	32,256				
4	2.00	32,256				
5	2.00	32,256				
6	2.00	32,256				
7	2.00	32,256				
8	2.00	32,256				
9	2.00	32,256				
10	2.00	32,256	40	7.4	108	
11	2.00	32,256				
12	2.00	32,256				
13	2.00	32,256				
14	2.00	32,256				
15	2.00	32,256				
16	2.00	32,256				
17	2.00	32,256				
18	2.00	32,256				
19	2.00	32,256				
20	2.00	32,256				
21	2.00	32,256				
22	2.00	32,256				
23	2.00	32,256				
24	2.00	32,256				
25	2.00	32,256				
26	2.00	32,256				
27	2.00	32,256				
28	2.50	52,848				
29	2.00	32,256				
30	2.00	32,256				
31	2.00	32,256				
TOTAL		1,041,120				
AVERAGE	2.03	33,584	Hi-	52,848	Low-	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: 10-15-23

LOCATION: Inlet FT

AMOUNT HAULED: - Pulled sludge . level 10'6"

NAME:

10-1-23- Cleaned bars and edge all week brushed slopes and cleaned center today.

10-8-23 - cleaned bars and edge all week. Brushed slopes and cleaned center today

10-15-23 - cleaned bars and edge all week Brushed slopes and cleaned center Pulled sludge today Good day. Reached 10'6"

10-22-23 - cleaned Bar and edges today Brushed slopes and cleaned center today

10-29-23

10-29-23 - cleaned bars and edges all week Brushed slopes and cleaned center today.

CITY OF Amherst MONTH OF September 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.00	32,256				
2	2.00	32,256				
3	2.00	32,256				
4	2.00	32,256				
5	2.00	32,256				
6	2.00	32,256				
7	2.00	32,256				
8	2.00	32,256				
9	2.00	32,256				
10	2.00	32,256				
11	2.00	32,256				
12	2.00	32,256				
13	2.00	32,256				
14	2.00	32,256				
15	2.00	32,256				
16	2.00	32,256				
17	2.00	32,256				
18	2.00	32,256				
19	2.00	32,256	30	7.80	80	
20	2.00	32,256				
21	2.00	32,256				
22	2.00	32,256				
23	2.00	32,256				
24	2.00	32,256				
25	2.00	32,256				
26	2.00	32,256				
27	2.00	32,256				
28	2.00	32,256				
29	2.00	32,256				
30	2.00	32,256				
31						
TOTAL		967,680				
AVERAGE	2.00	32,256	Hi -	32,256	Low -	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

9-3-23- Cleaned bars and edges all week
Brushed slopes and cleaned center today.
9-10-23- Cleaned bars and edges all week
Brushed slopes and cleaned center today.
No rain
9-17-23- Cleaned bars and edges all week.
Brushed slopes and cleaned center today.
9-24-23- Cleaned bars and edges all week
Brushed slopes and cleaned center today.

CITY OF Amherst MONTH OF August 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.00	32,256				
2	2.00	32,256				
3	2.00	32,256				
4	2.00	32,256				
5	2.00	32,256				
6	2.00	32,256				
7	2.00	32,256				
8	2.50	52,848	41	7.40	137	
9	2.00	32,256				
10	2.00	32,256				
11	2.00	32,256				
12	2.00	32,256				
13	2.50	52,848				
14	2.00	32,256				
15	2.50	52,848				
16	2.00	32,256				
17	2.00	32,256				
18	2.00	32,256				
19	2.00	32,256				
20	2.00	32,256				
21	2.00	32,256				
22	2.00	32,256				
23	2.00	32,256				
24	2.00	32,256				
25	2.00	32,256				
26	2.00	32,256				
27	2.00	32,256				
28	2.00	32,256				
29	2.00	32,256				
30	2.00	32,256				
31	2.00	32,256				
TOTAL		1,061,712				
AVERAGE	2.04	34,248	Hi-	52,848	Low-	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

8-6-23. - Cleaned bars and edges all week
Brushed slopes, and cleaned center today.
weedeated D.B and hill.
8-13-23 - Cleaned bars and edges all week
Brushed slopes and cleaned center today.
weedeated also
8-20-23 - Cleaned bars and edges all week
Brushed slopes and cleaned center today.
8-27-23. cleaned bars and edges all week
Brushed slopes and cleaned center today.
No other issues.

