



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

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

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

DOMESTIC WASTEWATER

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

City of Whiteface (CN600678445) operates City of Whiteface Wastewater Treatment Plant (RN101917474). a domestic wastewater treatment facility. The facility is located at approximately 2,500 feet northeast of the intersection of HWY 114 and FM 1780, in Whiteface, Cochran County, Texas 79379.

This application request is for a standard renewal without changes to municipal wastewater TLAP permit WQ0010314001. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain CBOD₅ and pH. Treated domestic sewage effluent is treated by a treatment facility consisting of a facultative lagoon and three storage/evaporation ponds.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010314001

APPLICATION. City of Whiteface, P.O. Box 248, Whiteface, Texas 79379, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0010314001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 35,000 gallons per day via evaporation. The domestic wastewater treatment facility and disposal area are located approximately 2500 feet northeast of the intersection of Farm-to-Market Road 1780 and State Highway 114, near the city of Whiteface, in Cochran County, Texas 79379. TCEQ received this application on July 8, 2024. The permit application will be available for viewing and copying at Whiteface City Hall, 404 North Fillmore Street, Whiteface, in Cochran 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=-102.608333,33.608888&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 Whiteface at the address stated above or by calling Ms. Belinda Terrell, City Secretary, at 806-287-1111.

Issuance Date: August 1, 2024



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Whiteface

PERMIT NUMBER (If new, leave blank): WQ0010314001

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

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

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

c. Check the box next to the appropriate permit type. N/A - **Evaporation**

- ☐ TPDES Permit
- ☐ TLAP
- ☐ TPDES Permit with TLAP component
- ☐ Subsurface Area Drip Dispersal System (SADDS)

d. Check the box next to the appropriate application type

- ☐ New
- ☐ Major Amendment with Renewal
- ☐ Major Amendment without Renewal
- ☒ Renewal without changes
- ☐ Minor Amendment with Renewal
- ☐ Minor Amendment without Renewal
- ☐ Minor Modification of permit

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

f. **For existing permits:**

Permit Number: WQ00 10314001

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

Expiration Date: December 6, 2024

Section 3. Facility Owner (Applicant) and Co-Applcant 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 Whiteface

(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: 600678445

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

Prefix: Mr.

Last Name, First Name: Soliz, James

Title: Mayor

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

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

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

N/A

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

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

CN: 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: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: Click to enter text.

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Ms. Last Name, First Name: Terrell, Belinda
Title: City Secretary Credential:
Organization Name: City of Whiteface
Mailing Address: P.O. Box 248 City, State, Zip Code: Whiteface, TX 79379
Phone No.: (806) 287-1111 E-mail Address: whiteface5@aol.com
Check one or both: ☒ Administrative Contact ☐ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Krueger, Paul
Title: Civil Engineer Credential: P.E.
Organization Name: Parkhill
Mailing Address: 4222 85th Street City, State, Zip Code: Lubbock, TX 79423
Phone No.: (806) 473-3715 E-mail Address: PKrueger@Parkhill.com
Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: Krueger, Paul
Title: Civil Engineer Credential: P.E.
Organization Name: Parkhill
Mailing Address: 4222 85th Street City, State, Zip Code: Lubbock, TX 79423
Phone No.: 806) 473-3715 E-mail Address: PKrueger@Parkhill.com

B. Prefix: Ms. Last Name, First Name: Terrell, Belinda
Title: City Secretary Credential: Click to enter text.
Organization Name: City of Whiteface
Mailing Address: P.O. Box 248 City, State, Zip Code: Whiteface, TX 79379
Phone No.: (806) 287-1111 E-mail Address: whiteface5@aol.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Ms. Last Name, First Name: Terrell, Belinda
Title: City Secretary Credential: Click to enter text.
Organization Name: City of Whiteface
Mailing Address: P.O. Box 248 City, State, Zip Code: Whiteface, TX 79379
Phone No.: (806) 287-1111 E-mail Address: whiteface5@aol.com

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

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

Prefix: Ms. Last Name, First Name: Terrell, Belinda
Title: City Secretary Credential: Click to enter text.
Organization Name: City of Whiteface
Mailing Address: P.O. Box 248 City, State, Zip Code: Whiteface, TX 79379
Phone No.: (806) 287-1111 E-mail Address: whiteface5@aol.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Krueger, Paul
Title: Civil Engineer Credential: P.E.
Organization Name: Parkhill
Mailing Address: 4222 85th St. City, State, Zip Code: Lubbock, Tx 79423
Phone No.: (806)473-3715 E-mail Address: pkrueger@parkhill.com

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Ms.

Last Name, First Name: Terrell, Belinda

Title: City Secretary

Credential: Click to enter text.

Organization Name: City of Whiteface

Mailing Address: P.O. Box 248

City, State, Zip Code: Whiteface, TX 79379

Phone No.: (806)287-1111

E-mail Address: whiteface5@aol.com

D. Public Viewing Information

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

Public building name: Whiteface City Hall

Location within the building: Front Lobby

Physical Address of Building: 404 N Filmore St.

City: Whiteface

County: Cochran

Contact (Last Name, First Name): Terrell, Belinda

Phone No.: (806)287-1111 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

F. Plain Language Summary Template

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

Attachment: [Appendix B](#)

G. Public Involvement Plan Form

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

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101917474

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

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

City of Whiteface Wastewater Treatment Plant

C. Owner of treatment facility: City of Whiteface

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

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

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

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

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

Credential: N/A

Organization Name: City of Whiteface

Mailing Address: P.O. Box 248

City, State, Zip Code: Whiteface, TX 79379

Phone No.: (806)287-1111

E-mail Address: whiteface5@aol.com

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

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

E. Owner of effluent disposal site:

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

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

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

Credential: N/A

Organization Name: City of Whiteface

Mailing Address: P.O. Box 248

City, State, Zip Code: Whiteface, TX 79379

Phone No.: (806)287-1111

E-mail Address: whiteface5@aol.com

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

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

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

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

Last Name, First Name: N/A – No sludge disposal located on site

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

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

Organization Name: [Click to enter text.](#)

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

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

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

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

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

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

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☐ Yes ☐ No

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

N/A - Evaporation

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

☐ Yes ☐ No

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

[Click to enter text.](#)

City nearest the outfall(s): [Click to enter text.](#)

County in which the outfalls(s) is/are located: [Click to enter text.](#)

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

☐ Yes ☐ No

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

- ☐ Authorization granted ☐ Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A - Evaporation

- B. City nearest the disposal site: [Click to enter text.](#)

- C. County in which the disposal site is located: [Click to enter text.](#)

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

[Click to enter text.](#)

- E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: [Click to enter text.](#)

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

Amount past due: [Click to enter text.](#)

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: [Click to enter text.](#)

Amount past due: [Click to enter text.](#)

Section 13. Attachments (Instructions Page 33)

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

☒ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

☒ Original full-size USGS Topographic Map with the following information:

- Applicant's property boundary
- Treatment facility boundary **Appendix C: USGS Map**
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

☒ Other Attachments. Please specify: Appendix A: Core Data Form, Appendix B: Plain Language Summary

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010314001

Applicant: City of Whiteface

Certification:

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

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

Signatory name (typed or printed): James Soliz

Signatory title: Mayor

Signature: _____ Date: _____

(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

[SEAL]

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

N/A Renewal

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

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

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☐ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: N/A - Evaporation

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No: WW0010314001**

1. Check or Money Order Number: [Click to enter text.](#)
2. Check or Money Order Amount: [Click to enter text.](#)
3. Date of Check or Money Order: [Click to enter text.](#)
4. Name on Check or Money Order: [Click to enter text.](#)
5. APPLICATION INFORMATION

Name of Project or Site: City of Whiteface Wastewater Treatment Plant

Physical Address of Project or Site: 2,500' NE of the intersection of HWY 114 and FM 1780, in Whiteface, Cochran County, Texas 79379

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

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

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

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

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

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

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

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

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Plain Language Summary ☒ Yes



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

Estimated construction start date: [Click to enter text.](#)

Estimated waste disposal start date: [Click to enter text.](#)

B. Interim II Phase

Design Flow (MGD): [Click to enter text.](#)

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

Estimated construction start date: [Click to enter text.](#)

Estimated waste disposal start date: [Click to enter text.](#)

C. Final Phase

Design Flow (MGD): 0.035

2-Hr Peak Flow (MGD): 0.105

Estimated construction start date: [Click to enter text.](#)

Estimated waste disposal start date: [Click to enter text.](#)

D. Current Operating Phase

Provide the startup date of the facility: 01/01/2009

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

The wastewater treatment plant consists of a facultative lagoon and three storage/evaporation ponds. The effluent is disposed of by evaporation.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Facultative Lagoon	1	300' L x 100' W x 7.5' Avg. depth
Storage Pond 1	1	530' L x 230' W x 6' D
Storage Pond 2	1	530' L x 70' W x 6' D
Storage Pond 3	1	390' L x 150' W x 6' D

C. Process Flow Diagram

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

Attachment: Appendix D: Flow Diagram

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

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

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

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

Attachment: Appendix E: Site Map

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

The City of Whiteface in Cochran County, Texas

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
Whiteface Collection System	City of Whiteface	Publicly Owned	449

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?

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 04/02/2008

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

N/A

D. Grit and grease treatment

1. *Acceptance of grit and grease waste*

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

☐ Yes ☒ No

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

2. *Grit and grease processing*

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

N/A

3. *Grit disposal*

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

N/A

4. Grease and decanted liquid disposal

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

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

N/A

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

N/A

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

N/A

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

N/A

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

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

N/A

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If **yes to any of the above**, provide 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 BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

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

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

☐ Yes ☒ No

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

N/A

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

Is the facility in operation?

