



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

Domestic Administrative Report 1.0 Plain Language Summary

The Villas on Travis Condominiums Owners' Association (CN 600799381) Wastewater Treatment Plant (RN101525616) is an activated sludge process plant operated in the extended aeration mode. Treatment units include a lift station, bar screen, aeration basin, final clarifier, digester, chlorine contact chamber, tertiary filters and an ultrafiltration unit. The wastewater treatment plant and disposal site are located at 2918 Ranch Road 620 North, approximately 200 feet northwest of Ranch Road 620 at a point 1.8 miles west of Mansfield Dam and adjacent to Lake Travis, in Travis County, Texas 78734.

This application is for a renewal to dispose a daily average flow not to exceed 32,000 gallons per day of treated domestic wastewater via spray irrigation system with a minimum area of 4.24 acres of public access land. The facility includes an effluent storage tank with a total capacity of 0.58 acre-feet for storage of treated effluent prior to irrigation. The facility also includes an evaporation/infiltration pond with a total capacity of 0.49 acre-feet for effluent disposal. This permit will not authorize the discharge of pollutants into water of the state.

Effluent for and application of domestic wastewater from the facility is expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), phosphorous, turbidity and *Escherichia coli*.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0011532001

APPLICATION. Villas on Travis Condominiums Owners' Association, 611 South Congress #510, Austin, Texas 78704, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0011532001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 32,000 gallons per day via surface irrigation of 4.24 acres of public access land. The domestic wastewater treatment facility and disposal area are located at 2918 Ranch Road 620 North, in Travis County, Texas 78734. TCEQ received this application on July 22, 2024. The permit application will be available for viewing and copying at Lake Travis Community Library, 1938 Lohmans Crossing Road, Austin, in Travis 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=-97.940277,30.391666&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 Villas on Travis Condominiums Owners' Association at the address stated above or by calling Mr. David Allen, P.E., Allen Engineering Group, Inc., at 512-632-0121.

Issuance Date: August 7, 2024



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)		3. Regulated Entity Reference Number (if issued)
CN 600799381		RN 101525616

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		5/21/24			
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)							
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).							
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:			
Villas on Travis Condominium Owners' Association							
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 type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input checked="" type="checkbox"/> Other: POA			
12. Number of Employees				13. Independently Owned and Operated?			
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant							
15. Mailing Address:		Villas on Travis Condominium Owners' Association					
		611 South Congress # 510					
		City	Austin	State	TX	ZIP	78704
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)			
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)			
(512) 447-4496				() -			

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Villas on Travis Wastewater Treatment Plant	

23. Street Address of the Regulated Entity: (No PO Boxes)	2918 RR 620 South							
	6							
	City	Austin	State	TX	ZIP	78734	ZIP + 4	
24. County	Travis							

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

25. Description to Physical Location:								
26. Nearest City					State	Nearest ZIP Code		
Lakeway					TX	78734		
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).								
27. Latitude (N) In Decimal:						28. Longitude (W) In Decimal:		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	23	29.2	-97	56	20			
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				22332				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Wastewater Plant Serving a Restaurant								
34. Mailing Address:	Villas on Travis Condominium Owners's Association							
	City		State	TX	ZIP		ZIP + 4	
35. E-Mail Address:								
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(512) -						() -		

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.

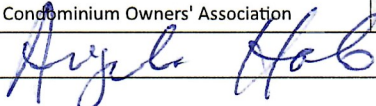
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	David Allen, P.E.	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 632-0121		() -	da@aeg-austin.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:	Villas on Travis Condominium Owners' Association	Job Title:	President Villas at Travis Condominium Owners' Association
Name (In Print):	Angela Hale	Phone:	(512) 289- 2995
Signature:			Date: 7.15.24



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Villas on Travis Condominium Owners' Association

PERMIT NUMBER (If new, leave blank): WQ00 11532001

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input type="checkbox"/>	<input checked="" 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.

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

d. Check the box next to the appropriate application type

- | | |
|---|---|
| <input type="checkbox"/> New | |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input checked="" type="checkbox"/> Renewal without changes | <input type="checkbox"/> Minor Modification of permit |

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

f. For existing permits:

Permit Number: WQ00 11532001

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

Expiration Date: 12/1/2024

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

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

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

Villas on Travis Condominium Owners' Association

(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: 600799381

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: Hale, Angela

Title: President Villas on Travis COA

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

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

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

[Click to enter text.](#)

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text.

Last Name, First Name: Allen, David

Title: Consultant

Credential: P.E.

Organization Name: Allen Engineering Group, Inc.

Mailing Address: 1101 S Cap of TX Hwy, Bldg D110 City, State, Zip Code: Austin, TX 78746

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text.

Last Name, First Name: Allen, David

Title: President

Credential: Click to enter text.

Organization Name: AEG, Inc.

Mailing Address: 1101 S Capital of TX Hwy Bldg D City, State, Zip Code: Austin, TX 78746

Phone No.: 5126320121

E-mail Address: da@aeg-austin.com

B. Prefix: Click to enter text. Last Name, First Name: Briones, Isaac
Title: Operator Credential: Click to enter text.
Organization Name: KAMMI's Wastewater Operation Services LLC
Mailing Address: 2030 Spring Valley Drive City, State, Zip Code: Dripping Springs, TX 78620
Phone No.: 512-689-1450 E-mail Address: briones.isaac@gmail.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Click to enter text. Last Name, First Name: Quintanilla, Hector
Title: Site Manager Credential: Click to enter text.
Organization Name: Pioneer Beck
Mailing Address: 611 S. Congress, Ste 510 City, State, Zip Code: Austin, TX 78704
Phone No.: 5124474496 E-mail Address: hector@pioneerbeck.com

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

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

Prefix: Click to enter text. Last Name, First Name: Briones, Isaac
Title: Operator Credential: Click to enter text.
Organization Name: KAMMI's Wastewater Operation Services, LLC
Mailing Address: 2030 Spring Valley Drive City, State, Zip Code: Dripping Springs, TX 78620
Phone No.: 512-689-1450 E-mail Address: briones.isaac@gmail.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text. Last Name, First Name: Allen, David
Title: Consultant Credential: PE
Organization Name: Allen Engineering Group, Inc.
Mailing Address: 1101 S. Cap of TX Hwy, Bldg D110 City, State, Zip Code: Austin, TX 78746
Phone No.: 512-632-0121 E-mail Address: da@aeg-austin.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text.

Last Name, First Name: Allen, David

Title: Consultant

Credential: P.E.

Organization Name: Allen Engineering Group, Inc.

Mailing Address: 1101 S Cap of TX Hwy, Bldg D110 City, State, Zip Code: Austin, TX 78746

Phone No.: 512-632-0121

E-mail Address: da@aeg-austin.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: Lake Travis Community Library

Location within the building: Front Desk

Physical Address of Building: 1938 Lohmans Crossing Rd

City: Austin

County: Travis

Contact (Last Name, First Name): McMillan, Morgan

Phone No.: 512-263-2885 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: [DAR Section 8 \(F\)](#)

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 101525616

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):

Villas on Travis Condominiums

C. Owner of treatment facility: Villas on Travis Condominium Owners' Association

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:

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

Organization Name: Villas on Travis Condominium Owners' Association

Mailing Address: 611 South Congress, #510 City, State, Zip Code: 78704

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.](#)

Domestic Administrative Report 1.0 Plain Language Summary

The Villas on Travis Condominiums Wastewater Treatment Plant (RN101525616) is an activated sludge process plant operated in the extended aeration mode. Treatment units include a lift station, bar screen, aeration basin, final clarifier, digester, chlorine contact chamber, tertiary filters and an ultrafiltration unit. The wastewater treatment plant and disposal site are located at 2918 Ranch Road 620 South, approximately 200 feet northwest of Ranch Road 620 at a point 1.8 miles west of Mansfield Dam and adjacent to Lake Travis, in Travis County, Texas 78734.

This application is for a renewal to dispose a daily average flow not to exceed 32,000 gallons per day of treated domestic wastewater via spray irrigation system with a minimum area of 4.24 acres of public access land. The facility includes an effluent storage tank with a total capacity of 0.58 acre-feet for storage of treated effluent prior to irrigation. The facility also includes an evaporation/infiltration pond with a total capacity of 0.49 acre-feet for effluent disposal. This permit will not authorize the discharge of pollutants into water of the state.

Effluent for and application of domestic wastewater from the facility is expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), phosphorous, turbidity and *Escherichia coli*.

E. Owner of effluent disposal site:

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

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

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

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

Organization Name: Villas on Travis Condominium Owners' Association

Mailing Address: 611 South Congress, #510 City, State, Zip Code: Austin, TX 78704

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

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

☐ Yes ☐ No

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

- ☐ Authorization granted ☐ Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

- B. City nearest the disposal site: Austin, TX

- C. County in which the disposal site is located: Travis

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

From the effluent storage tank, through a microfilter, then to the spray system.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

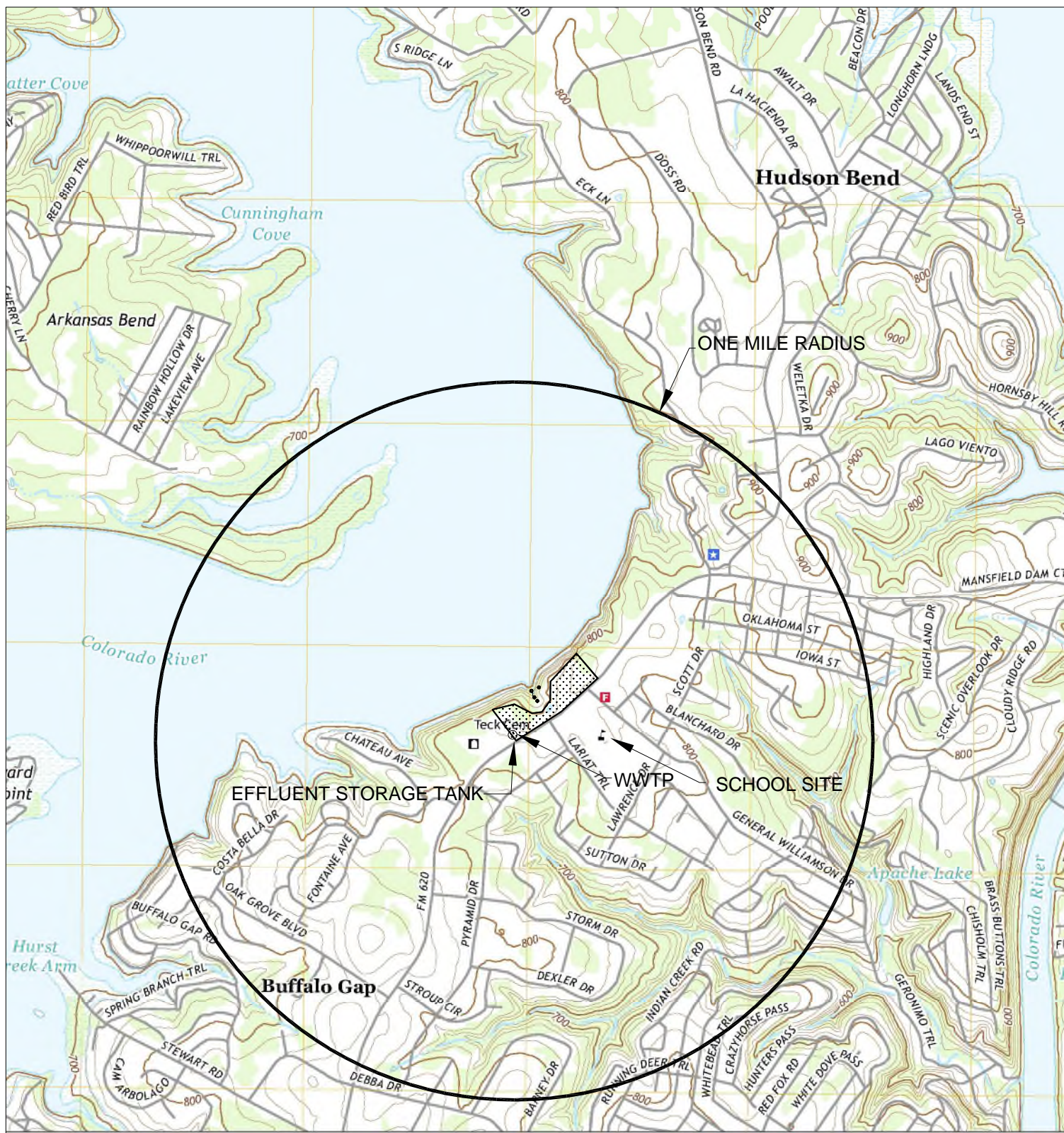
☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