CITY OF Amherst MONTH OF July 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.00	32,256				
2	2.00	32,256				
3	2.00	32,256				
4	2.00	32,256				
5	2.00	32,256				
6	2.00	32,256				
7	2.00	32,256				
8	2.00	32,256				
9	2.00	32,256				
10	2.00	32,256				
11	2.00	32,256	52	7.80	94	
12	2.00	32,256				
13	2.00	32,256				
14	2.00	32,256				
15	2.00	32,256				
16	2.00	32,256				
17	2.00	32,256				
18	2.00	32,256				
19	2.00	32,256				
20	2.00	32,256				
21	2.00	32,256				
22	2.00	32,256				
23	2.00	32,256				
24	2.00	32,256				
25	2.00	32,256				
26	2.00	32,256				
27	2.00	32,256				
28	2.00	32,256				
29	2.00	32,256				
30	2.00	32,256				
31	2.00	32,256				
TOTAL		1,009,515				
AVERAGE	2.00	32,256	Hi -	32,256	Low -	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

7-2-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No other issues - keeping weeds cut.

7-9-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today.

7-16-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today.

7-23-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. Need this series trim to mow + shred again.

CITY OF Amherst MONTH OF June 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.06	72,256				
2	2.50	52,848				
3	2.00	72,256				
4	2.00	32,256				
5	2.60	32,256				
6	2.00	72,256	58	7.70	66	
7	2.00	32,256				
8	2.50	52,848				
9	2.00	72,256				
10	2.00	72,256				
11	2.00	72,256				
12	2.50	52,848				
13	2.00	72,256				
14	2.00	32,256				
15	2.00	72,256				
16	2.00	72,256				
17	2.00	32,256				
18	2.00	72,256				
19	2.00	72,256				
20	2.00	32,256				
21	2.50	52,848				
22	2.00	72,256				
23	2.50	52,848				
24	2.00	72,256				
25	2.00	32,256				
26	2.00	32,256				
27	2.00	32,256				
28	2.00	32,256				
29	2.00	32,256				
30	2.00	32,256				
31						
TOTAL		1,070,640				
AVERAGE	2.08	35,688	Hi-	52,848	Low-	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

6-4-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No other issues. Waiting on Rain to stop.

6-11-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No other issues.

6-18-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No other issues.

6-25-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No other issues.

CITY OF Amherst MONTH OF May 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256					
3	2.50	52,848					
4	2.50	52,848					
5	2.50	52,848					
6	2.00	32,256					
7	2.00	32,256					
8	2.00	32,256					
9	2.00	32,256	59	7.60	88		
10	2.00	32,256					
11	2.00	32,256					
12	2.00	32,256					
13	2.00	32,256					
14	2.00	32,256					
15	2.50	52,848					
16	2.00	32,256					
17	2.50	52,848					
18	2.00	32,256					
19	2.00	32,256					
20	2.00	32,256					
21	2.00	32,256					
22	2.00	32,256					
23	2.00	32,256					
24	2.00	32,256					
25	2.00	32,256					
26	2.00	32,256					
27	2.00	32,256					
28	2.00	32,256					
29	2.00	32,256					
30	2.00	32,256					
31	2.00	32,256					
TOTAL		1,102,896					
AVERAGE	2.08	35,577	Hi -	52,848	Low	32,256	

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

5-7-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No other irrig - turn to pull sludge.

5-14-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues.

5-21-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues.

5-28-23 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. - No issues. Waiting on Rain to stop to empty Sludge.