☒ Yes ☐ No

Appendix F: Pollutant Analysis

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	17.1	17.1	1	GRAB	3/14/24 @ 9:15
Total Suspended Solids, mg/l	51.7	51.7	1	GRAB	3/14/24 @ 9:15
Ammonia Nitrogen, mg/l	14	14	1	GRAB	3/14/24 @ 9:15
Nitrate Nitrogen, mg/l	<2	<2	1	GRAB	3/14/24 @ 9:15
Total Kjeldahl Nitrogen, mg/l	33.1	33.1	1	GRAB	3/14/24 @ 9:15
Sulfate, mg/l	239	239	1	GRAB	3/14/24 @ 9:15
Chloride, mg/l	295	295	1	GRAB	3/14/24 @ 9:15
Total Phosphorus, mg/l	4.06	4.06	1	GRAB	3/14/24 @ 9:15
pH, standard units	7.7	7.7	1	GRAB	3/14/24 @ 9:15
Dissolved Oxygen*, mg/l	N/A	N/A	N/A	N/A	N/A
Chlorine Residual, mg/l	N/A	N/A	N/A	N/A	N/A
<i>E.coli</i> (CFU/100ml) freshwater	N/A	N/A	N/A	N/A	N/A
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	1200	1200	1	GRAB	3/14/24 @ 9:15
Electrical Conductivity, μ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	<5.56	<5.56	1	GRAB	3/14/24 @ 9:15
Alkalinity (CaCO ₃)*, mg/l	N/A	N/A	N/A	N/A	N/A

*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l	N/A				
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: Joey AlvarezFacility Operator's License Classification and Level: DFacility Operator's License Number: WW0038348

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☒ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (≥ 2 years)
- ☐ Methane or Biogas Recovery
- ☒ Other Treatment Process: Facultative Lagoon is designed to store and digest sludge over the life of the plant

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
Other	On-Site Owner or Operator	Bulk		Class B: PSRP Air Drying	Option 5: Aerobic process for 14 days at >40C

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

D. Disposal site

Disposal site name: N/A

TCEQ permit or registration number: Click to enter text.

County where disposal site is located: Click to enter text.

E. Transportation method

Method of transportation (truck, train, pipe, other): N/A

Name of the hauler: Click to enter text.

Hauler registration number: Click to enter text.

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 55)

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

Section 13. RCRA/CERCLA Wastes (Instructions Page 55)

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: James Soliz

Title: Mayor

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.1

N/A - Renewal

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

Section 1. Justification for Permit (Instructions Page 57)

A. Justification of permit need

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

[Click to enter text.](#)

B. Regionalization of facilities

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

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

1. *Municipally incorporated areas*

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

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

☐ Yes ☐ No ☐ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

2. *Utility CCN areas*

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

☐ Yes ☐ No

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

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

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

3. *Nearby WWTPs or collection systems*

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

☐ Yes ☐ No

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

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

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

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

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

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

Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☐ Yes ☐ No

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

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

A. Current organic loading

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

Average Influent Organic Strength or BOD₅ Concentration in mg/l: [Click to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): [Click to enter text.](#)

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

[Click to enter text.](#)

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD 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: [Click to enter text.](#)

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

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

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

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

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

B. Interim II Phase Design Effluent Quality

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

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

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

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

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

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

C. Final Phase Design Effluent Quality

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

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

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

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

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

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

D. Disinfection Method

Identify the proposed method of disinfection.

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

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

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

Section 4. Design Calculations (Instructions Page 59)

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

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

Section 5. Facility Site (Instructions Page 60)

A. 100-year floodplain

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

- ☐ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

B. Wind rose

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

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

A. Beneficial use authorization

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

☐ Yes ☐ No

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

B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

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

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

- Treatment units and processes dimensions and capacities

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

N/A - Evaporation

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

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

☐ Yes ☐ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☐ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☐ No

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

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

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

Name of the immediate receiving waters: Sulphur Springs Draw

A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: Click to enter text.

Average depth of the entire water body, in feet: Click to enter text.

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

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

B. Flow characteristics

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

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

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

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

C. Downstream perennial confluences

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

N/A

D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

N/A

E. Normal dry weather characteristics

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

Stream remains dry and only flows during wet weather

Date and time of observation: 07/18/2023

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

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

A. Upstream influences

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

- | | |
|---|--|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff |
| <input type="checkbox"/> Upstream discharges | <input type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify: Click to enter text. |

B. Waterbody uses

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

- | | |
|--|---|
| <input type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |
| <input type="checkbox"/> Park activities | <input checked="" type="checkbox"/> Other(s), specify: <u>N/A</u> |

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 66)

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

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

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

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

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 66)

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

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

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

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

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

[Click to enter text.](#)

Stream transects

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

Table 2.1(1) - Stream Transect Records

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

Section 3. Summarize Measurements (Instructions Page 66)

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

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

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

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

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

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

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

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

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

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

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

Identify the method of land disposal:

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

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

For existing authorizations, provide Registration Number: RN101917474

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

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

Table 3.0(1) – Land Application Site Crops

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

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
Pond 1	2.8	16.8	530'L x 230'W x 6'D	In situ Soil
Pond 2	0.85	5.10	530'L x 70'W x 6'D	In situ Soil
Pond 3	1.35	8.10	390'L x 150'W x 6'D	In situ Soil

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

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

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

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

☒ Yes ☐ No

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

The facility is built up with dikes to protect it from the 100-year flood events. There is not a FEMA Flood Map that describes this site.s

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

Rational Method Analysis of the site.

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

N/A

Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** N/A – Evap Only

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

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

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** Appendix H: Well Map

- 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
78539	Irrigation	Yes	Cased	Buffer
317549	Irrigation	Yes	Cased	Buffer
325648	Irrigation	Yes	Cased	Buffer
2428103	Irrigation	Yes	Cased	Buffer
2428101	Irrigation		Cased	Buffer

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
392572	Irrigation	Yes	Cased	Buffer
2428109	Monitoring	No	Cased	Construction

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

Attachment: [Appendix H: Well Map](#)

Section 7. Groundwater Quality (Instructions Page 69)

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

Attachment: [Appendix G: Groundwater Quality](#)

Are groundwater monitoring wells available onsite? ☒ Yes ☐ No

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

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

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

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

A. Soil map

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

Attachment: [N/A – Evaporation only](#)

B. Soil analyses

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

Attachment: [N/A – Evaporation only](#)

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

☒ Yes ☐ No

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

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

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
3/1/22	.023310	27.3				
4/1/22	.022473	59.8				
5/1/22	.02304	<40				
6/1/22	.019431	16.8				
7/1/22	.019648	35.1				
8/1/22	.019588	<40				
9/1/22	.019730	48.2				
10/1/22	.02185	27.7				
11/1/22	.019555	41.1				
12/1/22	.023825	90.7				
1/1/23	.018387	41.5				
2/1/23	.018856	27.1				
3/1/23	.0244435	<30				
4/1/23	.023206					
5/1/23	.023051					
6/1/23	.022885					
7/1/23	.023346					

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
8/1/23	.021524					
9/1/23	.021524					
10/1/23	.021410					
11/1/23	.021148					
12/1/23	.021850					

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

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 72)

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

A. Irrigation

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

Design application frequency:

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

Land grade (slope):

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

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

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

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

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

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

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

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

B. Evaporation ponds

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

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

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

C. Evapotranspiration beds

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

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

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

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

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

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

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

D. Overland flow

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

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

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

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

Design BOD₅ loading rate, in lbs BOD₅/acre/day: [Click to enter text.](#)

Design application frequency:

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

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

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

Section 2. Edwards Aquifer (Instructions Page 73)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 2. Edwards Aquifer (Instructions Page 74)

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Administrative Information (Instructions Page 75)

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

B. Click to enter text. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

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

Click to enter text.

C. Owner of the subsurface area drip dispersal system: Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

E. Owner of the land where the subsurface area drip dispersal system is located: Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

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

A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: [Click to enter text.](#)

B. Irrigation operations

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

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

Average slope of the application area, percent (%): [Click to enter text.](#)

Maximum slope of the application area, percent (%): [Click to enter text.](#)

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

Major soil series: [Click to enter text.](#)

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

C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

☐ Yes ☐ No

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

☐ Yes ☐ No

If **yes**, the facility must use the formula in *30 TAC §222.83* to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

☐ Yes ☐ No

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

Nitrogen application rate, in lbs/gal/day: [Click to enter text.](#)

D. Dosing information

Number of doses per day: [Click to enter text.](#)

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

Rest period between doses, in hours: [Click to enter text.](#)

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

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

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

☐ Yes ☐ No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

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

Section 3. Required Plans (Instructions Page 75)

A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in *30 TAC §222.79*.

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

B. Soil evaluation

Attach a Soil Evaluation with all information required in *30 TAC §222.73*.

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

C. Site preparation plan

Attach a Site Preparation Plan with all information required in *30 TAC §222.75*.

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

D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

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

Section 4. Floodway Designation (Instructions Page 76)

A. Site location

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

☐ Yes ☐ No

B. Flood map

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

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

Section 5. Surface Waters in the State (Instructions Page 76)

A. Buffer Map

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

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

B. Buffer variance request

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

☐ Yes ☐ No

If **yes**, then attach the additional information required in *30 TAC § 222.81(c)*.

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

Section 6. Edwards Aquifer (Instructions Page 76)

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

☐ Yes ☐ No

B. Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

☐ Yes ☐ No

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

The following **is required** for facilities with a permitted or proposed flow of **1.0 MGD or greater**, facilities with an approved **pretreatment** program, or facilities classified as a **major** facility. See instructions for further details.

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 78)

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

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

Table 4.0(1) – Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene				10
Benzidine				50
Benzo(a)anthracene				5
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri) (*1)				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10
Cyanide (*2)				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10
Diuron				0.09
Endosulfan I (alpha)				0.01

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

(*1) Determined by subtracting hexavalent Cr from total Cr.

(*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

Table 4.0(2)A – Metals, Cyanide, and Phenols

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic				0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)				N/A
Copper				2
Lead				0.5
Mercury				0.005
Nickel				2
Selenium				5
Silver				0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

(*1) Determined by subtracting hexavalent Cr from total Cr.