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


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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: [Click to enter text.](#)



LEGEND

-  IRRIGATION AREA
-  SPRING*

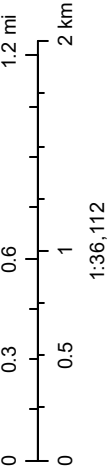
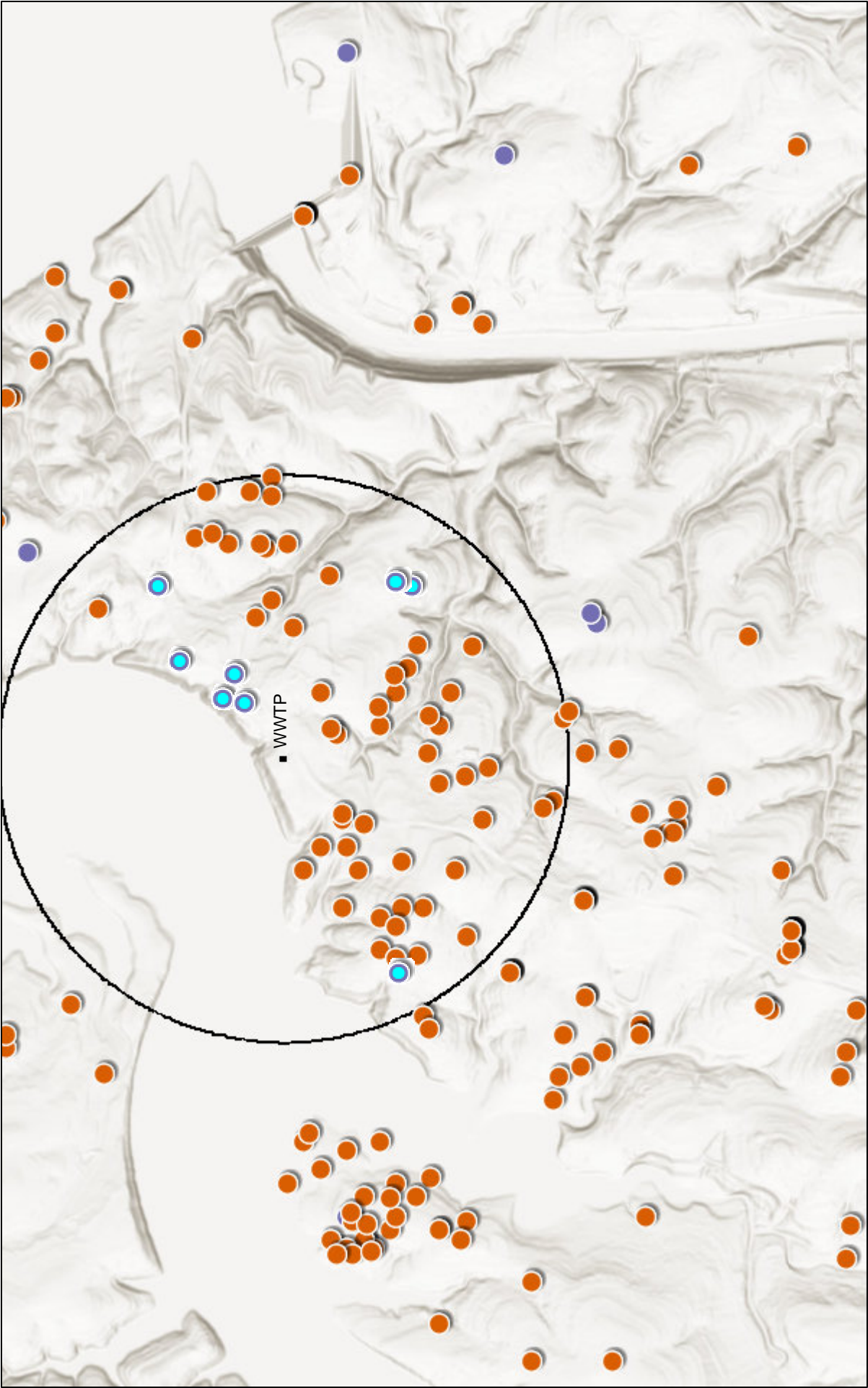
NOTE: ALL OF THE SPRINGS ARE SEASONAL WITH THE EXCEPTION OF THE ONE CLOSEST TO THE LAKE WHICH IS SAMPLED QUARTERLY. ALL OTHERS ARE SAMPLED WHEN FLOWING.

DAR SECTION 13 USGS TOPOGRAPHIC MAP VILLAS ON LAKE TRAVIS AUSTIN, TEXAS



Allen Engineering Group
1101 S. Capital of Texas Hwy, BLDG. D110
Austin, Texas 78746
TX. FIRM REGISTRATION NO. F-7996
Ph: 512-632-0121

Villas on Lake Travis One Mile Radius Wells



Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatasysteisen, Rijkswaterstaat, GSA, Gedland, FEMA,



Texas Water
Development Board

Well Reports

TWDB Groundwater

July 5, 2024

The data in Water Data Interactive represents the best available information provided by the TWDB and third-party cooperators of the TWDB. The TWDB provides information via this web site as a public service. Neither the State of Texas nor the TWDB assumes any legal liability or responsibility or makes any guarantees or warranties as to the accuracy, completeness or suitability of the information for any particular purpose. The TWDB systematically revises or removes data discovered to be incorrect. If you find inaccurate information or have questions, please contact WDI-Support@twdb.texas.gov.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0011532001

Applicant: Villas on Travis Condominium Owners' Association

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): Angela Hale

Signatory title: President Villas on Travis Condominium Owners' Association

Signature: _____

(Use blue ink)

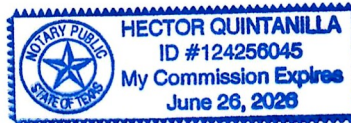
Date: _____

Subscribed and Sworn to before me by the said _____

on this 15th day of July, 2024.

My commission expires on the 26th day of June, 2024.

Notary Public



[SEAL]

Travis
County, Texas

23. Street Address of the Regulated Entity: (No PO Boxes)	2918 RR 620 South							
	6							
	City	Austin	State	TX	ZIP	78734	ZIP + 4	
24. County	Travis							

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

25. Description to Physical Location:								
26. Nearest City					State	Nearest ZIP Code		
Lakeway					TX	78734		
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).								
27. Latitude (N) In Decimal:						28. Longitude (W) In Decimal:		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	23	29.2	-97	56	20			
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				22332				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Wastewater Plant Serving a Restaurant								
34. Mailing Address:	Villas on Travis Condominium Owners's Association							
	City		State	TX	ZIP		ZIP + 4	
35. E-Mail Address:								
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(512) -						() -		

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.

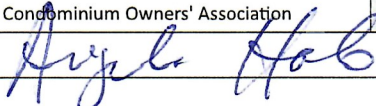
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	David Allen, P.E.	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 632-0121		() -	da@aeg-austin.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:	Villas on Travis Condominium Owners' Association	Job Title:	President Villas at Travis Condominium Owners' Association
Name (In Print):	Angela Hale	Phone:	(512) 289- 2995
Signature:			Date: 7.15.24

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

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

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☐ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

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

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No: WQ0011532001**

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: Villas on Travis WWTP

Physical Address of Project or Site: 2918 RR 620 South, Austin, TX 78734

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): 0.032 (Final Phase)

2-Hr Peak Flow (MGD): 0.128

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): NA

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): 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.

D. Current Operating Phase

Provide the startup date of the facility: Phase 2 – Startup likely early 1990's

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 Villas on Travis Condominiums Wastewater Treatment Plant (RN101525616) is an activated sludge process plant operated in the extended aeration mode. Treatment units include a lift station, bar screen, aeration basin, final clarifier, digester, chlorine contact chamber, tertiary filters and an ultrafiltration unit. Effluent is spray irrigated on public access areas around the condominiums. Liquid sludge is hauled from the site.

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)
Aeration Basin	1	35' x 12' x 12'
Clarifier	1	14' dia x 8.5' SWD
Chlorine Contact Chamber	1	10' x 6' x 4'
Cloth Media Filter	1	4' X 3'
UF Feed Tank/UF Unit	1	15" dia x 15'
Sludge Holding Tank	1	13.5 x 12 x 1.5

C. Process Flow Diagram

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

Attachment: Attachment 1 DTR SECTION 2 (C)