CITY OF Amherst MONTH OF April 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.00	32,256					
3	2.00	32,256					
4	2.00	32,256	35	7.1	73		
5	2.00	32,256					
6	2.00	32,256					
7	2.00	32,256					
8	2.00	32,256					
9	2.00	32,256					
10	2.00	32,256					
11	2.00	32,256					
12	2.50	52,848					
13	2.00	32,256					
14	2.00	32,256					
15	2.00	32,256					
16	2.50	52,848					
17	2.00	32,256					
18	2.00	32,256					
19	2.00	32,256					
20	2.00	32,256					
21	2.00	32,256					
22	2.00	32,256					
23	2.00	32,256					
24	2.00	32,256					
25	2.00	32,256					
26	2.00	32,256					
27	2.00	32,256					
28	2.00	32,256					
29	2.00	32,256					
30	2.00	32,256					
31							
TOTAL		1,008,864					
AVERAGE	2.03	33,628	High	52,848	low	32,256	

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

4-2-23 - Cleaned bars and edges all week
Brushed slopes and cleaned center today
No room to pull sludge
4-9-23 - Cleaned bars and edges all week
Brushed slopes and cleaned center today
Norris. Sand on Fence to clean
4-16-23 - Cleaned bars and edges all week
Brushed slopes and cleaned center today
4-23 2= Cleaned bars and edges all week
Brushed slopes and cleaned center today. Norris in
4-30-23. Cleaned bars and edges all week.
Brushed slopes and cleaned center today - Norris in

CITY OF Amherst MONTH OF March 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.50	52,848				
2	2.00	32,256				
3	2.00	32,256				
4	2.00	32,256				
5	2.00	32,256				
6	2.00	32,256				
7	2.00	32,256				
8	2.50	52,848				
9	2.00	32,256				
10	2.00	32,256				
11	2.00	32,256				
12	2.00	32,256				
13	2.50	52,848				
14	2.00	32,256				
15	2.50	52,848				
16	2.00	32,256				
17	2.00	32,256				
18	2.00	32,256				
19	2.00	32,256	30	7.9	30	
20	2.50	52,848				
21	2.50	52,848				
22	2.50	52,848				
23	2.50	52,848				
24	3.00	74,304				
25	2.50	52,848				
26	2.50	52,848				
27	2.50	52,848				
28	2.50	52,848				
29	2.50	52,848				
30	2.50	52,848				
31	2.00	32,256				
TOTAL		1,330,272				
AVERAGE	2.25	42,912	Hi -	74,304	Low -	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

3-5-23 - cleaned bars and edges all week
Brushed slopes and cleaned center today
No other issues. Time to pull sludge.
3-12-23 - cleaned bars and edge all week
Brushed slopes and cleaned center today
No issues - Just Tumbleweeds.
3-19-23 - cleaned bars and edges all week
Brushed slopes and cleaned center today.
No issues
3-26-23 - Cleaned bars and edges all week.
Brushed slopes and cleaned center today.
No issues - Work and drying beds.

CITY OF Amherst MONTH OF February 2023

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.00	32,256				
2	2.00	32,256				
3	2.00	32,256				
4	2.00	32,256				
5	2.00	32,256				
6	2.50	52,848				
7	2.00	32,256				
8	2.00	32,256				
9	2.00	32,256				
10	2.00	32,256				
11	2.50	52,848				
12	2.00	32,256				
13	2.50	52,848				
14	2.50	52,848				
15	2.50	52,848				
16	2.50	52,848				
17	2.50	52,848				
18	2.00	32,256				
19	2.00	32,256				
20	2.00	32,256				
21	2.00	32,256	28	7.50	55	
22	2.00	32,256				
23	2.00	32,256				
24	2.00	32,256				
25	2.00	32,256				
26	2.00	32,256				
27	2.00	32,256				
28	2.00	32,256				
29						
30						
31						
TOTAL		1,047,312				
AVERAGE	2.12	37,404	Hi-	52848	Low-	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

2-5-23- Cleaned bars and edges all week Brushed slopes and cleaned center today no other issues. Ponds look good.

2-12-23- Cleaned bars and edges all week Brushed slopes and cleaned center today. No other issues Ponds look good.