(*2) Cyanide, amenable to chlorination or weak-acid dissociable

Table 4.0(2)B – Volatile Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane				50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane [Bromodichloromethane]				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
1,2-Dichloropropane				10
1,3-Dichloropropylene [1,3-Dichloropropene]				10
1,2-Trans-Dichloroethylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

Table 4.0(2)C – Acid Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol				10
2,4-Dichlorophenol				10
2,4-Dimethylphenol				10
4,6-Dinitro-o-Cresol				50
2,4-Dinitrophenol				50
2-Nitrophenol				20
4-Nitrophenol				50
P-Chloro-m-Cresol				10
Pentalchlorophenol				5
Phenol				10
2,4,6-Trichlorophenol				10

Table 4.0(2)D – Base/Neutral Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

Table 4.0(2)E - Pesticides

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.02
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254				0.2
PCB-1221				0.2
PCB-1232				0.2
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".

Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

- ☐ 2,4,5-trichlorophenoxy acetic acid
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

N/A

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

☐ Yes ☒ No

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

N/A

C. If any of the compounds in Subsection A **or** B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

Table 4.0(2)F – Dioxin/Furan Compounds

Compound	Toxic Equivalenc y Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8 PeCDD	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8 HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See instructions for further details.

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests (Instructions Page 88)

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application.

7-day Chronic: [Click to enter text.](#)

48-hour Acute: [Click to enter text.](#)

Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

☐ Yes ☐ No

If yes, describe the progress to date, if applicable, in identifying and confirming the toxicant.

[Click to enter text.](#)

Section 3. Summary of WET Tests

If the required biomonitoring test information has not been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), provide a summary of the testing results for all valid and invalid tests performed over the past four and one-half years. Make additional copies of this table as needed.

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each user. See the Instructions for definitions of Categorical IUs, Significant IUs - non-categorical, and Other IUs.

If there are no users, enter 0 (zero).

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

B. Treatment plant interference

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

☐ Yes ☒ No

If yes, identify the dates, duration, description of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IUs that may have caused the interference.

N/A

C. Treatment plant pass through

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

☐ Yes ☒ No

If **yes**, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

If **yes**, complete Section 2.c. and 2.d. only, and skip Section 3.

If **no to either question above**, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 90)

A. Substantial modifications

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to *40 CFR §403.18*?

☐ Yes ☒ No

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

N/A

B. Non-substantial modifications

Have there been any **non-substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

☐ Yes ☒ No

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

N/A

C. Effluent parameters above the MAL

In Table 6.0(1), list all parameters measured above the MAL in the POTW’s effluent monitoring during the last three years. Submit an attachment if necessary.

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date
N/A				

D. Industrial user interruptions

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

☐ Yes ☐ No

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

N/A

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

A. General information

Company Name: N/A – No industrial users

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

Is the SIU or CIU subject to categorical pretreatment standards found in *40 CFR Parts 405-471*?

☐ Yes ☐ No

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

Category: Subcategories: N/A

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

☐ Yes ☐ No

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

N/A

WORKSHEET 7.0

N/A

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only
Reg. No. _____
Date Received _____
Date Authorized _____

Section 1. General Information (Instructions Page 92)

1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

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

2. Agent/Consultant Contact Information

Contact Name: [Click to enter text.](#)

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

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

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

3. Owner/Operator Contact Information

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

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

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

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

4. Facility Contact Information

Facility Name: [Click to enter text.](#)

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

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

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

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

5. **Latitude and Longitude, in degrees-minutes-seconds**

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

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

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

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

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

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

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

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

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

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

Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

Table 7.0(1) – Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:
Name: [Click to enter text.](#)
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

Section 5. Site History

1. Type of Facility: [Click to enter text.](#)
2. Contamination Dates: [Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): [Click to enter text.](#)
4. Previous Remediation (attach results of any previous remediation as attachment M): [Click to enter text.](#)

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

Class V Injection Well Designations

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Storm Water Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTP disposal
- 5W20 Industrial Process Waste Disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

Appendix A
Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600678445		RN 101917474

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Whiteface					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees				13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:					
PO Box 248					
City	Whiteface	State	TX	ZIP	79379
				ZIP + 4	0248
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				whiteface5@aol.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

SECTION III: Regulated Entity Information

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

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

25. Description to Physical Location:	Approximately 2500 feet northeast of the intersection of State Highway 114 and FM 1780, north of the City of Whiteface in Cochran County, Texas						
26. Nearest City					State	Nearest ZIP Code	
Whiteface					TX	79379	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
27. Latitude (N) In Decimal:		33.60914			28. Longitude (W) In Decimal:		-102.60856
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
33	36	32.9	-102	36	30.8		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4952							
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
Treatment of domestic wastewater							
34. Mailing Address:							
	PO Box 248						
	City	Whiteface	State	TX	ZIP	79379	ZIP + 4
35. E-Mail Address:	whiteface5@aol.com						
36. Telephone Number	37. Extension or Code			38. Fax Number <i>(if applicable)</i>			
(806) 287-1111				(806) 287-1120			

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

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0010314001			

SECTION IV: Preparer Information

40. Name:	Paul Krueger, PE			41. Title:	Civil Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(806) 473-3715		() -	pkrueger@Parkhill.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 Whiteface		Job Title:	Mayor	
Name (In Print):	James Soliz			Phone:	(806) 287- 1111
Signature:				Date:	

Appendix B

Plain Language Summary



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

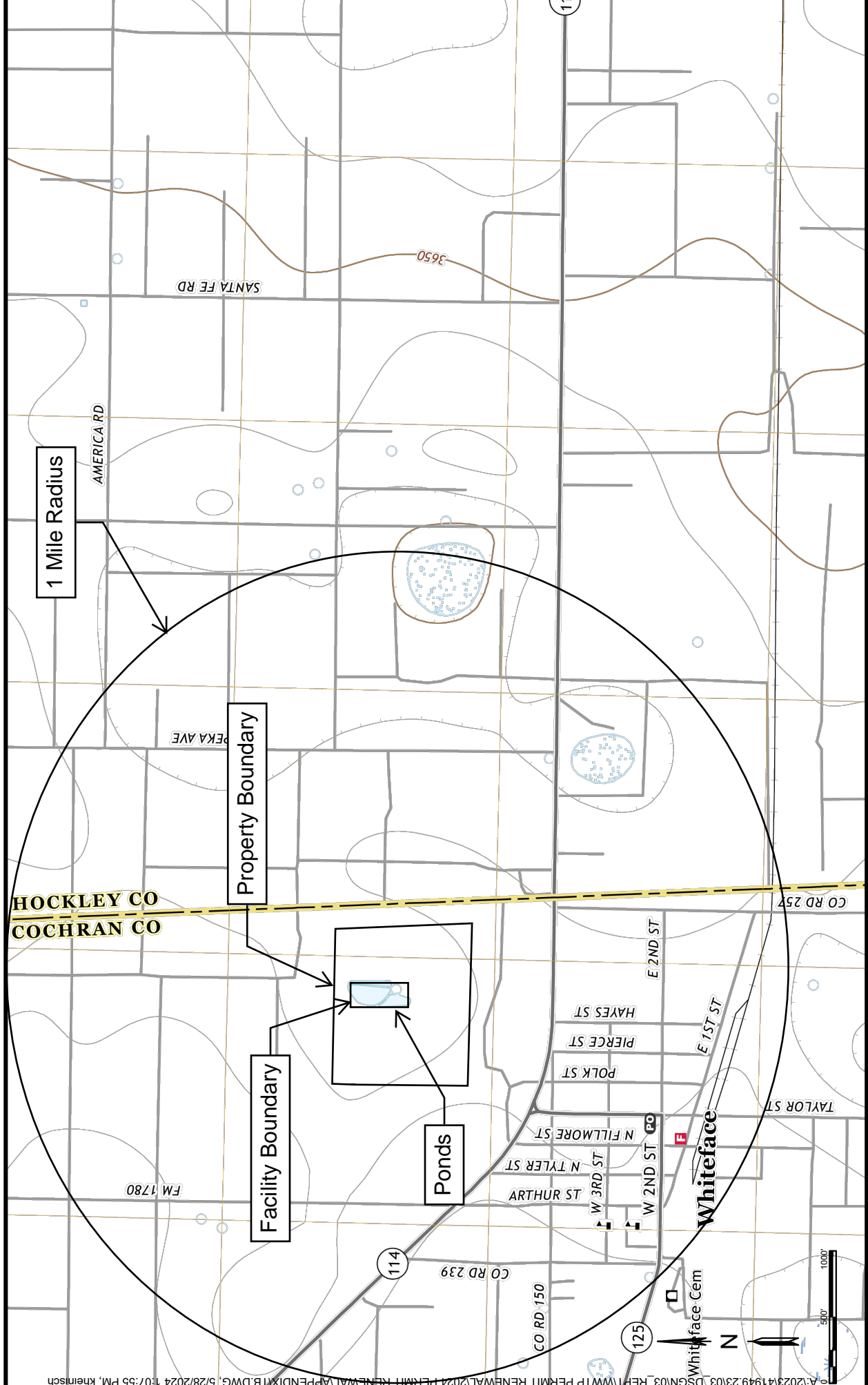
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal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

The City of Whiteface (CN60678445) operates City of Whiteface Wastewater Treatment Plant (RN101917474), a wastewater treatment plant. The facility is located at approximately 2,500' NE of the intersection of HWY 114 and FM 1780, in Whiteface, Cochran County, Texas 79379. This is a renewal Municipal Wastewater permit (WQ0010314001) to authorize the disposal of treated domestic wastewater at a daily average flow to exceed 0.035 million gallons per day (MGD) via evaporation.

Discharges from the facility are expected to contain CBOD₅ and pH. Treated domestic sewage effluent is treated by a treatment facility consisting of a facultative lagoon and three storage/evaporation ponds.