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

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

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

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

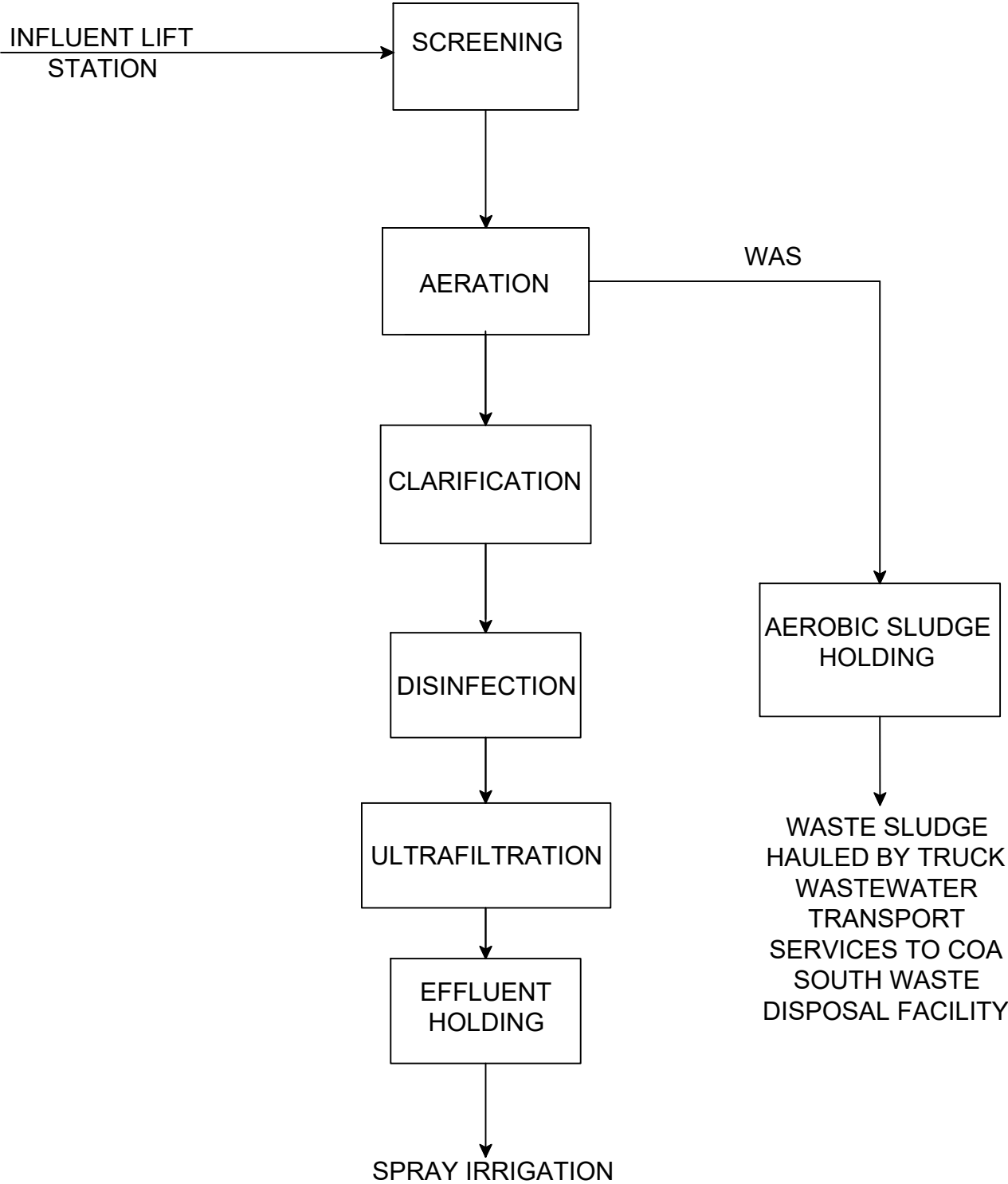
- Latitude: 30° 23'33"N
- Longitude: -97° 56'15"W

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: DTR Item 3 Site Information

VILLAS ON TRAVIS WWTP PROCESS FLOW
DIAGRAM



ATTACHMENT 1 DOMESTIC TECHNICAL
REPORT 1.0, SECTION 2(C)
PROCESS FLOW DIAGRAM



1101 S. CAPITAL OF TX HWY
AUSTIN, TX 78746
FIRM F-7996

VILLAS ON TRAVIS
TLAP RENEWAL
PROCESS FLOW DIAGRAM

JOB NO.	SCALE: NTS	SHEET: 1 OF 1
DESIGNED BY: DAA	DATE: 7/9/2024	
DRAWN BY: DAA	DATE: 7/9/2024	
FILE(LAYOUT): D:\FileServer\Company Data\Projects\Villas at Lake Travis\Flow Diagram.dwg(VIZCAYA)		



THE VILLAS OF LAKE TRAVIS WWTP SERVICE 159 CONDOMINUMS
* IRRIGATION IS GREEN SPACE BETWEEN CONDOS AND OTHER OPEN AREAS

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

Villas on Travis Condominiums

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

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: Around 1999

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.**

Not available, approved in approximately 1984

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

Villas on Travis Condominiums

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 45)

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

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: Around 1999

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.**

Not available, approved in approximately 1988

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☒ Yes ☐ No

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

Annual soil monitoring.

Latest results included under Worksheet 3.0

D. Grit and grease treatment

1. *Acceptance of grit and grease waste*

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

☐ Yes ☒ No

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

2. *Grit and grease processing*

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

Click to enter text.

3. *Grit disposal*

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☐ No

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

Click to enter text.

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

Click to enter text.

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the 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.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No




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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	1	1	1	Grab	4/4/24 9:20
Total Suspended Solids, mg/l	2	2			
Ammonia Nitrogen, mg/l	< 0.05	< 0.05			
Nitrate Nitrogen, mg/l	19	19			

Total Kjeldahl Nitrogen, mg/l	< 0.2	< 0.2	1	1	4/4/24 12:20
Sulfate, mg/l	93	93			
Chloride, mg/l	82	82			
Total Phosphorus, mg/l	0.50	0.50			
pH, standard units	7.7	7.7			
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l	2.7	2.7			
<i>E.coli</i> (CFU/100ml) freshwater	< 1	< 1			
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l	354	354			
Electrical Conductivity, µmohs/cm, †	697	697			
Oil & Grease, mg/l	< 4.8	< 4.8			
Alkalinity (CaCO ₃)*, mg/l					

*TPDES permits only

†TLAP permits only

Table 1.0(3) – Pollutant Analysis for Water Treatment Facilities

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

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Isaac Briones

Facility Operator's License Classification and Level: A

Facility Operator's License Number: WW0065912

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

☐ Design flow >= 1 MGD

- ☐ Serves $\geq 10,000$ 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: [Click to enter text.](#)

C. Biosolids Management

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

Biosolids Management

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

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

D. Disposal site

Disposal site name: Wastewater Residuals Management LLC

TCEQ permit or registration number: 2384

County where disposal site is located: Travis

E. Transportation method

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

Name of the hauler: Wastewater Transport Services

Hauler registration number: 24343

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

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

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

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

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

Click to enter text.

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

Section 12. Authorizations/Compliance/Enforcement (Instructions

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: Angela Hale

Title: President Villas on Travis Condominium Owners' Association

Signature: Angela Hale

Date: 7/15/24

President, Villas on Travis

DOMESTIC WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 57)

A. Justification of permit need

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

[Click to enter text.](#)

B. Regionalization of facilities

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☐ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☐ No

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

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

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

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

A. Receiving water type

Identify the appropriate description of the receiving waters.

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

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

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

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

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

B. Flow characteristics

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

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

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

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

C. Downstream perennial confluences

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

[Click to enter text.](#)

D. Downstream characteristics

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

☐ Yes ☐ No

If yes, discuss how.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

[Click to enter text.](#)

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

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

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

A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☐ Agricultural runoff

☐ Septic tanks

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

B. Waterbody uses

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

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

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 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 checked="" 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 type="checkbox"/> Evaporation | <input type="checkbox"/> Evapotranspiration beds |
| <input checked="" type="checkbox"/> Other (describe in detail): <u>Evaporation/Infiltration Pond</u> | |

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

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

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

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

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N
St Augustine/Rye	4.24	32,000	Y

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
1	0.076	0.49	Polygon ~6.5 ft Deep	No Liner, Evap/Infil. Pond

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

Attachment: NA

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.

Click to enter text.

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

FEMA Map Panels 48453C0220J, 48453C0215J

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

Stormwater is diverted to a detention pond away from the irrigated areas.

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:** 1 Domestic Wrksht 3 Section 5

- 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:** Worksheet 3, Section 6.

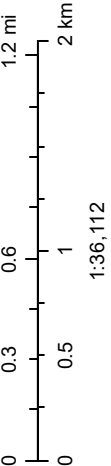
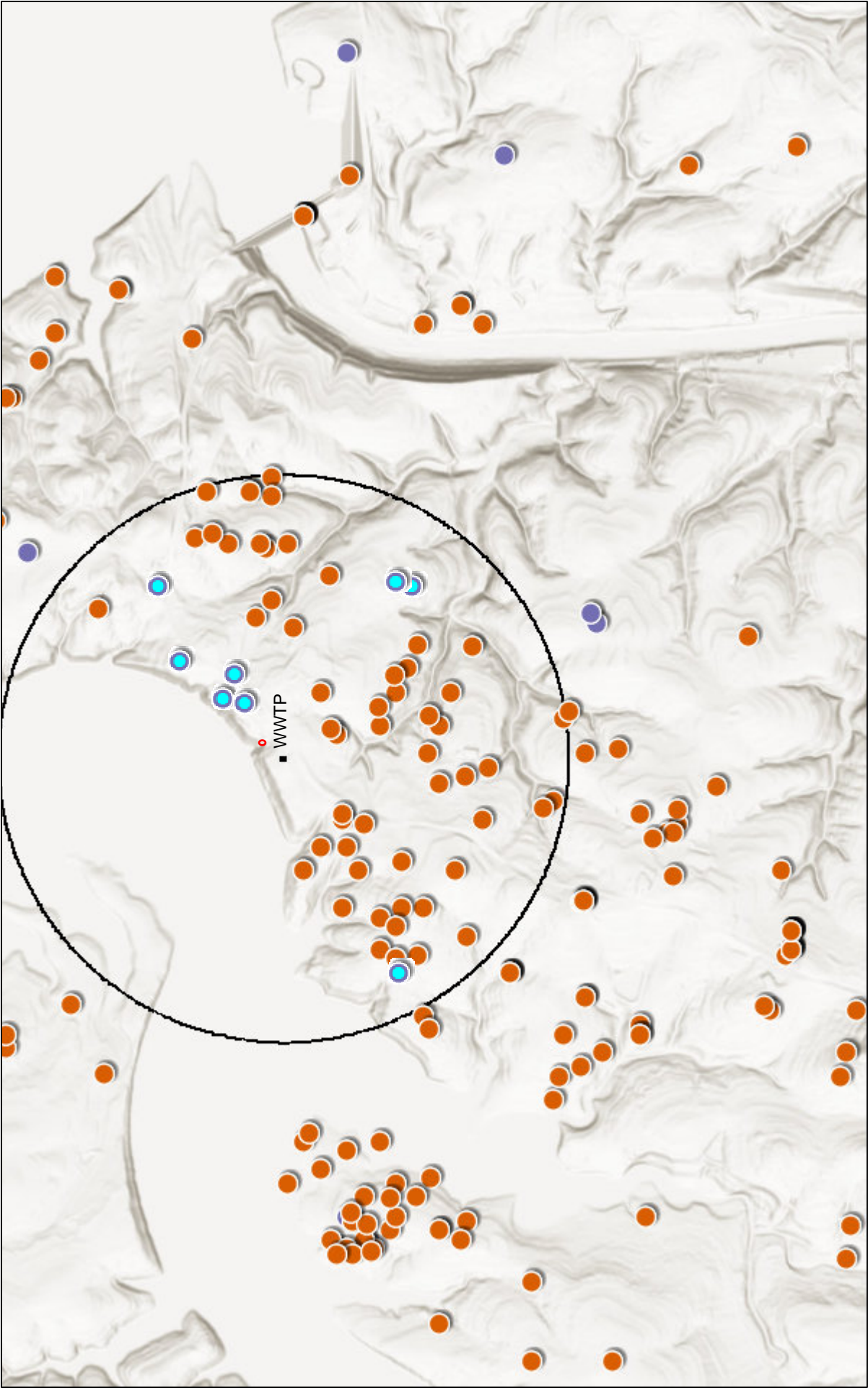
- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1-mile radius of the disposal site or property boundaries
- All springs and seeps onsite and 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
See following Page			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	