2-19-23- Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues

2-26-23 - Cleaned bars and edges all week, Brushed slopes and cleaned center today - No issues - Just fighting tumbleweeds

CITY OF Amherst MONTH OF January 2023

METHOD OF FLOW MEASUREMENT Parshall Flume. 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS	
1	2.00	32,256				
2	2.50	52,848				
3	2.50	52,848				
4	2.50	52,848				
5	2.50	52,848				
6	2.50	52,848				
7	2.00	32,256				
8	2.00	32,256				
9	2.00	32,256				
10	2.50	52,848	4	7.90	83	
11	2.00	32,256				
12	2.00	32,256				
13	2.00	32,256				
14	2.00	32,256				
15	2.00	32,256				
16	2.00	32,256				
17	2.50	52,848				
18	2.00	32,256				
19	2.00	32,256				
20	2.50	52,848				
21	2.00	32,256				
22	2.00	32,256				
23	2.50	52,848				
24	2.00	32,256				
25	2.50	52,848				
26	2.50	52,848				
27	2.50	52,848				
28	2.00	32,256				
29	2.00	32,256				
30	2.50	52,848				
31	2.00	32,256				
TOTAL		1,267,632				
AVERAGE	2.21	40,891	Hi-	52,848	Low-	32,256

EXECUTIVE OFFICER

SLUDGE DISPOSAL

DATE: _____

LOCATION: _____

AMOUNT HAULED: _____

NAME: _____

1-8-23- Cleaned bars and edges all week. Brushed slopes and cleaned center today. No other issues ponds look good.

1-15-23- cleaned bars and edges all week. Brushed slopes and cleaned center today. New Fence looks good. No issues.

1-22-23 cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues. Tumbleweeds mostly

1-29-23 cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues.

CITY OF Amherst MONTH OF December

METHOD OF FLOW MEASUREMENT Parshall Flume 3"

DATE	HEAD (IN.)	FLOW GPD	BOD (MG/L)	PH (S.U.)	TSS		EXECUTIVE OFFICER
1	2.00	32,256					
2	2.50	52,848					SLUDGE DISPOSAL
3	2.00	32,256					
4	2.00	32,256					DATE:
5	2.50	52,848					
6	2.50	52,848	56	8.6	116		LOCATION:
7	2.50	52,848					
8	2.50	52,848					AMOUNT HAULED:
9	2.00	32,256					
10	2.50	52,848					NAME:
11	2.50	52,848					
12	2.50	52,848					
13	2.50	52,848					
14	2.50	52,848					
15	2.50	52,848					
16	2.50	52,848					
17	2.00	32,256					
18	2.00	32,256					
19	2.00	32,256					
20	2.50	52,848					
21	2.50	52,848					
22	2.00	32,256					
23	2.00	32,256					
24	2.00	32,256					
25	2.00	32,256					
26	2.00	32,256					
27	2.50	52,848					
28	2.50	52,848					
29	2.50	52,848					
30	2.50	52,848					
31	2.50	52,848					
TOTAL		1,391,184					
AVERAGE	2.31	44,876	Hi-	52,848	Low-	32,256	

12-4-22- Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues. Ponds look good.

12-11-22 Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues - Ponds look good.

12-18-22 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues. Cold days.

12-25-22 - Cleaned bars and edges all week. Brushed slopes and cleaned center today. No issues. New fence around Imhoff

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 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☒
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

Check the box next to the appropriate authorization type.

☐ Publicly-Owned Domestic WastewaterX

☒ Privately-Owned Domestic WastewaterX

☐ Conventional Wastewater TreatmentX

Check the box next to the appropriate facility status.

☒ Active ☐ Inactive X

Check the box next to the appropriate permit type.

☒ TPDES PermitX

☐ TLAPX

☐ TPDES Permit with TLAP componentX

☐ Subsurface Area Drip Dispersal System (SADDS)X

Check the box next to the appropriate application type

☐ NewX

☐ Major Amendment Renewal ☐ Minor Amendment Renewal X

☐ Major Amendment Renewal ☐ Minor Amendment Renewal X

☒ Renewal without changes ☐ Minor Modification of permit X

For amendments or modifications, describe the proposed changes:

Brandon Maldonado

From: Brandon Maldonado
Sent: Tuesday, January 14, 2025 3:00 PM
To: cityofamherst@windstream.net
Cc: Richard Salazar
Subject: RE: CITY OF AMHERST WQ0010118001

Hello,

Your response to all items of the NOD are sufficient. I will now work on declaring your application admin complete.