Appendix C

USGS Map



**Whiteface WWTP
Permit Renewal**
City of Whiteface
404 N Filmore St
Whiteface, TX 79379

**Appendix C -
USGS Map**
Issue:
Date:
Project No:
Sheet:

Parkhill
Parkhill.com

Renewal
05/28/2024
41949.23
1 of 1

Appendix D
Flow Diagram

WASTEWATER FROM
COLLECTION SYSTEM

FACULTATIVE
LAGOON

STORAGE/EVAPORATION
POND #1

STORAGE/EVAPORATION
POND #2

STORAGE/EVAPORATION
POND #3

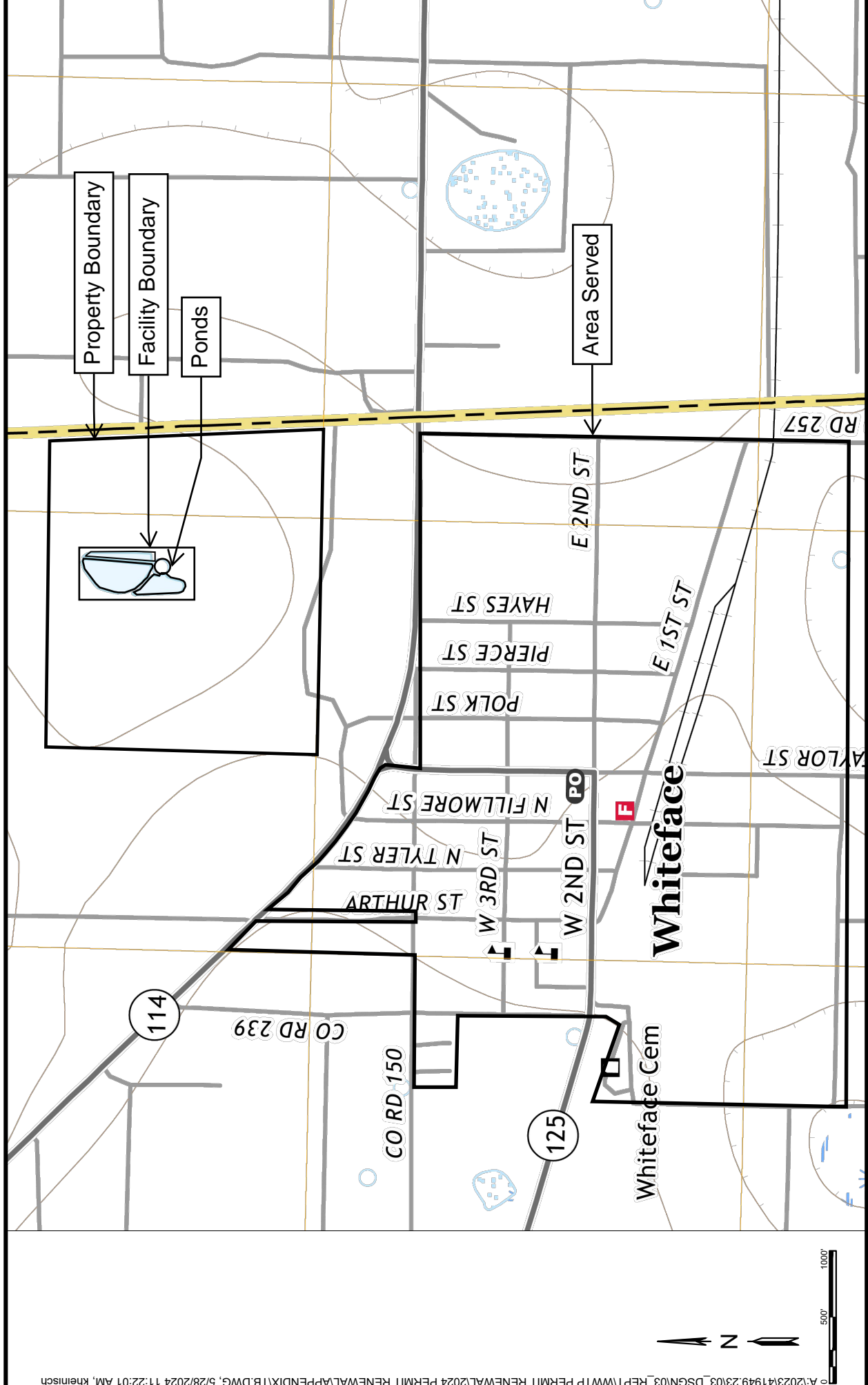
**Whiteface WWTP
Permit Renewal**
City of Whiteface
404 N Filmore St
Whiteface, TX 79379



**Appendix C - Flow
Diagram**
Issue: Renewal
Date: 05/28/2024
Project No: 41949.23
Sheet: 1 of 1

Appendix E

Site Map



**Whiteface WWTP
Permit Renewal**
City of Whiteface
404 N Fillmore St
Whiteface, TX 79379

Parkhill
Parkhill.com

**Appendix E -
Site Map**
Issue:
Date:
Project No:
Sheet:

Renewal
05/28/2024
41949.23
1 of 1

Appendix F
Pollutant Analysis

ANALYTICAL REPORT

PREPARED FOR

Attn: Paul K Krueger
Parkhill Smith & Cooper Inc.
4222 85th Street
Lubbock, Texas 79423

Generated 4/3/2024 2:09:15 PM

JOB DESCRIPTION

Whiteface WWTP

JOB NUMBER

820-12485-1

Eurofins Lubbock

Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

The test results in this report relate only to the samples as received by the laboratory and will meet all requirements of the methodology, with any exceptions noted. This report shall not be reproduced except in full, without the express written approval of the laboratory. All questions should be directed to the Eurofins Environment Testing South Central, LLC Project Manager.

Authorization



Generated
4/3/2024 2:09:15 PM

Authorized for release by
Anita Patel, Project Manager
Anita.Patel@et.eurofinsus.com
(832)776-2275

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Definitions/Glossary

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Qualifiers

HPLC/IC

Qualifier	Qualifier Description
4	MS, MSD: The analyte present in the original sample is greater than 4 times the matrix spike concentration; therefore, control limits are not applicable.
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.
U	Indicates the analyte was analyzed for but not detected.

General Chemistry

Qualifier	Qualifier Description
H	Sample was prepped or analyzed beyond the specified holding time. This does not meet regulatory requirements.
HF	Parameter with a holding time of 15 minutes. Test performed by laboratory at client's request. Sample was analyzed outside of hold time.
U	Indicates the analyte was analyzed for but not detected.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
□	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

Case Narrative

Client: Parkhill Smith & Cooper Inc.
Project: Whiteface WWTP

Job ID: 820-12485-1

Job ID: 820-12485-1

Eurofins Lubbock

Job Narrative 820-12485-1

Analytical test results meet all requirements of the associated regulatory program listed on the Accreditation/Certification Summary Page unless otherwise noted under the individual analysis. Data qualifiers are applied to indicate exceptions. Noncompliant quality control (QC) is further explained in narrative comments.

- Matrix QC may not be reported if insufficient sample or site-specific QC samples were not submitted. In these situations, to demonstrate precision and accuracy at a batch level, a LCS/LCSD may be performed, unless otherwise specified in the method.
- Surrogate and/or isotope dilution analyte recoveries (if applicable) which are outside of the QC window are confirmed unless attributed to a dilution or otherwise noted in the narrative.

Regulated compliance samples (e.g. SDWA, NPDES) must comply with the associated agency requirements/permits.

Receipt

The sample was received on 3/14/2024 10:00 AM. Unless otherwise noted below, the sample arrived in good condition, and, where required, properly preserved and on ice. The temperature of the cooler at receipt time was 9.4°C.

HPLC/IC

Method 300_ORGFM_28D: The matrix spike / matrix spike duplicate (MS/MSD) recoveries for analytical batch 860-151352 were outside control limits. Sample matrix interference is suspected because the associated laboratory control sample (LCS) recovery was within acceptance limits.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

General Chemistry

Method SM5210B_CBODCal: The following sample was received outside of holding time: Marshall Belder (820-12485-1).

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Biology

Method 9223B_CIQT18_8H: Sample had dark color before media was added and before incubation. This could possibly interfere with results.

Marshall Belder (820-12485-1)

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Eurofins Lubbock

Client Sample Results

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Client Sample ID: Marshall Belder

Lab Sample ID: 820-12485-1

Date Collected: 03/14/24 09:15

Matrix: Water

Date Received: 03/14/24 10:00

Method: EPA 300.0 - Anions, Ion Chromatography

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chloride	295		0.500		mg/L			03/26/24 10:14	1
Sulfate	239		0.500		mg/L			03/26/24 10:14	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
HEM (1664B)	<5.56	U	5.56		mg/L			03/26/24 08:57	1
SGT-HEM (1664B)	<5.56	U	5.56		mg/L			03/26/24 08:57	1
Ammonia as N (EPA 350.1)	14.0		1.00		mg/L			03/26/24 16:56	10
Nitrogen, Kjeldahl (EPA 351.2)	33.1		2.00		mg/L		03/23/24 19:56	03/25/24 16:19	10
Nitrate Nitrite as N (EPA 353.2)	<2.00	U	2.00		mg/L			03/27/24 13:10	20
Total Phosphorus as P (EPA 365.1)	4.06		0.200		mg/L			04/02/24 23:20	10
Total Dissolved Solids (SM 2540C)	1200		20.0		mg/L			03/19/24 18:03	1
Total Suspended Solids (SM 2540D)	51.7		13.3		mg/L			03/19/24 19:26	1
pH (SM 4500 H+ B)	7.7	HF			SU			03/22/24 13:15	1
Temperature (SM 4500 H+ B)	16.7	HF			Degrees C			03/22/24 13:15	1
Carbonaceous Biochemical Oxygen Demand (SM5210B CBOD)	17.1	H	6.00		mg/L		03/18/24 17:00	03/18/24 17:47	1

Method: SM 9223B - Coliforms, Total, and E.Coli (Colilert - Quanti Tray)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Coliform, Total	>2400		1.0		MPN/100mL			03/14/24 16:05	1
Escherichia coli	52		1.0		MPN/100mL			03/14/24 16:05	1

QC Sample Results

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Method: 300.0 - Anions, Ion Chromatography