Villas on Lake Travis One Mile Radius Wells

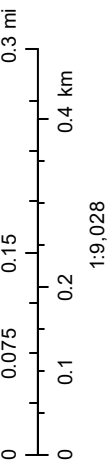
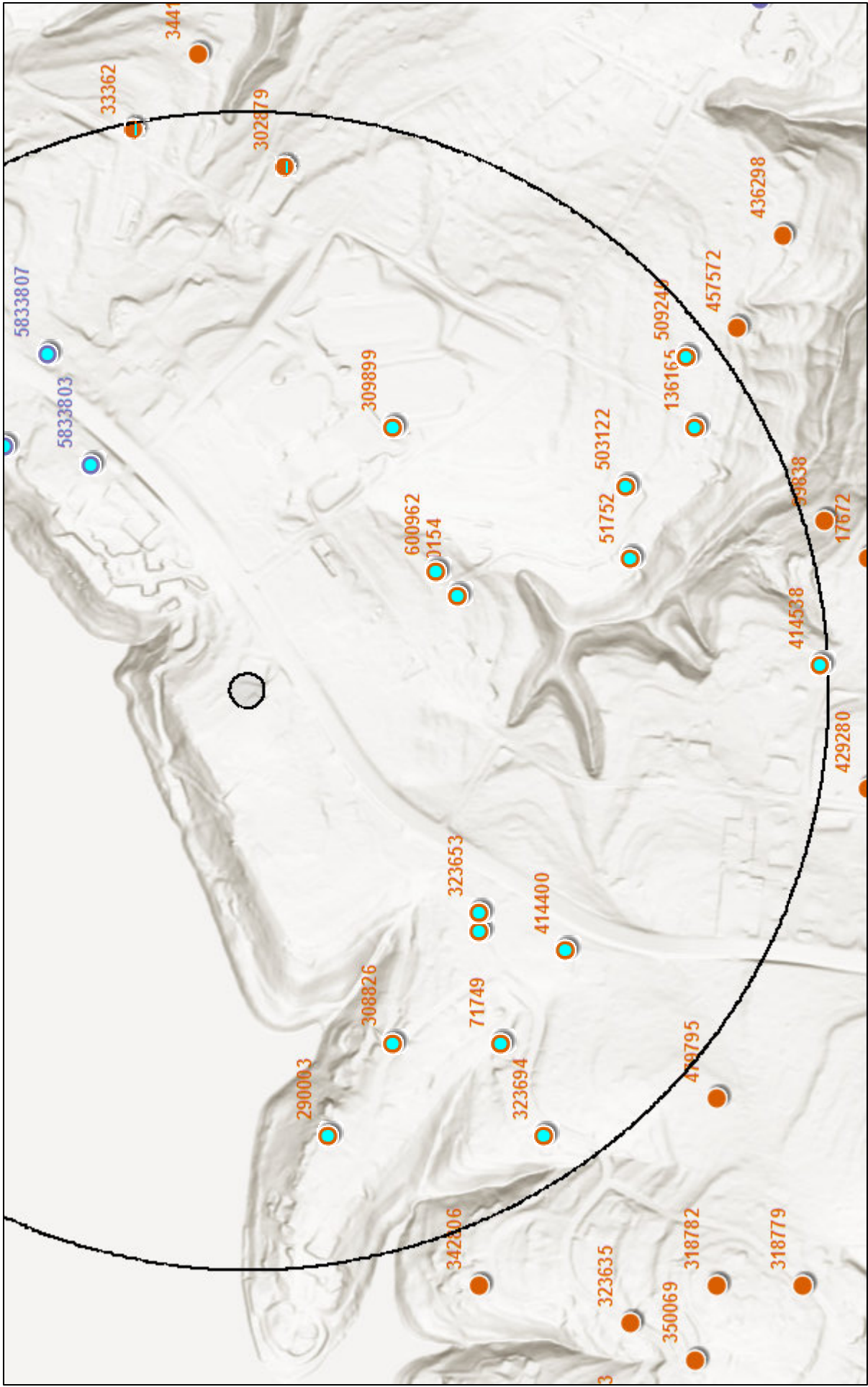


Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatasystrelen, Rijkswaterstaat, GSA, Geoland, FEMA,

**VILLAS on LAKE TRAVIS
WELLS WITHIN 0.50 MILE RADIUS**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
5833802	Domestic	?	Cased	150 ft buffer
5833803	Domestic	?	Cased	150 ft buffer
5833807	Domestic	?	Cased	150 ft buffer
33362	Domestic	?	Cased	150 ft buffer
51752	Domestic	?	Cased	150 ft buffer
71749	Domestic	?	Cased	150 ft buffer
136165	Monitor	?	Cased	150 ft buffer
290003	Domestic	?	Cased	150 ft buffer
302879	Irrigation	?	Cased	150 ft buffer
308826	Irrigation	?	Cased	150 ft buffer
318775	Irrigation	?	Cased	150 ft buffer
323653	Irrigation	?	Cased	150 ft buffer
323694	Domestic	?	Cased	150 ft buffer
380154	Domestic	?	Cased	150 ft buffer
414400	Irrigation	?	Cased	150 ft buffer
414538	Domestic	?	Cased	150 ft buffer
503122	Domestic	?	Cased	150 ft buffer
509240	Domestic	?	Cased	150 ft buffer
600962	Domestic	?	Cased	150 ft buffer
583801	Domestic	?	Cased	150 ft buffer

VILLAS ON LAKE TRAVIS HALF MILE RADIUS



Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatasysteisen, Rijkswaterstaat, GSA, Geoland, FEMA,

TEXAS WATER DEVELOPMENT BOARD

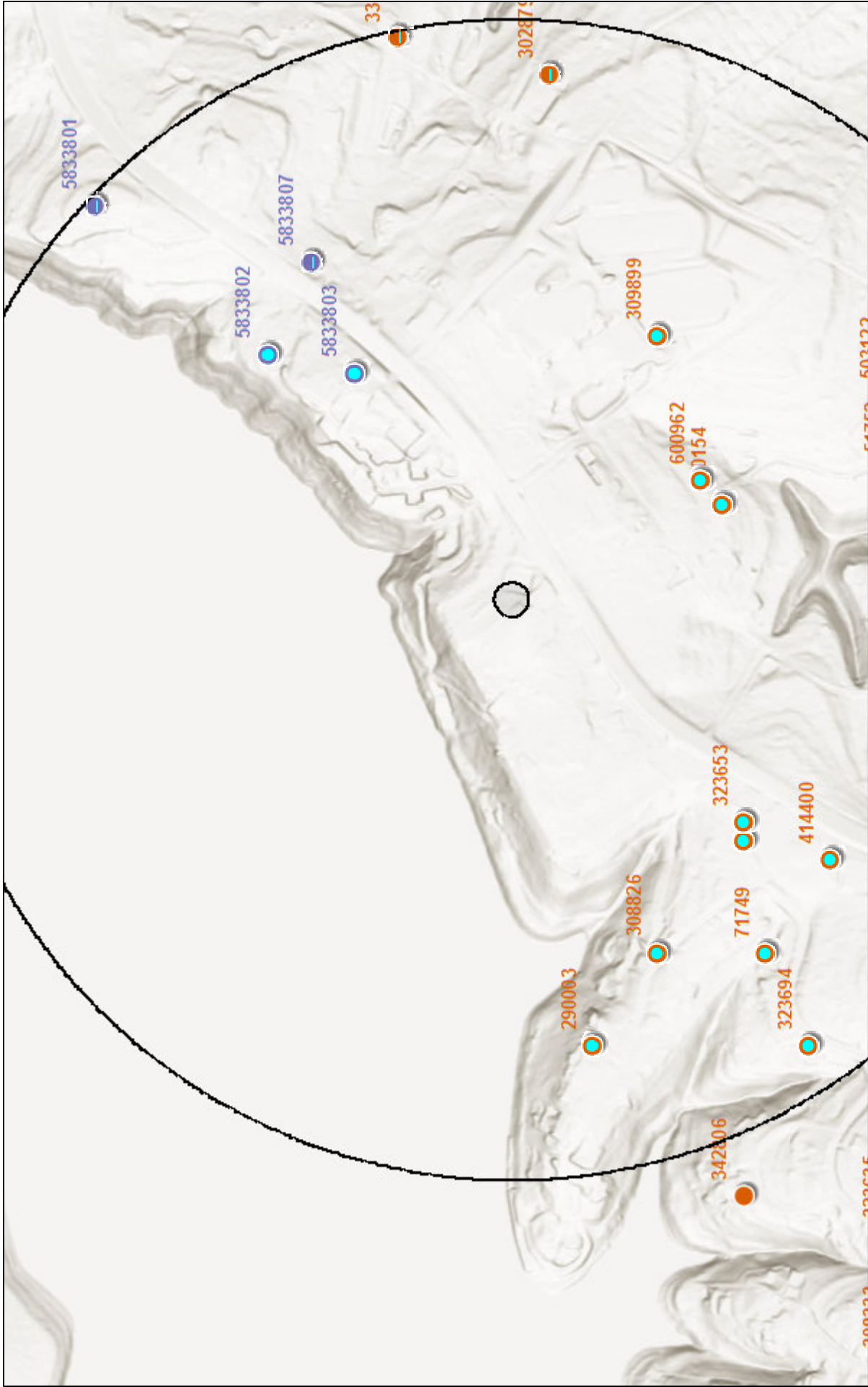
Texas Water
Development Board

Well Reports
TWDB Groundwater

June 26, 2024

The data in Water Data Interactive represents the best available information provided by the TWDB and third-party cooperators of the TWDB. The TWDB provides information via this web site as a public service. Neither the State of Texas nor the TWDB assumes any legal liability or responsibility or makes any guarantees or warranties as to the accuracy, completeness or suitability of the information for any particular purpose. The TWDB systematically revises or removes data discovered to be incorrect. If you find inaccurate information or have questions, please contact WDI-Support@twdb.texas.gov.

VILLAS ON LAKE TRAVIS HALF MILE RADIUS



Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			Choose an item.	

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

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

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: [Worksheet 3 Section 7](#)

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: [Worksheet 3 Section 8. Note, TdF series is not accurately shown on the map. It follows the tree line.](#)

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: [Worksheet 3 Section 8](#)

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
BID	0-10"	0.20-0.63 in/hr	0.1-0.12	73
TdF	4-14"	0.20-0.63 in/hr	0.15-0.2	73

Worksheet 3 Section 7
GROUND WATER QUALITY REPORT
VILLAS AT LAKE TRAVIS WASTEWATER TREATMENT PLANT

The Villas at Lake Travis Wastewater Treatment Plant and land application site that overlies the upper Glen Rose Limestone. The Glen Rose Formation is from the lower Cretaceous period and consists of hard limestone strata alternating with marl or marly limestone.

Per the soil survey of Travis County (Soil Conservation Service/ TX Agricultural Experiment Service) the original topsoil consisted of Brackett-Rock Outcrop , 1 to 12 percent slopes and Eckrant-Rock Outcrop, 18 to 50 percent slopes. The sloped Eckrant as shown on the soils map is slightly off and should follow the heavily treed area between the Villas and Lake Travis. However, the surface layers were amended with topsoil during construction of the complex in the 1980's.

The areas under irrigation are the green spaces between buildings and are seeded with Bermuda and Winter Rye.. The grass is spray irrigated in accordance with the existing permit..

Data from the Texas Water Development Board indicates 15 domestic wells, 5 irrigation wells and 1 monitor well within a one-half mile radius of the land application area. Total depths of these wells ranged from 480 ft to 725 ft.. The wells were completed in the Glen Rose or Hosston of the Trinity aquifer. Well completions were slotted or screened PVC with a few open hole completions.

Available data indicates water quality is variable but tends to be high in total dissolved solids, hardness and sulfates.