Regards,

Brandon Maldonado
Texas Commission on
Environmental Quality
Water Quality Division
512-239-4331
Brandon.Maldonado@tceq.texas.gov

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

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From: cityofamherst@windstream.net <cityofamherst@windstream.net>
Sent: Tuesday, January 14, 2025 2:49 PM
To: Brandon Maldonado <Brandon.Maldonado@tceq.texas.gov>
Cc: Richard Salazar <cosdirpw@yahoo.com>
Subject: RE: CITY OF AMHERST WQ0010118001

Good afternoon, we called Mr. Joel Rogers, Amherst ISD Superintendent on the bilingual education requirement.
He stated, "NO", not required.
So, the "no" response is the correct one.
Please let me know if you need anything else.
Sincerely,

Richard Salazar

Sent via,
Rosa Angel
City Secretary
P.O. Box 560
Amherst, Texas 79312-0560
806.246.3421

806.246.3575 fax#
cityofamherst@windstream.net

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at 806-246-3421.

From: Brandon Maldonado <Brandon.Maldonado@tceq.texas.gov>
Sent: Monday, January 6, 2025 4:39 PM
To: cityofamherst@windstream.net
Cc: Richard Salazar <cosdirpw@yahoo.com>
Subject: RE: CITY OF AMHERST WQ0010118001

Hello,

Sorry for the late response. Your response to items 2,3 and 4 are sufficient, however I still need information for items 1 and 5 to declare the application administratively complete.

For item 1 section 8 of the admin report you have marked "no" to "Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility". If this is correct then you are not required to have an alternative language notice and should not mark any more items in section 8 of the admin report, also item 5 of the NOD is unnecessary.

Please confirm if the item mentioned above is marked correctly and if so, no other paperwork is needed. If the item mentioned above is marked incorrectly, please submit the translated NORI as a word document as mentioned in item 5 of the NOD.

Please let me know if you have any questions.

Regards,

Brandon Maldonado
Texas Commission on
Environmental Quality
Water Quality Division
512-239-4331
Brandon.Maldonado@tceq.texas.gov

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

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From: cityofamherst@windstream.net <cityofamherst@windstream.net>
Sent: Thursday, December 19, 2024 9:45 AM
To: Brandon Maldonado <Brandon.Maldonado@tceq.texas.gov>
Cc: Richard Salazar <cosdirpw@yahoo.com>
Subject: CITY OF AMHERST WQ0010118001
Importance: High

Attached please find the corrections for the application renewal for the City of Amherst. The corrections were also sent certified mail to your attention.
Sincerely,

On behalf of Richard Salazar.

Rosa Angel
City Secretary
P.O. Box 560
Amherst, Texas 79312-0560
806.246.3421
806.246.3575 fax#
cityofamherst@windstream.net

Corrections to Item 1 on Administrative report 1.0

Section 1: Payment confirmation

Section 2: Included correction on Page 2 of Administrative report 1.0

Section 2a: Included correction on Page 5 of Administrative report 1.0

Section 4: Included correction on Page 3 of Administrative report 1.0

Section 8: Included correction on Page 5 of Administrative report 1.0

Section 9: Included correction on Page 5 of Administrative report 1.0

Section 10: Included correction on Page 6 of Administrative report 1.0

Section 11: Included Information. See Appendix 6.

Section 14: Included Mayor Signature and Notarized on Page 8 of Administrative report 1.0

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 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☒
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

Check the box next to the appropriate authorization type.

☒ Publicly-Owned Domestic WastewaterX

☐ Privately-Owned Domestic WastewaterX

☐ Conventional Wastewater TreatmentX

Check the box next to the appropriate facility status.

☒ Active ☐ Inactive X

Check the box next to the appropriate permit type.