Lab Sample ID: MB 860-151352/3

Matrix: Water

Analysis Batch: 151352

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chloride	<0.500	U	0.500		mg/L			03/26/24 04:30	1
Sulfate	<0.500	U	0.500		mg/L			03/26/24 04:30	1

Lab Sample ID: MB 860-151352/39

Matrix: Water

Analysis Batch: 151352

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chloride	<0.500	U	0.500		mg/L			03/26/24 09:48	1
Sulfate	<0.500	U	0.500		mg/L			03/26/24 09:48	1

Lab Sample ID: LCS 860-151352/40

Matrix: Water

Analysis Batch: 151352

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Chloride	10.0	9.028		mg/L		90	90 - 110
Sulfate	10.0	9.949		mg/L		99	90 - 110

Lab Sample ID: LCSD 860-151352/41

Matrix: Water

Analysis Batch: 151352

Client Sample ID: Lab Control Sample Dup

Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Chloride	10.0	9.037		mg/L		90	90 - 110	0	20
Sulfate	10.0	9.963		mg/L		100	90 - 110	0	20

Lab Sample ID: LLCS 860-151352/7

Matrix: Water

Analysis Batch: 151352

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Chloride	0.500	0.6444		mg/L		129	50 - 150
Sulfate	0.500	0.3696	J	mg/L		74	50 - 150

Lab Sample ID: 820-12485-1 MS

Matrix: Water

Analysis Batch: 151352

Client Sample ID: Marshall Belder

Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec Limits
Chloride	295		10.0	295.2	4	mg/L		-0.8	90 - 110
Sulfate	239		10.0	245.2	4	mg/L		67	90 - 110

Lab Sample ID: 820-12485-1 MSD

Matrix: Water

Analysis Batch: 151352

Client Sample ID: Marshall Belder

Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Chloride	295		10.0	295.2	4	mg/L		-0.9	90 - 110	0	15
Sulfate	239		10.0	245.3	4	mg/L		68	90 - 110	0	15

Eurofins Lubbock

QC Sample Results

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Method: 1664B - HEM and SGT-HEM

Lab Sample ID: MB 860-151576/1

Matrix: Water

Analysis Batch: 151576

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
HEM	<5.00	U	5.00		mg/L			03/26/24 08:57	1
SGT-HEM	<5.00	U	5.00		mg/L			03/26/24 08:57	1

Lab Sample ID: LCS 860-151576/2

Matrix: Water

Analysis Batch: 151576

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
HEM	40.0	43.50		mg/L		109	78 - 114
SGT-HEM	20.0	20.50		mg/L		103	64 - 132

Lab Sample ID: LCSD 860-151576/3

Matrix: Water

Analysis Batch: 151576

Client Sample ID: Lab Control Sample Dup

Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
HEM	40.0	38.20		mg/L		96	78 - 114	13	18
SGT-HEM	20.0	19.80		mg/L		99	64 - 132	3	18

Method: 350.1 - Nitrogen, Ammonia

Lab Sample ID: MB 860-151803/16

Matrix: Water

Analysis Batch: 151803

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Ammonia as N	<0.100	U	0.100		mg/L			03/26/24 16:27	1

Lab Sample ID: LCS 860-151803/17

Matrix: Water

Analysis Batch: 151803

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Ammonia as N	1.00	0.9710		mg/L		97	90 - 110

Lab Sample ID: LCSD 860-151803/18

Matrix: Water

Analysis Batch: 151803

Client Sample ID: Lab Control Sample Dup

Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Ammonia as N	1.00	0.9850		mg/L		99	90 - 110	1	20

Method: 351.2 - Nitrogen, Total Kjeldahl

Lab Sample ID: MB 860-151311/19-A

Matrix: Water

Analysis Batch: 151588

Client Sample ID: Method Blank

Prep Type: Total/NA

Prep Batch: 151311

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Nitrogen, Kjeldahl	<0.200	U	0.200		mg/L		03/23/24 19:56	03/25/24 15:29	1

Eurofins Lubbock

QC Sample Results

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Method: 351.2 - Nitrogen, Total Kjeldahl (Continued)

Lab Sample ID: MB 860-151311/4-A

Matrix: Water

Analysis Batch: 151588

Client Sample ID: Method Blank

Prep Type: Total/NA

Prep Batch: 151311

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Nitrogen, Kjeldahl	<8.00	U	8.00		mg/L		03/23/24 19:56	03/25/24 15:22	1

Lab Sample ID: LCS 860-151311/20-A

Matrix: Water

Analysis Batch: 151588

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Prep Batch: 151311

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrogen, Kjeldahl	2.00	1.890		mg/L		94	90 - 110

Lab Sample ID: LCSD 860-151311/21-A

Matrix: Water

Analysis Batch: 151588

Client Sample ID: Lab Control Sample Dup

Prep Type: Total/NA

Prep Batch: 151311

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Nitrogen, Kjeldahl	2.00	1.880		mg/L		94	90 - 110	1	20

Lab Sample ID: LLCS 860-151311/5-A

Matrix: Water

Analysis Batch: 151588

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Prep Batch: 151311

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrogen, Kjeldahl	8.00	8.349		mg/L		104	50 - 150

Method: 353.2 - Nitrogen, Nitrate-Nitrite

Lab Sample ID: MB 860-152142/3

Matrix: Water

Analysis Batch: 152142

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Nitrate Nitrite as N	<0.100	U	0.100		mg/L			03/27/24 12:43	1

Lab Sample ID: LCS 860-152142/4

Matrix: Water

Analysis Batch: 152142

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrate Nitrite as N	1.00	0.9991		mg/L		100	90 - 110

Lab Sample ID: LCSD 860-152142/5

Matrix: Water

Analysis Batch: 152142

Client Sample ID: Lab Control Sample Dup

Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Nitrate Nitrite as N	1.00	0.9741		mg/L		97	90 - 110	3	20

Eurofins Lubbock

QC Sample Results

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Method: 365.1 - Phosphorus, Total

Lab Sample ID: MB 860-153014/46

Matrix: Water

Analysis Batch: 153014

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Total Phosphorus as P	<0.0200	U	0.0200		mg/L			04/02/24 22:23	1

Lab Sample ID: MB 860-153014/7

Matrix: Water

Analysis Batch: 153014

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Total Phosphorus as P	<0.0200	U	0.0200		mg/L			04/02/24 20:13	1

Lab Sample ID: LCS 860-153014/47

Matrix: Water

Analysis Batch: 153014

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Phosphorus as P	0.250	0.2430		mg/L		97	90 - 110

Lab Sample ID: LCS 860-153014/8

Matrix: Water

Analysis Batch: 153014

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Phosphorus as P	0.250	0.2460		mg/L		98	90 - 110

Lab Sample ID: LCSD 860-153014/48

Matrix: Water

Analysis Batch: 153014

Client Sample ID: Lab Control Sample Dup

Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Total Phosphorus as P	0.250	0.2530		mg/L		101	90 - 110	4	20

Lab Sample ID: LCSD 860-153014/9

Matrix: Water

Analysis Batch: 153014

Client Sample ID: Lab Control Sample Dup

Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Total Phosphorus as P	0.250	0.2550		mg/L		102	90 - 110	4	20

Method: SM 2540C - Solids, Total Dissolved (TDS)

Lab Sample ID: MB 860-150611/1

Matrix: Water

Analysis Batch: 150611

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Total Dissolved Solids	<5.00	U	5.00		mg/L			03/19/24 18:02	1

Eurofins Lubbock

QC Sample Results

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Method: SM 2540C - Solids, Total Dissolved (TDS) (Continued)

Lab Sample ID: LCS 860-150611/2

Matrix: Water

Analysis Batch: 150611

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Dissolved Solids	1000	1112		mg/L		111	80 - 120

Lab Sample ID: LCSD 860-150611/3

Matrix: Water

Analysis Batch: 150611

Client Sample ID: Lab Control Sample Dup

Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Total Dissolved Solids	1000	1111		mg/L		111	80 - 120	0	10

Lab Sample ID: LLCS 860-150611/4

Matrix: Water

Analysis Batch: 150611

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Dissolved Solids	10.0	12.00		mg/L		120	50 - 150

Method: SM 2540D - Solids, Total Suspended (TSS)

Lab Sample ID: MB 860-150631/1

Matrix: Water

Analysis Batch: 150631

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	<4.00	U	4.00		mg/L			03/19/24 19:26	1

Lab Sample ID: LCS 860-150631/2

Matrix: Water

Analysis Batch: 150631

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Suspended Solids	100	112.0		mg/L		112	80 - 120

Lab Sample ID: LCSD 860-150631/3

Matrix: Water

Analysis Batch: 150631

Client Sample ID: Lab Control Sample Dup

Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Total Suspended Solids	100	111.0		mg/L		111	80 - 120	1	10

Method: SM5210B CBOD - Carbonaceous BOD, 5 Day

Lab Sample ID: SCB 860-151359/2

Matrix: Water

Analysis Batch: 151359

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	SCB Result	SCB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Carbonaceous Biochemical Oxygen Demand	0.7200		0.0000020		mg/L			03/18/24 17:37	1

Eurofins Lubbock

QC Sample Results

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Method: SM5210B CBOD - Carbonaceous BOD, 5 Day (Continued)

Lab Sample ID: USB 860-151359/1							Client Sample ID: Method Blank		
Matrix: Water							Prep Type: Total/NA		
Analysis Batch: 151359									
Analyte	USB Result	USB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Carbonaceous Biochemical Oxygen Demand	0.02000		0.00000200		mg/L			03/18/24 17:35	1

Lab Sample ID: LCS 860-151359/3							Client Sample ID: Lab Control Sample		
Matrix: Water							Prep Type: Total/NA		
Analysis Batch: 151359									
Analyte			Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Carbonaceous Biochemical Oxygen Demand			198	198.4		mg/L		100	85 - 115