The closest well closest to the disposal fields is approximately 900 feet away, far exceeding the 150 foot buffer zone required by TCEQ Rules. Land application of the treated effluent in accordance with the permit requirements is not anticipated to impact groundwater quality or groundwater uses.

ATTACHMENT 1
DOMESTIC WORKSHEET 3.0 SECTION 5
ANNUAL CROPPING PLAN

ANNUAL CROPPING PLAN

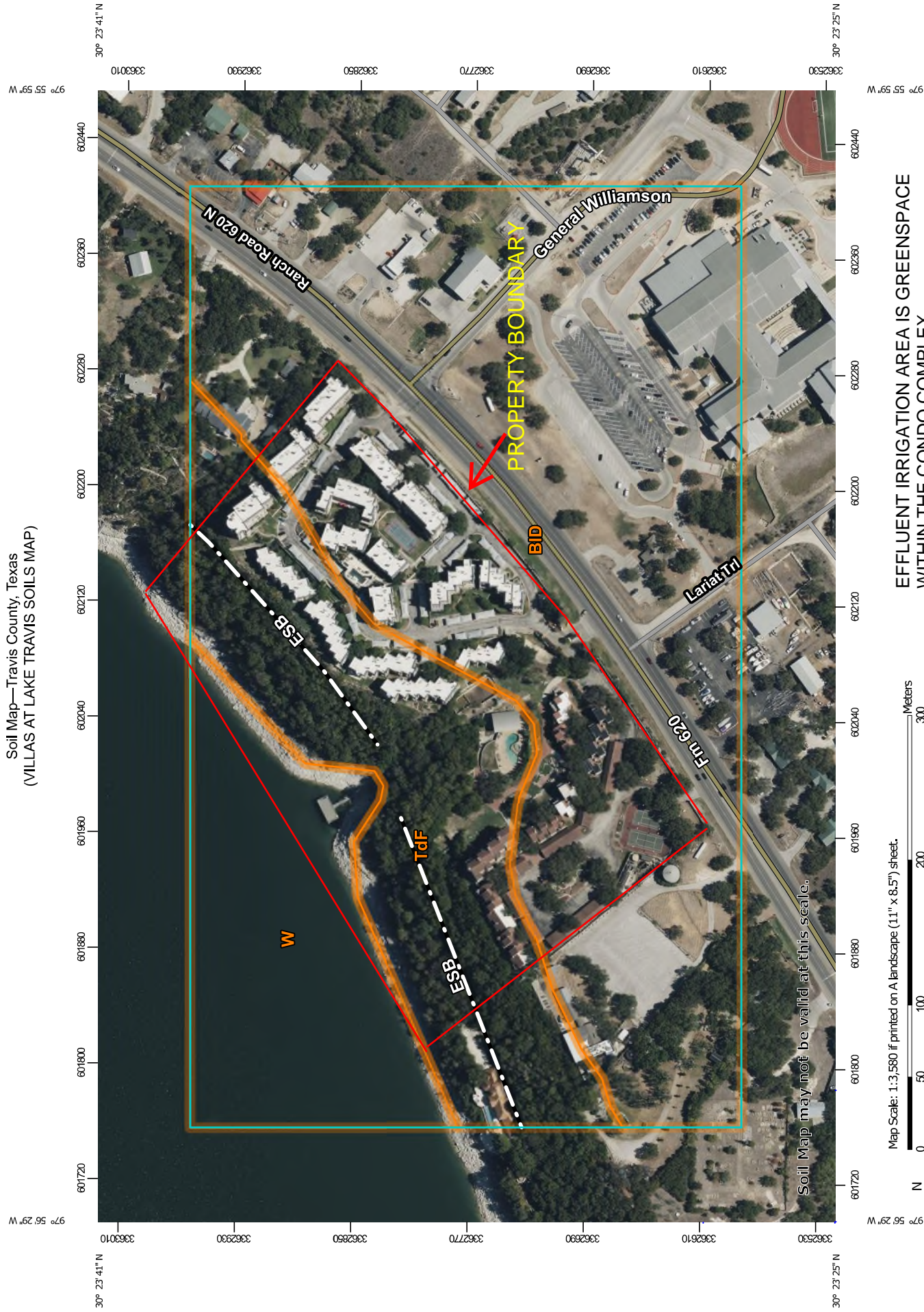
The drip irrigation fields are planted with Bermuda for warm season grass and over-seeded with winter rye for cooler seasons. There are no crop yield goals, however, yields can be as high as 6 to 8 tons per acre.

Fertilizer is not provided as the nutrients in the treated effluent are sufficient. Nitrogen applied at 50 #/acre can produce approximately 1 ton of hay. The grass is mowed as necessary, every week or two weeks during maximum growing season, minimum height 2 inches, maximum height 4 inches.

These grasses are very salt tolerant and this site is not expected to develop salinity problems. Both are suitable choices for areas with high salt content in the water or soil.

The grass clippings will either be bagged and removed from the site or blown off of the fields and picked up after mowing.

Soil Map—Travis County, Texas
(VILLAS AT LAKE TRAVIS SOILS MAP)



EFFLUENT IRRIGATION AREA IS GREENSPACE
WITHIN THE CONDO COMPLEX

MAP LEGEND

- Area of Interest (AOI)**

 Area of Interest (AOI)
- Soils**

 Soil Map Unit Polygons

 Soil Map Unit Lines

 Soil Map Unit Points
- Special Point Features**

 Blowout

 Borrow Pit

 Clay Spot

 Closed Depression

 Gravel Pit

 Gravelly Spot

 Landfill

 Lava Flow

 Marsh or swamp

 Mine or Quarry

 Miscellaneous Water

 Perennial Water

 Rock Outcrop

 Saline Spot

 Sandy Spot

 Severely Eroded Spot

 Sinkhole

 Slide or Slip

 Sodic Spot

MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:24,000.

Warning: Soil Map may not be valid at this scale.

Enlargement of maps beyond the scale of mapping can cause misunderstanding of the detail of mapping and accuracy of soil line placement. The maps do not show the small areas of contrasting soils that could have been shown at a more detailed scale.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service
Web Soil Survey URL:
Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Travis County, Texas
Survey Area Data: Version 25, Sep 5, 2023

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Data not available.

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
BID	Brackett-Rock outcrop complex, 1 to 12 percent slopes	38.2	62.4%
TdF	Eckrant-Rock outcrop complex, 18 to 50 percent slopes	13.5	22.1%
W	Water	9.5	15.5%
Totals for Area of Interest		61.3	100.0%



Texas Commission on Environmental Quality

P.O. Box 13087 • Austin, TX 78711-3087

MONTHLY EFFLUENT REPORT

Isaac's
copy

WQ0011532001
PERMIT NUMBER

SET

2023	
YEAR	MO

EID

This report to be used for
Please retain a photocopy for your records.

Villas on Travis Condominium

Parameter Code/ Parameter	Effluent Condition		No. Ex	Frequency of Analysis	Sample Type
	Value	Units			
Chlorides	Permitted			semiannual	Grab
	Reported	53.3			
Nitrate/Nitrite	Permitted			semiannual	Grab
	Reported	0.06			
Total Kjeldahl Nitrogen	Permitted			semiannual	Grab
	Reported	0.46			
Ammonia	Permitted			semiannual	Grab
	Reported	0.05			
Orthophosphate	Permitted			semiannual	Grab
	Reported	0.05			
Specific Conductance	Permitted			semiannual	Grab
	Reported	480			
COMMENTS AND EXPLANATIONS (Reference all attachments here.)					
I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE.					
PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE		MONTH	DAY	YEAR
Isaac Briones	<i>Isaac Briones</i>				2023
Telephone Number			512	689	1450
			Area code Number		

CORPORATE OFFICE
635 Phil Gramm Boulevard
Bryan, TX 77807
Phone: (979) 778-3707
Fax: (979) 778-3193



AUSTIN OFFICE
3512 Montopolis Dr. Suite A
Austin, TX 78744
Phone: (512) 301-9559
Fax: (512) 301-9552

Report Printed:

Villas on Travis
4/25/23 10:03
G011889

Analytical Report

Villas on Travis Seep

Lab ID# G011889-01

General Chemistry

Ammonia as N <0.05 mg/L
Total Kjeldahl Nitrogen as N 0.46 mg/L
Nitrate/Nitrite as N 0.06 mg/L
Orthophosphate as P <0.05 mg/L
Chloride 53.3 mg/L
Specific Conductance (adjusted to 25.0°C) 480 uS/cm

G011889-01 bottles E-H filtered in lab and composited into bottle G011889-01 D for PO4 Filtered analysis.

J Analyte detected below the SOL but above the MDL.

Explanation of Notes

Result	Units	Notes	MDL	Aq MDL	SOL	Type	Lab	Analyzed	Matrix	Method	C-O-C #	Batch	REL
0.05	mg/L		0.05	0.05	0.05	Grab	Bryan	04/10/23 10:24 KMA	Non Potable	SM4500-NH3 G 2011	G011889	M159256	REL
0.13	mg/L		0.13	0.13	0.20		Bryan	04/13/23 11:35 KMA		EPA 351.2 RL0		M159271	REL
0.02	mg/L		0.02	0.02	0.02		Bryan	04/11/23 13:10 KMA		SM4500-NO3-F 2011		M159312	AMP
0.02	mg/L		0.02	0.02	0.05		Austin	04/07/23 09:00 MSA		SM4500-P E 2011		M159195	REL
0.60	mg/L		0.60	2.41	20.0		Austin	04/17/23 08:30 MSA		SM4500-Cl- B 2011		M159558	REL
2.00	uS/cm		2.00	2.00	2.00		Austin	04/17/23 07:35 MSA		SM2510 B 2011		M159555	REL

1

Site Address: 2918 620 N Austin TX78734
TCEQ permit # WQ0011532001

CORPORATE OFFICE
635 Phil Gramm Boulevard
Bryan, TX 77807
Phone: (879) 778-3707
Fax: (879) 778-3193



AUSTIN OFFICE
3512 Montopolis Dr. Suite A
Austin, TX 78744
Phone: (512) 301-9559
Fax: (512) 301-9552

Analytical Report

Villas on Travis

Report Printed:

5/19/23 14:23

G011891

Villas on Travis WWTP Sludge part 4

Villas on Travis WWTTP Sludge part 4										Collected: 04/06/23 09:40 by CLIENT	Type	Matrix	C-O-C #					
Lab ID# G011891-05										Received: 04/06/23 10:54 by Kaitlyn Johnson	Grab	Solid	G011891					
General Chemistry										Units	Notes	MDL	Adj MDL	SOL	Lab	Analyzed	Method	Batch
% Solids										g/100g (%)		0.10	0.10	0.10	Austin	04/08/23 13:46 SAR	SM2540 G 2015	M159240
Microbiological Analyses																		
Fecal Coliform										480000	CFU/g dry	1	9230	9230	Austin	04/08/23 14:48 DJB	SM9222 D 2015	M159138

Villas on Travis WWTP Sludge part 5

Villas on Travis WWTP Sludge part 5												
Lab ID#	G011891-06	Result	Collected: 04/08/23 09:40 by CLIENT		Type	Grab	Lab	Analyzed	Matrix	Method	C-O-C #	Batch
			Received: 04/08/23 10:54 by Kaitlyn Johnson									
General Chemistry			Units	Notes	MDL	Adj MDL	SOL					
% Solids		0.97	g/100g (%)		0.10	0.10	0.10	Austin	04/08/23 13:46 SAR	SM2540 G 2015	M159241	
Microbiological Analyses												
Fecal Coliform		294000	CFU/g dry		1	9470	9470	Austin	04/08/23 14:48 DJB	SM9222 D 2015	M159138	