☐ TPDES PermitX

☒ TLAPX

☐ TPDES Permit with TLAP componentX

☐ Subsurface Area Drip Dispersal System (SADDS)X

Check the box next to the appropriate application type

☐ NewX

☐ Major Amendment Renewal ☐ Minor Amendment Renewal X

☐ Major Amendment Renewal ☐ Minor Amendment Renewal X

☒ Renewal without changes ☐ Minor Modification of permit X

For amendments or modifications, describe the proposed changes:

:
Permit Number: WQ0010118001
EPA I.D. (TPDES only): TX
Expiration Date: December 6,2024
Section 3. Facility Owner (Applicant) and Co-Applicant 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 Amherst

(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 600736508

CN: What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in .
Prefix: Last Name, First Name: Sawyer, Clinton
Title: Credential: Mayor
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?

(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: N/A

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: Last Name, First Name: N/A
Title: Credential:
Provide a brief description of the need for a co-permittee:

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.

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.

Prefix: Last Name, First Name: Salazar, Richard
Title: Credential: Director
Organization Name: City of Amherst
Mailing Address: P.O.Box 560 City, State, Zip Code: Amherst, Texas, 79312
Phone No.:806-638-6745 E-mail Address: cosdirpw@yahoo.com
Check one or both: ☒ Administrative Contact ☒ Technical ContactX
Prefix: Last Name, First Name: N/A
Title: Credential:

Prefix: Last Name, First Name: Angel Rosa
Title: Credential: City Secretary
Organization Name: City of Amherst
Mailing Address: P.O. Box 560 City, State, Zip Code: Amherst, Texas 79312
Phone No.: 806-246-3421 E-mail Address: cityofamherst@windstream.net
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: City Hall
Location within the building: Front Office
Physical Address of Building: 1011 Main St
City: County: Lamb
Contact (Last Name, First Name): Rosa Angel
Phone No.: Ext.: 806-246-3421

This information for 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.

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 ☒ NoX

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

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

☒ Yes ☐ NoX

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

☐ Yes ☒ NoX

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 ☒ NoX

If the answer is to , public notices in an alternative language are required. Which language is required by the bilingual program? N/A, Spanish

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. N/A. This is a renewal with no changes.

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** 101607687

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

Name of project or site (the name known by the community where located):City of Amherst Wastewater Treatment Facility

Owner of treatment facility:

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

Owner of land where treatment facility is or will be: City of Amherst
Prefix: Last Name, First Name:
Title: Credential:
Organization Name:
Mailing Address:P.O.Box 560 City, State, Zip Code: Amherst, Texas 79312
Phone No.: 806-246-3421 E-mail Address: cityofamherst@windstream.net
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:
Owner of effluent disposal site: City of Amherst
Prefix: Last Name, First Name:
Title: Credential:
Organization Name:
Mailing Address: P.O. Box 560 City, State, Zip Code: Amherst Texas 79371
Phone No.:806-246-3421 E-mail Address: cityofamherst@windstream.net
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:
Owner sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant):: No sludge disposal is being requested or authorized.
Prefix: Last Name, First Name: N/A
Title: Credential:
Organization Name:
Mailing Address: City, State, Zip Code:
Phone No.: E-mail Address:
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:
Section 10. TPDES Discharge Information (Instructions Page 31)
Is the wastewater treatment facility location in the existing permit accurate?
☐ Yes ☐ NoX N/A
If , , please give an accurate description: See Appendix 1. USGS MAP

Are the point(s) of discharge and the discharge route(s) in the existing permit correct?
☐ Yes ☐ NoX N/A
If , , 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: See Appendix 2 Flow Diagram

City nearest the outfall(s): Amherst Texas
County in which the outfalls(s) is/are located: Lamb
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 ☒ NoX
If **yes**, indicate by a check mark if:

☐ Authorization granted ☐ Authorization pendingX
For applications, provide copies of letters that show proof of contact and the approval letter upon receipt.
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. City of Amherst under 5 MGD.

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☒ Yes ☐ NoX

If , provide an accurate description of the disposal site location: Located approximately 2,200 feet northeast of the interesection of Farm-to- Market Road 37 and Bell street in Lamb County Texas 79312. See Appendix 6.

City nearest the disposal site:Amherst Texas

County in which the disposal site is located: Lamb

For , describe the routing of effluent from the treatment facility to the disposal site: Treatment consist a Imhoff, then to 2 evaporative ponds then to a playa lake. See Appendix 2

For , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ NoX

A. 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 X

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.