QC Association Summary

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

HPLC/IC

Analysis Batch: 151352

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	300.0	
MB 860-151352/3	Method Blank	Total/NA	Water	300.0	
MB 860-151352/39	Method Blank	Total/NA	Water	300.0	
LCS 860-151352/40	Lab Control Sample	Total/NA	Water	300.0	
LCSD 860-151352/41	Lab Control Sample Dup	Total/NA	Water	300.0	
LLCS 860-151352/7	Lab Control Sample	Total/NA	Water	300.0	
820-12485-1 MS	Marshall Belder	Total/NA	Water	300.0	
820-12485-1 MSD	Marshall Belder	Total/NA	Water	300.0	

General Chemistry

Prep Batch: 150391

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	BOD Prep	

Analysis Batch: 150611

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	SM 2540C	
MB 860-150611/1	Method Blank	Total/NA	Water	SM 2540C	
LCS 860-150611/2	Lab Control Sample	Total/NA	Water	SM 2540C	
LCSD 860-150611/3	Lab Control Sample Dup	Total/NA	Water	SM 2540C	
LLCS 860-150611/4	Lab Control Sample	Total/NA	Water	SM 2540C	

Analysis Batch: 150631

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	SM 2540D	
MB 860-150631/1	Method Blank	Total/NA	Water	SM 2540D	
LCS 860-150631/2	Lab Control Sample	Total/NA	Water	SM 2540D	
LCSD 860-150631/3	Lab Control Sample Dup	Total/NA	Water	SM 2540D	

Analysis Batch: 151156

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	SM 4500 H+ B	

Prep Batch: 151311

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	351.2	
MB 860-151311/19-A	Method Blank	Total/NA	Water	351.2	
MB 860-151311/4-A	Method Blank	Total/NA	Water	351.2	
LCS 860-151311/20-A	Lab Control Sample	Total/NA	Water	351.2	
LCSD 860-151311/21-A	Lab Control Sample Dup	Total/NA	Water	351.2	
LLCS 860-151311/5-A	Lab Control Sample	Total/NA	Water	351.2	

Analysis Batch: 151359

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	SM5210B CBOD	150391
SCB 860-151359/2	Method Blank	Total/NA	Water	SM5210B CBOD	
USB 860-151359/1	Method Blank	Total/NA	Water	SM5210B CBOD	
LCS 860-151359/3	Lab Control Sample	Total/NA	Water	SM5210B CBOD	

Eurofins Lubbock

QC Association Summary

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

General Chemistry

Analysis Batch: 151576

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	1664B	
MB 860-151576/1	Method Blank	Total/NA	Water	1664B	
LCS 860-151576/2	Lab Control Sample	Total/NA	Water	1664B	
LCSD 860-151576/3	Lab Control Sample Dup	Total/NA	Water	1664B	

Analysis Batch: 151588

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	351.2	151311
MB 860-151311/19-A	Method Blank	Total/NA	Water	351.2	151311
MB 860-151311/4-A	Method Blank	Total/NA	Water	351.2	151311
LCS 860-151311/20-A	Lab Control Sample	Total/NA	Water	351.2	151311
LCSD 860-151311/21-A	Lab Control Sample Dup	Total/NA	Water	351.2	151311
LLCS 860-151311/5-A	Lab Control Sample	Total/NA	Water	351.2	151311

Analysis Batch: 151803

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	350.1	
MB 860-151803/16	Method Blank	Total/NA	Water	350.1	
LCS 860-151803/17	Lab Control Sample	Total/NA	Water	350.1	
LCSD 860-151803/18	Lab Control Sample Dup	Total/NA	Water	350.1	

Analysis Batch: 152142

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	353.2	
MB 860-152142/3	Method Blank	Total/NA	Water	353.2	
LCS 860-152142/4	Lab Control Sample	Total/NA	Water	353.2	
LCSD 860-152142/5	Lab Control Sample Dup	Total/NA	Water	353.2	

Analysis Batch: 153014

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	365.1	
MB 860-153014/46	Method Blank	Total/NA	Water	365.1	
MB 860-153014/7	Method Blank	Total/NA	Water	365.1	
LCS 860-153014/47	Lab Control Sample	Total/NA	Water	365.1	
LCS 860-153014/8	Lab Control Sample	Total/NA	Water	365.1	
LCSD 860-153014/48	Lab Control Sample Dup	Total/NA	Water	365.1	
LCSD 860-153014/9	Lab Control Sample Dup	Total/NA	Water	365.1	

Biology

Analysis Batch: 2467

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
820-12485-1	Marshall Belder	Total/NA	Water	9223B	

Lab Chronicle

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Client Sample ID: Marshall Belder

Lab Sample ID: 820-12485-1

Date Collected: 03/14/24 09:15

Matrix: Water

Date Received: 03/14/24 10:00

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	300.0		1			151352	03/26/24 10:14	RBNS	EET HOU
Total/NA	Analysis	1664B		1	900 mL	1000 mL	151576	03/26/24 08:57	TB	EET HOU
Total/NA	Analysis	350.1		10	10 mL	10 mL	151803	03/26/24 16:56	ADL	EET HOU
Total/NA	Prep	351.2			20 mL	20 mL	151311	03/23/24 19:56	SA	EET HOU
Total/NA	Analysis	351.2		10			151588	03/25/24 16:19	LD	EET HOU
Total/NA	Analysis	353.2		20	10 mL	10 mL	152142	03/27/24 13:10	LD	EET HOU
Total/NA	Analysis	365.1		10	10 mL	10 mL	153014	04/02/24 23:20	HN	EET HOU
Total/NA	Analysis	SM 2540C		1	50 mL	200 mL	150611	03/19/24 18:03	HC	EET HOU
Total/NA	Analysis	SM 2540D		1	300 mL	1000 mL	150631	03/19/24 19:26	FN	EET HOU
Total/NA	Analysis	SM 4500 H+ B		1			151156	03/22/24 13:15	SC	EET HOU
Total/NA	Prep	BOD Prep					150391	03/18/24 17:00	HN	EET HOU
Total/NA	Analysis	SM5210B CBOD		1	100 mL	300 mL	151359	03/18/24 17:47	ALL	EET HOU
Total/NA	Analysis	9223B		1	100 mL	100 mL	2467	03/14/24 16:05	LT	EET LUB

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

EET LUB = Eurofins Lubbock, 6701 Aberdeen Ave., Suite 8, Lubbock, TX 79424, TEL (806)794-1296

Accreditation/Certification Summary

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Laboratory: Eurofins Lubbock

All accreditations/certifications held by this laboratory are listed. Not all accreditations/certifications are applicable to this report.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704219	03-31-24

Laboratory: Eurofins Houston

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704215	06-30-24

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification .

Analysis Method	Prep Method	Matrix	Analyte
SM 4500 H+ B		Water	Temperature

Method Summary

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Method	Method Description	Protocol	Laboratory
300.0	Anions, Ion Chromatography	EPA	EET HOU
1664B	HEM and SGT-HEM	1664B	EET HOU
350.1	Nitrogen, Ammonia	EPA	EET HOU
351.2	Nitrogen, Total Kjeldahl	EPA	EET HOU
353.2	Nitrogen, Nitrate-Nitrite	EPA	EET HOU
365.1	Phosphorus, Total	EPA	EET HOU
SM 2540C	Solids, Total Dissolved (TDS)	SM	EET HOU
SM 2540D	Solids, Total Suspended (TSS)	SM	EET HOU
SM 4500 H+ B	pH	SM	EET HOU
SM5210B CBOD	Carbonaceous BOD, 5 Day	SM	EET HOU
9223B	Coliforms, Total, and E.Coll (Colilert - Quanti Tray)	SM	EET LUB
351.2	Nitrogen, Total Kjeldahl	EPA	EET HOU
BOD Prep	Preparation, BOD	SM	EET HOU

Protocol References:

1664B = EPA-821-98-002

EPA = US Environmental Protection Agency

SM = "Standard Methods For The Examination Of Water And Wastewater"

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

EET LUB = Eurofins Lubbock, 6701 Aberdeen Ave., Suite 8, Lubbock, TX 79424, TEL (806)794-1296

Sample Summary

Client: Parkhill Smith & Cooper Inc.
Project/Site: Whiteface WWTP

Job ID: 820-12485-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
820-12485-1	Marshall Belder	Water	03/14/24 09:15	03/14/24 10:00

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

Information		Carrier Tracking No(s): 820-7793-163.1	
Lab PM: Patel, Anita		Page 1 of 1	
E-Mail: Anita.Patel@et.eurofinsus.com		Job #:	
PWSID:		Analysis Requested	
Due Date Requested:		Total Number of containers:	
TAT Requested (days):		Preservation Codes:	
Compliance Project: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		M - Hexane N - None O - AsNaO2 P - Na2O4S Q - Na2SO3 R - Na2S2O3 S - H2SO4 T - TSP Dodecahydrate U - Acetone V - MCAA W - pH 4-5 Y - Trizma Z - other (specify)	
PO #: Purchase Order not required		Other:	
WO #:			
Project #: 82001120			
SSOW#:			
Sample Identification		Special Instructions/Note:	
Marshall Belcher			
Sample Date: 3/14			
Sample Time: 11:15			
Sample Type: (C=comp, G=grab) G			
Matrix: (Newer, Spill, Overstated, BT=Tissue, Anal)			
Water			
Field Filtered Sample (Yes or No)			
Perform MS/MSD (Yes or No)			
92238 CIQT18_8H - E. Coll			
Ammonia 350.1, TKN 351.2, Nitrate-Nitrite 353.2, Total			
Phosphorus 365.1			
Sulfate/Chloride 300_ORGFM_28D, pH SM4500_H+			
2540D - TSS			
2540C_Calcd - Solids, Total Dissolved (TDS)			
SM52108_CBOCAL - CBOD			
1664B_NP - HEM & SGT-HEM			
Barcode: 820-12485 Chain of Custody			
Possible Hazard Identification		Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)	
<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological		<input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For Months	
Deliverable Requested: I, II, III, IV, Other (specify)		Special Instructions/QC Requirements:	
Empty Kit Relinquished by:		Method of Shipment:	
Relinquished by: Marshall Belcher		Received by: [Signature]	
Relinquished by:		Received by:	
Relinquished by:		Received by:	
Custody Seal No.: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cooler Temperature(s) °C and Other Remarks: 9.8/9.4	

Chain of Custody Record



Environment Testing

6701 Aberdeen Ave. Suite 8
Lubbock, TX 79424
Phone: 806-794-1296

[illegible]

Login Sample Receipt Checklist

Client: Parkhill Smith & Cooper Inc.