Villas on Travis WWTP Sludge part 6

Villas on Travis WWTP Sludge part 6													
Lab ID#	G011891-07	Result	Collected: 04/08/23 09:40 by CLIENT Received: 04/08/23 10:54 by Kaitlyn Johnson										
			Units	Notes	MDL	Adj MDL	SOL	Lab	Analyzed	Method	Batch		
General Chemistry													
% Solids		1.00	g/100g (%)	C-02	0.10	0.10	0.10	Austin	04/08/23 13:46 SAR	SM2540 G 2015	M159241		wt
Microbiological Analyses													
Fecal Coliform		239000	CFU/g dry		1	9180	9180	Austin	04/08/23 14:48 DJB	SM9222 D 2015	M159138		net

Villas on Travis WWTP Sludge part 7

Villas on Travis WWTP Sludge part 7												
Lab ID#	G011891-08	Result	Collected: 04/08/23 09:40 by CLIENT				Type	Matrix	C-O-C #	Batch		
			Received: 04/08/23 10:54 by Kaitlyn Johnson									
General Chemistry			Units	Notes	MDL	Adj MDL	Scr.	Lab	Analyzed	Method		
% Solids		0.99	g/100g (%)		0.10	0.10	0.10	Austin	04/08/23 13:46 SAR	SM2540 G 2015	M159241	NEL
Microbiological Analyses												
Fecal Coliform		480000	CFU/g dry		1	9320	9320	Austin	04/08/23 14:48 DJB	SM9222 D 2015	M159138	NEL

CORPORATE OFFICE
635 Phil Gramm Boulevard
Bryan, TX 77807
Phone: (979) 778-3707
Fax: (979) 778-3193



AUSTIN OFFICE
3512 Montopolis Dr. Suite A
Austin, TX 78744
Phone: (512) 301-9559
Fax: (512) 301-9552

Report Printed:

Villas on Travis
5/19/23 14:23

G011891

Analytical Report

Villas on Travis WWTP Sludge

Lab ID#	G011891-01	Result	Collected: 04/06/23 09:40 by CLIENT Received: 04/06/23 10:54 by Kaitlyn Johnson	Units	Notes	MDL	Adj MDL	Type	Grab	Lab	Analyzed	Matrix	Solid	Method	C-O-C #	Batch
Microbiological Analyses																
Fecal Coliform Geometric Mean (7 prt)	314000	CFU/g					\$280	9280		Calc	04/13/23 14:21 SR	SM9222 D 2015			M159471	
Metals (Total)																
Mercury	0.081	mg/kg dry				0.0001	0.010	0.049		Bryan	04/14/23 12:54 ABM	EPA 7471A 1994			M159432	
Please see the attached subcontract report for subcontracted data.																

Villas on Travis WWTP Sludge part 1

Lab ID#	G011891-02	Result	Collected: 04/06/23 09:40 by CLIENT Received: 04/06/23 10:54 by Kaitlyn Johnson	Units	Notes	MDL	Adj MDL	Type	Grab	Lab	Analyzed	Matrix	Solid	Method	C-O-C #	Batch
General Chemistry																
% Solids	0.99	g/100g (%)				0.10	0.10	0.10		Austin	04/08/23 13:46 SAR	SM2540 G 2015			M159240	
Microbiological Analyses																
Fecal Coliform	401000	CFU/g dry				1	9330	9330		Austin	04/06/23 14:48 DJB	SM9222 D 2015			M159138	

Villas on Travis WWTP Sludge part 2

Lab ID#	G011891-03	Result	Collected: 04/06/23 09:40 by CLIENT Received: 04/06/23 10:54 by Kaitlyn Johnson	Units	Notes	MDL	Adj MDL	Type	Grab	Lab	Analyzed	Matrix	Solid	Method	C-O-C #	Batch
General Chemistry																
% Solids	0.99	g/100g (%)				0.10	0.10	0.10		Austin	04/08/23 13:46 SAR	SM2540 G 2015			M159240	
Microbiological Analyses																
Fecal Coliform	185000	CFU/g dry				1	9250	9250		Austin	04/06/23 14:48 DJB	SM9222 D 2015			M159138	

Villas on Travis WWTP Sludge part 3

Lab ID#	G011891-04	Result	Collected: 04/06/23 09:40 by CLIENT Received: 04/06/23 10:54 by Kaitlyn Johnson	Units	Notes	MDL	Adj MDL	Type	Grab	Lab	Analyzed	Matrix	Solid	Method	C-O-C #	Batch
General Chemistry																
% Solids	1.00	g/100g (%)				0.10	0.10	0.10		Austin	04/08/23 13:46 SAR	SM2540 G 2015			M159240	
Microbiological Analyses																
Fecal Coliform	247000	CFU/g dry				1	9150	9150		Austin	04/06/23 14:48 DJB	SM9222 D 2015			M159138	



Texas Commission on Environmental Quality

P.O. Box 13087 • Austin, TX 78711-3087

MONTHLY EFFLUENT REPORT

WQ0011532001
PERMIT NUMBER

SET

2023	
YEAR	MO

EID

This report to be used for
Please retain a photocopy for your records.

SOIL MON 101 ANN 0-6 Inches

Parameter Code/ Parameter	Effluent Condition		No. Ex	Frequency of Analysis	Sample Type
		Value Units			
Ph	Permitted				
	Reported	7.8 pH		1/Year	Ind Grab
Electrical Conductivity	Permitted				
	Reported	206 dS/m (mmho/cm)		1/Year	Ind Grab
Nitrate-nitrogen	Permitted				
	Reported	33 mg/kg dry		1/Year	Ind Grab
Total Kjeldahl Nitrogen	Permitted				
	Reported	817 mg/kg dry		1/Year	Ind Grab
Total Nitrogen	Permitted				
	Reported	850 mg/kg dry		1/Year	Ind Grab
Plant-Available Phosphorus	Permitted				
	Reported	5 mg/kg dry		1/Year	Ind Grab
Plant-Available Potassium	Permitted				
	Reported	198 mg/kg dry		1/Year	Ind Grab
Plant-Available Calcium	Permitted				
	Reported	13481 mg/kg dry		1/Year	Ind Grab
Plant-Available Magnesium	Permitted				
	Reported	370 mg/kg dry		1/Year	Ind Grab
COMMENTS AND EXPLANATIONS (Reference all attachments here.)					
I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE.					
PLANT OPERATOR NAME		PLANT OPERATOR SIGNATURE		MONTH	DAY YEAR
Isaac Briones		<i>Isaac Briones</i>			
Telephone Number				512	689 1450
				Area code	Number

Texas Commission on Environmental Quality

Monthly Effluent Report Form

Completion Instructions

This Domestic Reuse Monthly Effluent Report is a self-reporting form that shows all the possible parameters that could be reported. Report those required by your permit. Extreme care should be taken to ensure that this report is used for only the plant or outfall described and for the year and month you specify on this the form. Measurements or test results must be reported in the following manner:

1. "Effluent Condition" column - Enter permitted limit in the shaded space and test results in the unshaded space under VALUE for each parameter using the units specified for that parameter in your permit. If the UNITS specifies MGD (million gallons per day), then a measured flow of 100,000 gallons per day should be reported as 0.100 MGD.

Texas Commission on Environmental Quality

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MONTHLY EFFLUENT REPORT

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2023

YEAR

MO

EID

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SOIL MON 101 0-6 Inches

Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
Plant-Available Sodium	Permitted					
	Reported	78	mg/kg dry		1/Year	Ind Grab
Plant-Available Sulfur	Permitted					
	Reported	94	mg/kg dry		1/Year	Ind Grab
Water-soluble: Sodium	Permitted					
	Reported	3.662	meq/L		1/Year	Ind Grab
Water-soluble: Calcium	Permitted					
	Reported	6.414	meq/L		1/Year	Ind Grab
Water-soluble: Magnesium	Permitted					
	Reported	2.185	meq/L		1/Year	Ind Grab
Sodium Adsorption Ratio SAR	Permitted					
	Reported	1.770			1/Year	Ind Grab
	Permitted					
	Reported					

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE.

PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR
Isaac Briones	<i>Isaac Briones</i>			
Telephone Number		512	689	1450
		Area code	Number	

Texas Commission on Environmental Quality

P.O. Box 13087 • Austin, TX 78711-3087

MONTHLY EFFLUENT REPORT

WQ0011532001
PERMIT NUMBER

SET

2023	
YEAR	MO

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SOIL MON 201 ANN 6-18 Inches

Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
pH	Permitted					
	Reported	7.9	pH		1/Year	Ind Grab
Electrical Conductivity	Permitted					
	Reported	153	Umho/cm		1/Year	Ind Grab
Nitrate-nitrogen	Permitted					
	Reported	21	mg/kg dry		1/Year	Ind Grab
Total Kjeldahl	Permitted					
	Reported	1,920	mg/kg dry		1/Year	Ind Grab
Total Nitrogen	Permitted					
	Reported	1,940	mg/kg dry		1/Year	Ind Grab
Plant-available: Phosphorus	Permitted					
	Reported	11	mg/kg dry		1/Year	Ind Grab
Plant-available: Potassium	Permitted					
	Reported	218	mg/kg dry		1/Year	Ind Grab
Plant-available: Calcium	Permitted					
	Reported	15,371	mg/kg dry		1/Year	Ind Grab
Plant-available: Magnesium	Permitted					
	Reported	405	mg/kg dry		1/Year	Ind Grab

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE.

PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR
Isaac Briones	<i>Isaac Briones</i>			
	Telephone Number	512	689	1450
		Area code		Number



Texas Commission on Environmental Quality

P.O. Box 13087 • Austin, TX 78711-3087

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2023	
YEAR	MO

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SOIL MON 101 6-18 Inches

Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
Plant-available: Sodium	Permitted					
	Reported	78	mg/kg Dry		1/Year	Ind Grab
Plant-available: Sulfur	Permitted					
	Reported	105	mg/kg Dry		1/Year	Ind Grab
Water-soluble: Sodium	Permitted					
	Reported	3.704	meq/L		1/Year	Ind Grab
Water-soluble: Calcium	Permitted					
	Reported	5.566	meq/L		1/Year	Ind Grab
Water-soluble: Magnesium	Permitted					
	Reported	1.997	meq/L		1/Year	Ind Grab
Sodium Adsorption Ratio(SAR)	Permitted					
	Reported	1.900			1/Year	Ind Grab
	Permitted					
	Reported					
	Permitted					
	Reported					

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

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PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR
Isaac Briones	<i>Isaac Briones</i>			
Telephone Number		512	689	1450
		Area code	Number	



Texas Commission on Environmental Quality

P.O. Box 13087 • Austin, TX 78711-3087

MONTHLY EFFLUENT REPORT

WQ0011532001
PERMIT NUMBER

SET

2023	
YEAR	MO

EID

SOIL MON 101 18-30 Inches

This report to be used for

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Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
Plant-available: Sodium	Permitted					
	Reported	55	mg/kg Dry		1/Year	Ind Grab
Plant-available: Sulfur	Permitted					
	Reported	150	mg/kg Dry		1/Year	Ind Grab
Water- Soluble: Sodium	Permitted					
	Reported	3.251	meq/L		1/Year	Ind Grab
Water- Soluble: Calcium	Permitted					
	Reported	4.934	meq/L		1/Year	Ind Grab
Water- Soluble: Magnesium	Permitted					
	Reported	1.473	meq/L		1/Year	Ind Grab
Sodium Adsorption Ratio (SAR)	Permitted					
	Reported	1.820			1/Year	Ind Grab
	Permitted					
	Reported					
	Permitted					
	Reported					

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

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PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR
Isaac Briones	<i>Isaac Briones</i>			
	Telephone Number	512	689	1450
		Area code	Number	



Texas Commission on Environmental Quality

P.O. Box 13087 • Austin, TX 78711-3087

MONTHLY EFFLUENT REPORT

WQ0011532001
PERMIT NUMBER

SET

2023	
YEAR	MO

EID

This report to be used for
Please retain a photocopy for your records.