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

☐ Yes ☒ NoX

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

Do you owe any fees to the TCEQ?

☐ Yes ☒ NoX

If , provide the following information:

Account number:

Amount past due: N/A

Do you owe any penalties to the TCEQ?

☐ Yes ☒ NoX

If , please provide the following information:

Enforcement order number:

Amount past due:

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. N/A

☐ Other Attachments. Please specify:

Section 14. Signature Page (Instructions Page 34)
If co-applicants are necessary, each entity must submit an original, separate signature page.

Permit Number: WQ0010118001

Applicant: City of Amherst

Certification: Mayor of City of Amherst

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): Clinton Sawyer

Signatory title: Mayor Signature: Clinton Sawyer Date: 12/18/2024

(Use blue ink)
Subscribed and Sworn to before me by the said Clinton Sawyer

on this 18th day of December, 2024.

My commission expires on the 28th day of , 2024.

Notary Public

Lamb County, Texas

ROSA ANGEL
My Notary ID # 129166212
Expires October 28, 2028

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)
Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

Corrections to Core Data form Item 2:

Section III Item 22: Corrections included on pages 1,2, and 3 of Core Data Form

Section III Item 23: Corrections included on page 2 of Core Data Form

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission *(If other is checked please describe in space provided.)*

☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*

☒ Renewal *(Core Data Form should be submitted with the renewal form)*

☐ Other

2. Customer Reference Number *(if issued)*

CN 600736508

Follow this link to search for CN or RN numbers in Central Registry**

3. Regulated Entity Reference Number *(if issued)*

RN 101607687

SECTION II: Customer Information

4. General Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ 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)*

City of Amherst Wastewater Treatment Plant

If new Customer, enter previous Customer below:

N/A

7. TX SOS/CPA Filing Number

N/A

8. TX State Tax ID (11 digits)

1-75-60000445-3

9. Federal Tax ID (9 digits)

75-60000445

10. DUNS Number *(if applicable)*

145192543

Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other

☐ Sole Proprietorship

☐ Other:

12. Number of Employees

☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?

☒ Yes ☐ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other:
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:

City of Amherst Wastewater Treatment Plant
P.O.Box 560

City	Amherst	State	Texas	ZIP	79312	ZIP + 4	79312-0560

16. Country Mailing Information *(if outside USA)*

17. E-Mail Address *(if applicable)*

N/A	cityofamherst@windstream.net

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(806) 246 - 3421	N/A	(806) 246 - 3575

SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected, a new permit application is also required.)*

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).

22. Regulated Entity Name *(Enter name of the site where the regulated action is taking place.)*

City of Amherst Wastewater Treatment Plant

23. Street Address of the Regulated Entity: *(No PO Boxes)*	Cityof Amherst Wastewater Treatment Plant							
	Plant loacation is Approximately 2,200 feet northeast of the intersection of F.M 37 and Bell St in Lamb County Texas 79312							
	City	Amherst	**State**	Texas	**ZIP**	79312	**ZIP + 4**	79312-0560
24. County	Lamb							

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

25. Description to Physical Location:	Plant location is approximately 2,200 feet northeast of the intersection of F.M. 37 and Bell St in Lamb County Texas 79312		
26. Nearest City		**State**	**Nearest ZIP Code**
Sudan		Texas	79371

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).

27. Latitude (N) In Decimal:	34.008497		**28. Longitude (W) In Decimal:**	-102.416402	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
N 34	0'30	.58488	W102	24'59	.07276

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4941	N/A	221300	N/A

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Goverment Municipality

34. Mailing Address:	**City of Amherst**							
	P.O. Box 560							
	City	**Amherst**	**State**	**Texas**	**ZIP**	**79312**	**ZIP + 4**	**79312-0560**

35. E-Mail Address:	cityofamherst@windstream.net	
36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(806) 246 - 3421	N/A	(806) 246 - 3575

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

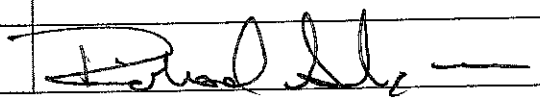
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☒ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☒ PWS
RN102143765				RN101396109
☐ Sludge	☐ Storm Water	☐ Title V Air	☒ Tires	☐ Used Oil
			11717	
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	RN101607687			