Job Number: 820-12485-1

Login Number: 12485

List Number: 1

Creator: Triplett, Colby

List Source: Eurofins Lubbock

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	N/A	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	N/A	

Login Sample Receipt Checklist

Client: Parkhill Smith & Cooper Inc.

Job Number: 820-12485-1

Login Number: 12485

List Number: 2

Creator: Grandits, Corey

List Source: Eurofins Houston

List Creation: 03/18/24 12:46 PM

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	N/A	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	Water present in cooler; indicates evidence of melted ice.
Cooler Temperature is acceptable.	False	Cooler temperature outside required temperature criteria.
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	False	Due to FedEx delay, BOD was received out of hold
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	

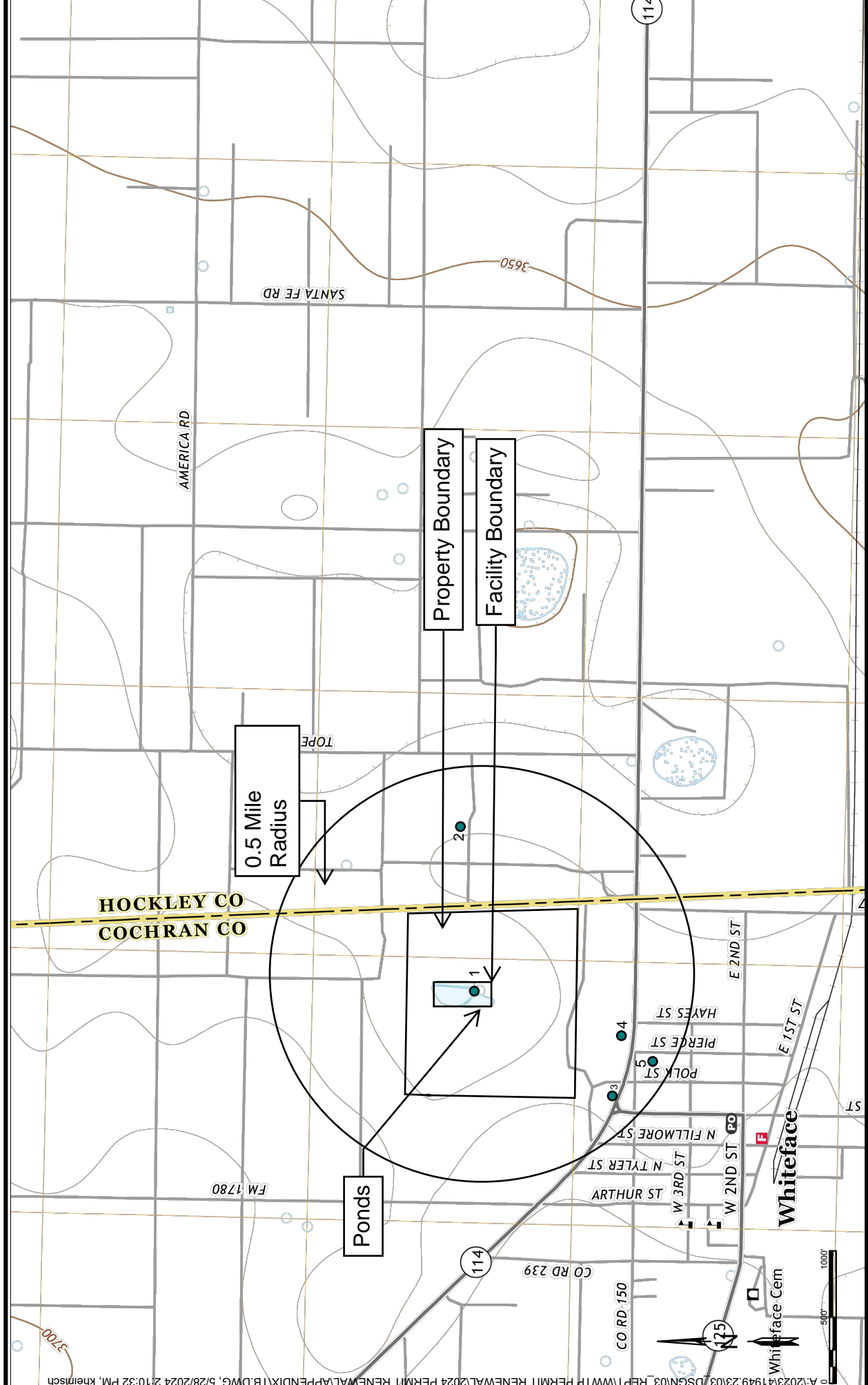
Appendix G
Groundwater Quality

Groundwater Quality Report

The impact on groundwater is estimated to be very minimal, if at all. The groundwater quality assessment for the evaporation pond indicates that there are no signs of leakage, as evidenced by stable and expected levels of key water quality parameters in nearby monitoring wells. Parameters such as pH, electrical conductivity, total dissolved solids, and concentrations of major ions (e.g., chloride, sulfate, nitrate) remain within their baseline ranges, consistent with historical data prior to the pond's establishment. Furthermore, no unusual contaminants or significant changes in groundwater levels have been detected, confirming the structural integrity of the pond and its effective containment measures. Thus, the evaporation pond is functioning as intended without negatively impacting the surrounding groundwater quality.

Appendix H

Well Map



**Whiteface WWTP
Permit Renewal**
City of Whiteface
404 N Filmore St
Whiteface, TX 79379

Parkhill
Parkhill.com

**Appendix H -
Well Map**
Issue:
Date:
Project No:
Sheet:

Renewal
05/28/2024
41949.23
1 of 1

STATE OF TEXAS WELL REPORT for Tracking #78539

Owner: **Emi Family Limited**

Owner Well #: **No Data**

Address: **P. O. Box 2307
Lubbock, TX 79458**

Grid #: **24-28-1**

Well Location: **2 mi East on 214- 1 mi S.
Whiteface, TX 79379**

Latitude: **33° 36' 34" N**

Longitude: **102° 36' 01" W**

Well County: **Hockley**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **3/2/2004**

Drilling End Date: **3/9/2004**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	19	0	10
	16.5	10	198

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	

Seal Method: **Truck**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Slab Installed**

Water Level: **No Data**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Gilco Drilling Company**

**701 East Grant
Morton, TX 79346**

Driller Name: **Dub Allen Gilliam**

License Number: **2165**

Comments: **\$dfs**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	4	Top Soil
4	31	Caliche and Clay
31	47	Rock Ledges and Soft Sandstone
47	137	Sand and Soft Sandstone
137	147	Hard Rock
147	168	Sandy Clay and Soft Sandstone
168	193	Sand and Gravel
193	198	Yellow and Blue Clay

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
12 3/4	New	Steel	+2 158 188
12 3/4	New	Perf.	158 198 188

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation

**P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

STATE OF TEXAS WELL REPORT for Tracking #178774

Owner:	Eric Silhan	Owner Well #:	1
Address:	304 E Grant Morton, TX 79346	Grid #:	24-28-1
Well Location:	league 62 Labor 23 Whiteface, TX 79379	Latitude:	33° 36' 11" N
Well County:	Cochran	Longitude:	102° 36' 43" W
		Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Irrigation

Drilling Start Date: **5/8/2009**

Drilling End Date: **5/11/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	12	0	240

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	12 cement

Seal Method: **ready mix**

Distance to Property Line (ft.): **66**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **none**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **gps**

Surface Completion: **Unknown**

Water Level: **No Data**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Pearson Drilling**
RT 2 Box 130
Seminole, TX 79360

Driller Name: **Tobias Peters** License Number: **56068**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

From (ft)	To (ft)	Description
0-5		topsoil
5-25		caliche
25-47		sand
47-55		sandstone
55-113		sand
113- 121		rock
121-185		sand
185-226		sand and gravel
226-236		red sand and gravel
236-240		blue clay

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
8 5/8	new	steel	0 - 160 .188
			new 160 - 240 3/8

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**Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

STATE OF TEXAS WELL REPORT for Tracking #208779

Owner: **City of Whiteface**
Address: **105 West 2nd Street
Whiteface, TX 79379**
Well Location: **3/4 mi North
Whiteface, TX**
Well County: **Cochran**

Owner Well #: **No Data**
Grid #: **24-28-1**
Latitude: **33° 36' 30" N**
Longitude: **102° 36' 32" W**
Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Monitor**

Drilling Start Date: **3/12/2009**

Drilling End Date: **3/13/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	13	0	10
	7.875	10	188

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	88	188	Gravel	00

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	5 sks

Seal Method: **Mixer**

Distance to Property Line (ft.): **excess**

Sealed By: **Frontier Pump**

Distance to Septic Field or other
concentrated contamination (ft.): **50**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **Tape / Owner**

Surface Completion: **Alternative Procedure Used**

Water Level: **No Data**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Gilco Drilling Co.**
701 E. Grant Ave.
Morton, TX 79346

Driller Name: **Dub Allen Gilliam**

License Number: **2165**

Comments: **\$mew**
TWDB SW #24-28-109 Doc Jones 1/24/2010

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	2	Top Soil
2	25	Caliche & Clay
25	35	Rock & Rock Ledges
35	109	Sand & Soft Sandstone
109	163	Sand & Sandy Clay (Some Sandstone)
163	184	Sand & Gravel
184	188	Yellow & Light Blue Clay

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
5	New	Plastic +2	- 168 160#
5	New	Perf .035	168 - 188 200#

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Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #317549

Owner: **Richard Slaughter**

Owner Well #: **No Data**

Address: **5610 83rd. lane
lubbock, TX 79424**

Grid #: **24-28-1**

Well Location: **No Data**

Latitude: **33° 36' 16" N**

Longitude: **102° 36' 48" W**

Well County: **Cochran**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **3/5/2013**