SOIL MON 201 ANN 18-30 Inches

Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
pH	Permitted					
	Reported	8.0	pH		1/Year	Ind Grab
Electrical Conductivity	Permitted					
	Reported	185	Umho/cm		1/Year	Ind Grab
Nitrate-nitrogen	Permitted					
	Reported	22	mg/kg Dry		1/Year	Ind Grab
Total Kjeldahl	Permitted					
	Reported	503	mg/kg Dry		1/Year	Ind Grab
Total Nitrogen	Permitted					
	Reported	525	mg/kg Dry		1/Year	Ind Grab
Plant-available: Phosphorus	Permitted					
	Reported	0	mg/kg Dry		1/Year	Ind Grab
Plant-available: Potassium	Permitted					
	Reported	111	mg/kg Dry		1/Year	Ind Grab
Plant-available: Calcium	Permitted					
	Reported	27,308	mg/kg Dry		1/Year	Ind Grab
Plant-available: Magnesium	Permitted					
	Reported	310	mg/kg Dry		1/Year	Ind Grab

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE.

PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR
Isaac Briones	<i>Isaac Briones</i>			
	Telephone Number	512	689	1450
		Area code	Number	

CORPORATE OFFICE
635 Phil Gramm Boulevard
Bryan, TX 77807
Phone: (979) 778-3707
Fax: (979) 778-3193



AUSTIN OFFICE
3512 Montopolis Dr., Suite A
Austin, TX 78744
Phone: (512) 301-9559
Fax: (512) 301-9552

Analytical Report

Report Printed:

Villas on Travis
5/9/23 13:59

G011892

Villas on Lake Travis WWTP Soil 0-6 Inches

Lab ID#	G011892-01	Collected: 04/05/23 13:00 by CLIENT Received: 04/08/23 10:54 by Kaitlyn Johnson	Type Comp	Lab	Matrix Solid	Method	C-O-C # G011892	Batch
General Chemistry								
% Solids	85.9	g/100g (%)	0.10	0.10	0.10	0.10	0.10	Austin
Total Kjeldahl Nitrogen as N	817	mg/kg dry	0.13	37.6	57.9	04/13/23 11:35 KMA	SM2540 G 2015	M159241
Plant Available Parameters							SM4500-NH3 G 2011	M159308
Total Nitrogen	850	mg/kg dry wt.	N/A	N/A	Calc	05/03/23 15:36 PMV	Calculation	M160390

Villas on Lake Travis WWTP Soil 6-18 Inches

Lab ID#	G011892-02	Collected: 04/05/23 13:30 by CLIENT Received: 04/08/23 10:54 by Kaitlyn Johnson	Type Comp	Lab	Matrix Solid	Method	C-O-C # G011892	Batch
General Chemistry								
% Solids	86.0	g/100g (%)	0.10	0.10	0.10	0.10	0.10	Austin
Total Kjeldahl Nitrogen as N	1920	mg/kg dry	0.13	39.9	59.2	04/13/23 11:35 KMA	SM2540 G 2015	M159241
Plant Available Parameters							SM4500-NH3 G 2011	M159308
Total Nitrogen	1940	mg/kg dry wt.	N/A	N/A	Calc	05/03/23 15:36 PMV	Calculation	M160390

Villas on Lake Travis WWTP Soil 18-30 Inches

Lab ID#	G011892-03	Collected: 04/05/23 14:00 by CLIENT Received: 04/08/23 10:54 by Kaitlyn Johnson	Type Comp	Lab	Matrix Solid	Method	C-O-C # G011892	Batch
General Chemistry								
% Solids	80.1	g/100g (%)	0.10	0.10	0.10	0.10	0.10	Austin
Total Kjeldahl Nitrogen as N	503	mg/kg dry	0.13	32.3	49.7	04/13/23 11:35 KMA	SM2540 G 2015	M159241
Plant Available Parameters							SM4500-NH3 G 2011	M159308
Total Nitrogen	525	mg/kg dry wt.	N/A	N/A	Calc	05/03/23 15:36 PMV	Calculation	M160390



Report generated for:
Aqua-Tech Laboratories, Inc.
635 Phil Gramm Blvd
BRYAN, TX 77807

Soil Analysis Report

Soil, Water and Forage Testing Laboratory
Department of Soil and Crop Sciences
2478 TAMU
College Station, TX 77843-2478
979-845-4816 (phone)
979-845-5958 (FAX)
Visit our website: <http://soiltesting.tamu.edu>

Sample received on: 4/14/2023

Printed on: 4/20/2023

Area Represented: 4.24 acres

Travis County

Laboratory Number: 631295

Customer Sample ID: G011892-01

Crop Grown: TURF FAIRWAYS, ATHLETIC FIELDS, ETC.

Analysis	Results	CL*	Units	ExLow	VLow	Low	Mod	High	VHigh	Excess	
pH	7.8	(6.2)	-	Mod. Alkaline							
Conductivity	206	(-)	umho/cm	None							Fertilizer Recommended
Nitrate-N	33	(-)	ppm**								0 lbs N/acre
Phosphorus	5	(50)	ppm								50 lbs P2O5/acre
Potassium	198	(160)	ppm								0 lbs K2O/acre
Calcium	13,481	(180)	ppm								0 lbs Ca/acre
Magnesium	370	(50)	ppm								0 lbs Mg/acre
Sulfur	94	(13)	ppm								0 lbs S/acre
Sodium	78	(-)	ppm								
Iron											
Zinc											
Manganese											
Copper											
Boron											
Limestone Requirement											0.00 tons 100ECCE/acre

Detailed Salinity Test (Saturated Paste Extract)

pH	6.8	
Conductivity	1.54 mmhos/cm	
Sodium	84 ppm	3.662 meq/L
Potassium	22 ppm	0.570 meq/L
Calcium	129 ppm	6.414 meq/L
Magnesium	27 ppm	2.185 meq/L
SAR	1.77	
SSP	28.54	

*CL=Critical level is the point which no additional nutrient (excluding nitrate-N, sodium and conductivity) is recommended. **ppm=mg/kg

Nitrogen: Apply suggested nitrogen rate and then apply 40 lbs/A of nitrogen every 4 to 6 weeks as needed.

New online fertilizer calculators have been placed on the laboratory's website to determine appropriate fertilizers to purchase and determine their application rates.
<http://soiltesting.tamu.edu/webpages/calculator.html>

TEXAS A&M AGRI LIFE EXTENSION

Report generated for:
Aqua-Tech Laboratories, Inc.
635 Phil Gramm Blvd
BRYAN, TX 77807

Soil Analysis Report

Soil, Water and Forage Testing Laboratory
Department of Soil and Crop Sciences
2478 TAMU

College Station, TX 77843-2478

979-845-4816 (phone)

979-845-5958 (FAX)

Visit our website: <http://soiltesting.tamu.edu>

Sample received on: 4/14/2023

Printed on: 4/20/2023

Area Represented: 4.24 acres

Travis County

Laboratory Number: 631296

Customer Sample ID: G011892-02

Crop Grown: TURF FAIRWAYS, ATHLETIC FIELDS, ETC.

Analysis	Results	CL*	Units	ExtLow	VLow	Low	Mod	High	VHigh	Excess	
pH	7.9	(6.2)	-	Mod. Alkaline							
Conductivity	153	(-)	umho/cm	None							
Nitrate-N	21	(-)	ppm**	CL*							Fertilizer Recommended
Phosphorus	11	(50)	ppm								15 lbs N/acre
Potassium	218	(160)	ppm								40 lbs P2O5/acre
Calcium	15,371	(180)	ppm								0 lbs K2O/acre
Magnesium	405	(50)	ppm								0 lbs Ca/acre
Sulfur	105	(13)	ppm								0 lbs Mg/acre
Sodium	78	(-)	ppm								0 lbs S/acre
Iron											
Zinc											
Manganese											
Copper											
Boron											
Limestone Requirement											0.00 tons 100ECCE/acre
Detailed Salinity Test (Saturated Paste Extract)											
pH	7.0										
Conductivity	1.34		mmhos/cm								
Sodium	85		ppm								3.704 meq/L
Potassium	29		ppm								0.749 meq/L
Calcium	112		ppm								5.566 meq/L
Magnesium	24		ppm								1.997 meq/L
SAR	1.90										
SSP	30.83										

*CL= Critical level is the point which no additional nutrient is available to the plant.

*CL=Critical level is the point which no additional nutrient (excluding nitrate-N, sodium and conductivity) is recommended. **ppm=mg/kg

Nitrogen: Apply suggested nitrogen rate and then apply 40 lbs/A of nitrogen every 4 to 6 weeks as needed.

New online fertilizer calculators have been placed on the laboratory's website to determine appropriate fertilizers to purchase and determine their application rates.
<http://soiltesting.tamu.edu/webpages/calculator.html>



Report generated for:
Aqua-Tech Laboratories, Inc.
635 Phil Gramm Blvd
BRYAN, TX 77807

Soil Analysis Report

Soil, Water and Forage Testing Laboratory
Department of Soil and Crop Sciences
2478 TAMU
College Station, TX 77843-2478
979-845-4816 (phone)
979-845-5958 (FAX)
Visit our website: <http://soiltesting.tamu.edu>

Sample received on: 4/14/2023
Printed on: 4/20/2023
Area Represented: 4.24 acres

Travis County
Laboratory Number: 831297
Customer Sample ID: G011892-03
Crop Grown: TURF FAIRWAYS, ATHLETIC FIELDS, ETC.

Analysis	Results	CL*	Units	ExLow	VLow	Low	Mod	High	VHigh	Excess.		
pH	8.0	(6.2)	-	Mod. Alkaline								
Conductivity	185	(-)	umho/cm	None							CL*	Fertilizer Recommended
Nitrate-N	22	(-)	ppm**									15 lbs N/acre
Phosphorus	0	(50)	ppm									55 lbs P2O5/acre
Potassium	111	(160)	ppm									45 lbs K2O/acre
Calcium	27,308	(180)	ppm									0 lbs Ca/acre
Magnesium	310	(50)	ppm									0 lbs Mg/acre
Sulfur	150	(13)	ppm									0 lbs S/acre
Sodium	55	(-)	ppm									
Iron												
Zinc												
Manganese												
Copper												
Boron												
Limestone Requirement												0.00 tons 100ECCE/acre

Detailed Salinity Test (Saturated Paste Extract)			
pH	7.1		
Conductivity	1.26 mmhos/cm		
Sodium	75 ppm	3.251 meq/L	
Potassium	17 ppm	0.447 meq/L	
Calcium	99 ppm	4.934 meq/L	
Magnesium	18 ppm	1.473 meq/L	
SAR	1.82		
SSP	32.17		

*CL=Critical level is the point which no additional nutrient (excluding nitrate-N, sodium and conductivity) is recommended. **ppm=mg/kg

Nitrogen: Apply suggested nitrogen rate and then apply 40 lbs/A of nitrogen every 4 to 6 weeks as needed.