SECTION IV: Preparer Information

40. Name:	Richard Salazar	41. Title:	Director
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(806) 638 -6745	N/A	(806) 246-3575 -	cosdirpw@yahoo.com

SECTION V: Authorized Signature

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

Company:	City of Amherst	Job Title:	Director
Name *(In Print)*:	Richard Salazar	Phone:	(806) 638 - 6745
Signature:		Date:	12 - 7 - 2024

Plain Language Summary Item 3:

Plain language Summary included. No need for spanish version.

CITY OF AMHERST WASTEWATER TREATMENT PLANT
PLAIN LANGUAGE SUMMARY

The City of Amherst, CN600736508, operates the City of Amherst Wastewater Treatment Plant, RN101607687, treatment plant consisting of a Imhoff tank, and two stabilization ponds. The Facility is located approximately 2,200 feet northeast of the intersection of Farm-to-Market Road 37 and Bell Street, in Lamb County, Texas, 79312, near the City of Sudan Texas. Lamb County, Texas 79371 Description of the facility is as follows: Facility consist of a pond system. Treatment units include a bar screen, and imhoff tank, two stabilization ponds/holding ponds, sludge drying beds, and a playa lake. This application is for renewal to dispose of treated domestic wastewater effluent at a daily average flow not to exceed 0.122 million gallons per day (MGD) via evaporation. The facility includes two storage ponds with a total surface area of 4.45 acres and a total capacity of 26.67 acre-feet for disposal of treated effluent via evaporation.

No discharge of pollutants into water in the state is authorized.

Effluent limitations of the treated domestic sewage effluent is to not exceed a daily average flow of 0.122 MGD from the treatment system. Biochemical Oxygen Demand single grab is to not exceed 100 mg/l. PH should not be less than 6.0 standard units nor greater than 9.0 standard units.

Item 4: The Application of The NORI.

Following corrections are needed.

Add disposal method and acreage: To read as follows: Disposal method will be via evaporationon two storage ponds with a total surface area of 4.45 acres and a total capacity of 26.67 acre-feet for disposal.

Correction to the Facility area: To read as follows: The Domestic Wastewater Facility and Disposal area is located approximately 2,200 feet northeast of the intersection of Farm-to Market Road 37 and Bell Street, in Lamb County Texas 79312.

Item 5: The Public Notice of the NORI in spanish:

Spanish version included:

Comisión de Calidad Ambiental del Estado de Texas

AVISO DE RECIBO DE LA SOLICITUD E INTENCION DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA

PERMISO PROPUESTO NO. WQ0010118001

SOLICITUD. La ciudad de Amherst, P.O Box 560, Amherst, Texas 79312 ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para el propuesto Permiso No.WQ0010118001 de disposición de aguas residuales] para autorizar la disposición de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 122,000 galones por día por medio de evaporacion. La planta de la cuidad de Amherst, tratamiento de aguas domésticos residuales / tratamiento de agua potable] y el área de disposición están ubicados en 2,200 pies nordeste de la interseccion Farm-to-market Road y Bell Street en el Condado de Lamb, Texas 79312. La TCEQ recibió esta solicitud el día 25 de Noviembre 2024. La solicitud para el permiso está disponible para leer y copiar en la ciudad de Amherst Texas, 1011 Main st en el condado de Lamb Texas 79312. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-102.400277,34.019166&level=18

El Director Ejecutivo de la TCEQ ha revisado esta medida para ver si está de acuerdo con los objetivos y las regulaciones del Programa de Administración Costero de Texas (CMP) de acuerdo con las regulaciones del Consejo Coordinador de la Costa (CCC) y ha determinado que la acción es conforme con las metas y regulaciones pertinentes del CMP.

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

avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.

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

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Ademas, puede pedir que la TCEQ ponga su nombre en una or mas de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado especifico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envia por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

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

También se puede obtener información adicional del la Ciudad de Amherst a la dirección indicada arriba o llamando Richard Salazar al 806-246-3421.

Fecha de emisión el dia 25 de Noviembre 2024