Drilling End Date: **3/6/2013**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	14	0	235

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	15

Seal Method: **water**

Distance to Property Line (ft.): **No Data**

Sealed By: **Abe Neufeld**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Unknown**

Water Level: **No Data**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **MONTE MOORE DRILLING**
1313 N.HWY.137
LAMESA, TX 79331

Driller Name: **Abraham Neufeld** License Number: **58699**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

From (ft)	To (ft)	Description
0-2		top soil
2-31		caliche
31-55		sandy clay
55-76		sandy clay broken rock
76-157		sandy clay
157-230		sand gravel
230-235		yellow clay

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
8 5/8	new	steel blank	0-135
	perf	135-235	5 rows 3/8"

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Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #325648

Owner: **City Bank Trust EMI Family Ltd**

Owner Well #: **No Data**

Address: **PO Box 2307
Lubbock, TX 79408**

Grid #: **24-28-1**

Well Location: **1/10 mi N
Whiteface, TX**

Latitude: **33° 36' 15" N**

Longitude: **102° 36' 37" W**

Well County: **Cochran**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Domestic**

Drilling Start Date: **12/9/2011**

Drilling End Date: **12/11/2011**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	13	0	10
	8.75	10	205

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	100	205	Gravel	00

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	13 sk cement

Seal Method: **Wheel barrel**

Distance to Property Line (ft.): **100**

Sealed By: **Gilco Drilling**

Distance to Septic Field or other
concentrated contamination (ft.): **200**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **owner**

Surface Completion: **Alternative Procedure Used**

Water Level: **No Data**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Gilco Drilling Company**

**701 E Grant Ave
Morton, TX 79346**

Driller Name: **Dub Allen Gilliam**

License Number: **2165**

Comments: **^mjl**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	5	top soil
5	39	caliche, clay & sand
39	48	rock & rock ledges
48	73	sand & soft sandstone (rock ledges)
73	132	sand & soft sandstone (some sandy clay)
132	144	sand & soft sandstone (rock ledges)
144	151	rock
151	179	sand & sandy clay
179	200	sand & gravel
200	205	yellow & light blue clay

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
6	New	Plastic	2 above-185 160#
6	New	Perf.035	185-205 200#

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Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

July 19, 2024

Savannah Jackson
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality
P.O. Box 13087
Austin, TX 78711-3087

Re: Application to Renew Permit No. WQ0010314001
City of Whiteface (CN600678445)
City of Whiteface WWTP (RN101917474), Renewal

Dear Ms. Jackson:

We have received the Notice of Deficiency letter on the above referenced application in your e-mail dated July 16, 2024, and provide the following response.

- Comment: The Plain Language Summary currently contains the wrong CN number (CN60678445). Please provide a Plain Language Summary with the corrected information (CN600678445). Please use the attached Plain Language Summary (PLS) Template to provide the PLS in a Microsoft Word Document.

Response: As requested, a word version of the PLS will be provided via email.

- Comment: Core Data Form, Section V: The Authorized Signature is insufficient because it is not signed or dated. Please submit a corrected Core Data Form that contains a handwritten signature.

Response: The signature pages have been accounted for per our conversation.

- Comment: Administrative Report 1.0, Section 14: The signature page is insufficient because it is not filled out. Please submit an updated signature page that contains a notarized handwritten signature

Response: The signature pages have been accounted for per our conversation.

- Comment: The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete. APPLICATION. City of Whiteface, P.O. Box 248, Whiteface, Texas 79379, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0010314001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 35,000 gallons per day via evaporation. The domestic wastewater treatment facility and disposal area are located approximately 2,500 feet northeast of the intersection of Farm-to-Market Road 1780 and State Highway 114, near the City of Whiteface, in Cochran County, Texas 79379. TCEQ received this application on July 8, 2024. The permit application will be available for viewing and copying at Whiteface City Hall, 404 North Fillmore Street, Whiteface, in Cochran 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/pendingpermits/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=-102.608333,33.608888&level=18>
Further information may also be obtained from City of Whiteface at the address stated above or by calling Ms. Belinda Terrell, City Secretary, at 806.287.1111.

Response: All information above is correct.

Thank you for reviewing the submitted application. If you have any questions or would like to discuss them further, please feel free to call me at 806.473.3715.

Sincerely,

PARKHILL

By 
Paul Krueger, P.E.
Civil Engineer

PK/kh/pp

Enclosure: Plain Language Summary

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

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

DOMESTIC WASTEWATER

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

City of Whiteface (CN600678445) operates City of Whiteface Wastewater Treatment Plant (RN101917474). a domestic wastewater treatment facility. The facility is located at approximately 2,500 feet northeast of the intersection of HWY 114 and FM 1780, in Whiteface, Cochran County, Texas 79379.

This application request is for a standard renewal without changes to municipal wastewater TLAP permit WQ0010314001. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain CBOD₅ and pH. Treated domestic sewage effluent is treated by a treatment facility consisting of a facultative lagoon and three storage/evaporation ponds.

INSTRUCTIONS

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

Examples

Example 1: Domestic Wastewater TPDES Renewal application

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30

Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 2: TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: TLAP Renewal application

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may

change during the technical review of the application and are not federal enforceable representations of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

RE: Application to Renew Permit No. WQ0010314001 - Notice of Deficiency Letter**Paul Krueger** <PKrueger@Parkhill.com>

Fri 7/19/2024 11:46 AM

To: Savannah Jackson <Savannah.Jackson@tceq.texas.gov>; whiteface5@aol.com <whiteface5@aol.com>
Cc: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Kyra Heinisch <kheinisch@parkhill.com>

2 attachments (120 KB)

City of Whiteface Permit Renewal Letter.pdf; Municipal TPDES and TLAP PLS Form (1).docx;

Good Morning Ms. Jackson,

Thank you for helping us with the signature pages. We will be sure to include them on future electronic submissions.

Please find the attached response to your Notice of Deficiency letter, including a Microsoft Word version of the updated PLS. If you have any questions or need anything else, please let me know.

Paul Krueger, PE

Civil Engineer

Parkhill806.473.3715 | Parkhill.com**From:** Savannah Jackson <Savannah.Jackson@tceq.texas.gov>**Sent:** Wednesday, July 17, 2024 11:20 AM**To:** Paul Krueger <PKrueger@Parkhill.com>; whiteface5@aol.com**Cc:** Erwin Madrid <Erwin.Madrid@tceq.texas.gov>**Subject:** Re: Application to Renew Permit No. WQ0010314001 - Notice of Deficiency Letter

Good Morning,

I went ahead and scanned in the paper signatures, so you are good to go on Items 2 and 3 on the Notice of Deficiency letter. Just so you know for future submissions, including the signatures in your electronic submission would be greatly appreciated!

Thanks,

**Savannah Jackson**

Texas Commission on Environmental Quality

Water Quality Division

512-239-4306

savannah.jackson@tceq.texas.gov**From:** Paul Krueger <PKrueger@Parkhill.com>**Sent:** Wednesday, July 17, 2024 9:00 AM**To:** Savannah Jackson <Savannah.Jackson@tceq.texas.gov>; whiteface5@aol.com <whiteface5@aol.com>**Cc:** Erwin Madrid <Erwin.Madrid@tceq.texas.gov>**Subject:** RE: Application to Renew Permit No. WQ0010314001 - Notice of Deficiency Letter

Good morning Ms. Jackson,

I have a question in regard to comments 3 and 4 of the Notice of Deficiency. The original application was submitted via mail and should have contained handwritten signatures. After the application was submitted, we were asked to submit a copy of the application online as a courtesy for review. The online version did not have signatures because they had already been submitted via mail. Is there any way you can check the original mailed application submittal for the signature pages, and let me know if they are sufficient?

I will continue to gather remaining information requested in your NOD for a complete response. Please let me know if we will need to provide signature pages or if they were able to be located with the original submission.

Thank you,

Paul Krueger, PE

Civil Engineer

Parkhill806.473.3715 | Parkhill.com**From:** Savannah Jackson <Savannah.Jackson@tceq.texas.gov>**Sent:** Tuesday, July 16, 2024 4:32 PM**To:** whiteface5@aol.com**Cc:** Paul Krueger <PKrueger@Parkhill.com>; Erwin Madrid <Erwin.Madrid@tceq.texas.gov>**Subject:** Application to Renew Permit No. WQ0010314001 - Notice of Deficiency Letter

Dear Ms. Belinda Terrell,

The attached Notice of Deficiency letter sent on July 16, 2024, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by July 30, 2024.

Thank you,



Savannah Jackson

Texas Commission on Environmental Quality

Water Quality Division

512-239-4306

savannah.jackson@tceq.texas.gov

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Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010314001

Applicant: City of Whiteface

Certification:

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

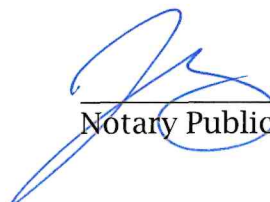

I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

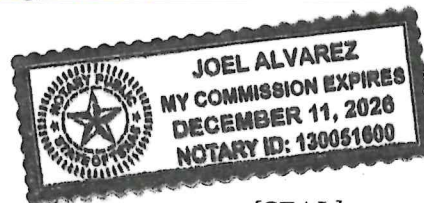
Signatory name (typed or printed): James Soliz

Signatory title: Mayor

Signature:  Date: 6-11-24
(Use blue ink)

Subscribed and Sworn to before me by the said James Soliz
on this 11 day of June, 2024.
My commission expires on the 11 day of December, 2026.


Notary Public

Cochran
County, Texas



[SEAL]


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0010314001			

SECTION IV: Preparer Information

40. Name:	Paul Krueger, PE		41. Title:	Civil Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(806) 473-3715		() -	pkrueger@Parkhill.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 Whiteface	Job Title:	Mayor
Name (In Print):	James Soliz	Phone:	(806) 287- 1111
Signature:		Date:	6-11-24