New online fertilizer calculators have been placed on the laboratory's website to determine appropriate fertilizers to purchase and determine their application rates.
<http://soiltesting.tamu.edu/webpages/calculator.html>



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1450 W HIGHWAY 290
DRIPPING SPRINGS, TX 78620-9998
(800)275-8777

07/18/2023

03:43 PM

Product	Qty	Unit Price	Price
Mailer 10.5 x 16	1	\$1.69	\$1.69
Priority Mail®	1		\$9.35
Austin, TX 78711			
Weight: 0 lb 4.70 oz			
Expected Delivery Date			
Wed 07/19/2023			
Insurance			\$0.00
Up to \$100.00 included			
Certified Mail®			\$4.35
Tracking #: 7022333000024235929			
Total			\$13.70
Grand Total:			\$15.39
Credit Card Remit			\$15.39
Card Name: MasterCard			
Account #: XXXXXXXXXX3339			
Approval #: 485724			
Transaction #: 373			
AID: A0000000042203			
AL: Debit			
PIN: Not Required			

Text your tracking number to 28777 (2USPS)
to get the latest status. Standard Message
and Data rates may apply. You may also
visit www.usps.com USPS Tracking or call
1-800-222-1811.

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City, State, ZIP+4® Austin Texas 78711-3087

Form 3800, April 2015 PSN 7530-02-000-9000 See Reverse for Instructions

VILLAS ON TRAVIS
EFFLUENT QUALITY SUMMARY
WQ0011532001

Date	30 Day Avg Flow MGD	pH	BOD ₅ mg/l	TSS mg/l	P mg/L	Turbidity NTU	Fecal Coliform MPN	Acres irrigated
22-Jul	0.03	7.1	1.3	1.3	0.43	0.73	< 1	4.24
22-Aug	0.031	7.1	1.7	0.9	0.43	0.52	< 1	4.24
22-Sep	0.021	8.1	1.8	0.9	0.53	0.38	< 1	4.24
22-Oct	0.019	7.6	2.3	1.3	0.18	0.65	< 1	4.24
22-Nov	0.026	7.1	1.4	1.1	0.57	0.94	< 1	4.24
22-Dec	0.024	7.4	0.9	0.6	0.14	0.85	< 1	4.24
23-Jan	0.021	7.5	2	6	0.4	3.7	< 1	4.24
23-Feb	0.018	7.9	5.5	11.8	0.6	6.9	< 1	4.24
23-Mar	0.018	7.9	1.6	5.4	0.4	2.2	< 1	4.24
23-Apr	*	7.7	2.3	3	0.4	1.9	< 1	4.24
23-May	0.025	7.3	2.4	1.8	0.5	1.3	< 1	4.24
23-Jun	0.024	7.4	2.3	1.5	0.6	1.3	< 1	4.24
23-Jul	0.027	7.4	1.8	1	0.5	1.1	1.4	4.24
23-Aug	0.026	7.6	1.8	1.2	0.4	0.8	3.6	4.24
23-Sep	0.03	7.5	2.3	1	0.4	0.8	< 1	4.24
23-Oct	0.027	7.5	1.3	1	0.7	0.4	< 1	4.24
23-Nov	0.026	7.6	1	2.2	0.6	1.4	< 1	4.24
23-Dec	0.037	7.5	1.5	1.5	0.4	1.5	< 1	4.24
24-Jan	0.0242	7.5	1.6	2.2	0.4	2	< 1	4.24
24-Feb	0.0247	7.6	2.8	1	0.4	0.7	< 1	4.24
24-Mar	0.024	7.6	2	< 1	0.5	0.7	< 1	4.24
24-Apr	0.026	7.5	1.3	1.3	0.5	1.13	< 1	4.24
24-May	0.024	7.4	1.4	< 1	0.6	0.9	< 2	4.24
24-Jun	0.028	7.5	1.5	< 1	0.7	2.3	< 1	4.24

* Flow Meter Out

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

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

Click to enter text.

Villas on Travis Condominiums Owners' Association

David Allen <da@aeg-austin.com>
Mon 8/5/2024 9:52 AM
To:Savannah Jackson <Savannah.Jackson@tceq.texas.gov>
Copy of epay receipt.

Thanks,

David A Allen, P.E.

ALLEN ENGINEERING GROUP, INC.
1101 S. Cap of TX Hwy, Bldg D110
West Lake Hills, TX 78746

(m) 512-632-0121

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-----Original Message-----
From: steers@tceq.texas.gov <steers@tceq.texas.gov>
Sent: Monday, August 5, 2024 9:49 AM
To: da@aeg-austin.com
Subject: TCEQ ePay Receipt for 582EA000620133

This is an automated message from the TCEQ ePay system. Please do not reply.
Trace Number: 582EA000620133
Date: 08/05/2024 09:49 AM
Payment Method: CC - Authorization 000090509E TCEQ Amount: \$3,125.00 Texas.gov Price: \$3,195.57*

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

Actor: DAVID ANDREW ALLEN
Email: da@aeg-austin.com

Payment Contact: DAVID ALLEN
Phone: 151-263-2012
Company: ALLEN ENGINEERING GROUP
Address: 1101 S CAP OF TX HWY BLDG D110, WEST LAKE HILLS, TX 78746

Fees Paid:
Fee Description AR Number Amount
PAST DUE WATER UTILITY REGULATORY ASSESSMENT \$3,125.00

TCEQ Amount: \$3,125.00

=====

Voucher: 715756
Trace Number: 582EA000620133
Date: 08/05/2024 09:49 AM
Payment Method: CC - Authorization 000090509E Voucher Amount: \$3,125.00 Fee Paid: PAST DUE WATER UTILITY REGULATORY ASSESSMENT Customer Name: VILLAS ON TRAVIS CONDOMINIUMS OWNERS ASSOCIATION Customer Address: 611 SOUTH CONGRESS 510, AUSTIN, TX 78704
Program Area ID: WQ0011532001

=====

To print out a copy of the receipt and vouchers for this transaction either click on or copy and paste the following url into your browser:
https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww3.tceq.texas.gov%2Fepay%2Findex.cfm%3Ffuseaction%3Dcor-search%26trace_num_txt%3D582EA000620133&data=05%7C02%7CSavannah.Jackson%40tceq.texas.gov%7C91aa9a5207c64dcf189d08dc55e2e18%7C871a83a4a1ce4b7a81563bcd93a08fba%7C0%7C0%7C

This e-mail transmission and any attachments are believed to have been sent free of any virus or other defect that might affect any computer system into which it is received and opened. It is, however, the recipient's responsibility to ensure that the e-mail transmission and any attachments are virus free, and the sender accepts no responsibility for any damage that may in any way arise from their use.

Re: Application to Renew Permit No. WQ0011532001 - Notice of Deficiency Letter

Savannah Jackson <Savannah.Jackson@tceq.texas.gov>

Mon 8/5/2024 2:24 PM

To: David Allen <da@aeg-austin.com>

Great, thank you! I have everything I need, I will work on getting this admin complete.

Thanks,



Savannah Jackson

Texas Commission on Environmental

Quality

Water Quality Division

512-239-4306

savannah.jackson@tceq.texas.gov

From: David Allen <da@aeg-austin.com>

Sent: Monday, August 5, 2024 9:40 AM

To: Savannah Jackson <Savannah.Jackson@tceq.texas.gov>

Subject: RE: Application to Renew Permit No. WQ0011532001 - Notice of Deficiency Letter

Savannah, the client tried to pay delinquent fees online and was unable to. I will get it paid today one way or another.

Thanks,

David A Allen, P.E.

ALLEN ENGINEERING GROUP, INC.

1101 S. Cap of TX Hwy, Bldg D110

West Lake Hills, TX 78746



(m) 512-632-0121

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From: Savannah Jackson <Savannah.Jackson@tceq.texas.gov>

Sent: Wednesday, July 31, 2024 4:33 PM

To: da@aeg-austin.com

Cc: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>

Subject: Application to Renew Permit No. WQ0011532001 - Notice of Deficiency Letter

Dear Mr. David Allen,

The attached Notice of Deficiency letter sent on July 31, 2024, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by August 14, 2024, and be sure to push "reply all" when responding to this email.

Thank you,



Savannah Jackson

Texas Commission on Environmental

Quality

Water Quality Division

512-239-4306

savannah.jackson@tceq.texas.gov

Domestic Administrative Report 1.0 Plain Language Summary

The Villas on Travis Condominiums Owners' Association (CN 600799381) Wastewater Treatment Plant (RN101525616) is an activated sludge process plant operated in the extended aeration mode. Treatment units include a lift station, bar screen, aeration basin, final clarifier, digester, chlorine contact chamber, tertiary filters and an ultrafiltration unit. The wastewater treatment plant and disposal site are located at 2918 Ranch Road 620 North, approximately 200 feet northwest of Ranch Road 620 at a point 1.8 miles west of Mansfield Dam and adjacent to Lake Travis, in Travis County, Texas 78734.

This application is for a renewal to dispose a daily average flow not to exceed 32,000 gallons per day of treated domestic wastewater via spray irrigation system with a minimum area of 4.24 acres of public access land. The facility includes an effluent storage tank with a total capacity of 0.58 acre-feet for storage of treated effluent prior to irrigation. The facility also includes an evaporation/infiltration pond with a total capacity of 0.49 acre-feet for effluent disposal. This permit will not authorize the discharge of pollutants into water of the state.

Effluent for and application of domestic wastewater from the facility is expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), phosphorous, turbidity and *Escherichia coli*.



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)		3. Regulated Entity Reference Number (if issued)
CN 600799381		RN 101525616

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		5/21/24	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Villas on Travis Condominium Owners' Association					
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 type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input checked="" type="checkbox"/> Other: POA	
12. Number of Employees				13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:	Villas on Travis Condominium Owners' Association				
	611 South Congress # 510				
	City	Austin	State	TX	ZIP 78704 ZIP + 4
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)		
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(512) 447-4496				() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Villas on Travis Wastewater Treatment Plant	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	2918 RR 620 N							
	6							
	City	Austin	State	TX	ZIP	78734	ZIP + 4	
24. County	Travis							

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

25. Description to Physical Location:								
26. Nearest City					State	Nearest ZIP Code		
Lakeway					TX	78734		
<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:						28. Longitude (W) In Decimal:		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	23	29.2	-97	56	20			
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			22332					
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>								
Wastewater Plant Serving a Restaurant								
34. Mailing Address:	Villas on Travis Condominium Owners's Association							
	City		State	TX	ZIP		ZIP + 4	
35. E-Mail Address:								
36. Telephone Number	37. Extension or Code		38. Fax Number (if applicable)					
(512) -			() -					

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:

SECTION IV: Preparer Information

40. Name:	David Allen, P.E.	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 632-0121		() -	da@aeg-austin.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:	Villas on Travis Condominium Owners' Association	Job Title:	President Villas at Travis Condominium Owners' Association
Name (In Print):	Angela Hale	Phone:	(512) 289- 2995
Signature:		Date:	7.15.24